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## A CASE REPORT: THE DYING PATIENT'S EXPERIENCE OF BEING HEARD HELPED TO RECOVER HER AUTONOMY

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**Background:** In Japan, in many situations families are notified of a patient's terminal cancer diagnosis prior to the patient being notified. In addition, some families can also be opposed to the patient, even being notified of their terminal cancer diagnosis, which can leave the patient isolated in anxiety and suffering leading to spiritual pain.

**Case Presentation:** I would like to present a 68-year-old Japanese woman with bladder cancer with peritoneal dissemination. She underwent surgery for bowel obstruction, but it re-occluded after surgery. It was explained to her husband that no further treatment options were possible. Her husband was strongly opposed to his wife being told about this news because he was concerned by its effect on her emotional state. Despite the woman's continual questions about why she was not recovering, she was given no information about it and became depressed.

Later, she started to communicate her awareness of her impending death with us while sharing feelings of regret and loss. After she finished talking, she also told us about her hope that she wanted to live without suffering for a short time, so we decided to tell her husband about her desires.

We would like to focus on the process of recovering her autonomy, by using Murata's Supportive Communication Theory with its focus on the skills of repetition and silence when communicating with others. The experience of being heard appropriately may help the patient to recover her autonomy and develop resilience.

### Biography

Akiko Nishikawa, after completion of cancer OCNS (Oncology Certified Nurse Specialist) course in 2012 at Mie University, Graduate School of Medicine, has experience as a professional nurse at Nara hospital, Kindai University, Faculty of Medicine, and was certified as CNS in 2013. She has also learned at the Research Society of interpersonal Assistance and Spirituality, and done a lot of practice in clinical setting of palliative care. Currently, she works exclusively for palliative care team at current workplace. Rather than belonging to particular sections, she enjoys being with patients with independent, cross-sectional position and offers spiritual care to suffering patients.

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