

To Lessen Suffering for Patients and their Families as they Approach the End of Life is the Aim of Palliative Care

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Abstract

Palliative care aims to alleviate the suffering of patients and their families by thoroughly evaluating and treating the symptoms that patients experience physically, psychologically, and spiritually. A patient's symptoms could need more intensive palliation as death draws near. Support for the dying patient's family should increase in intensity along with comfort measures. Palliative care usually focuses on grieving and family assistance after the patient has passed away. In the course of a human existence, death and dying are obviously expected outcomes. When a variety of life-limiting illnesses seize the human body, life becomes challenging. Every person wants to live a good life, but people who have terminal illnesses must get particular care in order to enhance their quality of life. The term "palliative care" refers to this type of care. One of a nurse's most challenging jobs is assisting patients achieve a dignified and peaceful dying while prioritizing their autonomy, access to knowledge, and freedom of choice.

Keywords: End of life; Palliative care; Symptom management; Death

Introduction

Palliative care is described by the World Health Organization (WHO) as "an strategy that addresses physical, intellectual, emotional, social, and spiritual needs of patients, increases patient and family quality of life by addressing issues related to life-threatening disease" [1].

Although passing away is a natural part of life, it is sometimes viewed as a disease. As a result, a lot of individuals pass away in hospitals, in agony and alone [2]. A major goal of palliative care is to assist patients and their families in making crucial medical decisions by predicting, avoiding, diagnosing, and treating symptoms that patients with a serious or life-threatening disease encounter. Regardless of disease, palliative care's ultimate purpose is to enhance both the patient's and the family's quality of life. Although palliative care does not depend on prognosis, unlike hospice care, its function becomes more important as the end of life draws near and is more focused on active symptom treatment and psychosocial support.

A key component of palliative care when a patient is nearing the end of life is assisting patients and their families in understanding the nature of the illness and prognosis. Palliative care professionals also assist patients and their families in choosing the proper medical treatment and coordinating their objectives for care with those of the healthcare team. Finally, palliative care at the end of life includes determining the requirement for a medical proxy, advance directives, and resuscitation status [3].

Sometimes, the phrases palliative care and hospice care are used synonymously. When a patient's life expectancy is six months or fewer and curative or life-prolonging therapy is no longer necessary, hospice care is a system for delivering service. Therefore, it's crucial to recognize that while hospice offers palliative care, the two are distinct. The hospice service delivery system does not offer all therapeutic palliative care methods.

Any sickness has a total effect on a patient, integrating both the physical and emotional aspects. In this process, the entire human person is involved.

The patient suffering from a fatal, incurable condition like cancer

or organ failure would feel this process much more keenly. However, historically, medical professionals have prioritized the physical above the psychological. Unfortunately, under Cartesian dualism, body and thought were separated even though they are intertwined [4].

The golden rule of palliative care is to provide patients as much comfort and dignity as possible as they approach death [5]. It seeks to offer skilled symptom control together with compassionate care. The care method as a whole and the course of the patient's disease both take into account the relatives of HH patients [6,7].

In the treatment of cancer patients, palliative care collaborates with other specialities, most notably oncology. Early integration between these two specialities is necessary for the optimum patient treatment [8]. It is well acknowledged that adequate pain management permits patients to undergo oncological therapy more successfully.

The survival of breast cancer patients who get psychological therapy can improve [9]. Once more, psychotherapy has not been proven to be effective for individuals with gastrointestinal cancer [10,11].

Managing physical symptoms:

Physical, spiritual, and emotional anguish are among the intense symptoms that patients who are approaching death may feel. Palliative medicine aims to prevent and treat these symptoms while improving the quality of life throughout the dying process. Achieving self-control, delaying the dying process, finding purpose in life, alleviating the caregiving responsibilities of family and loved ones while fostering and completing those same connections are among the nine factors that

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critically sick individuals should prioritize [12].

One of the most common symptoms in the latter stages of life is pain. For patients and their families, unrelieved pain can be a major cause of misery and make other symptoms worse. The proper treatment of pain near the end of life is so crucial. The mistaken belief that opioid analgesics cause respiratory depression and expedite death is a major obstacle to their usage near the end of life, even though they are the standard of treatment for managing moderate to severe pain in patients with terminal disease. When opioids are administered at the proper dosage, both effects are rare. Clinicians who treat patients with chronic illnesses and those nearing the end of their lives should become proficient in pain management.

Patients find it more challenging to regulate oropharyngeal secretions as their responsiveness deteriorates as they get closer to the end of their lives. The death rattle made by those who are actually dying is caused by air passing over amassed secretions. The death rattle can be upsetting for loved ones to hear, while not being a source of pain for the dying. The cornerstones of therapy include repositioning the patient's head and administering anticholinergics like atropine or scopolamine.

Recommendation

In order to emphasize the importance of palliative care, it is suggested that hospice care settings be expanded in developing nations like Pakistan in the future [11]. The introduction of psychological support groups and home health care services is necessary. At the individual level, nurses can use the CARES model, which stands for Comfort, Airway, Restlessness and Delirium, Emotional and Spiritual Support, and Self-care, to carry out critical duties that must be done during a patient's final days or hours [12]. Trainings, seminars, workshops, and conferences are to be planned at the institutional level to emphasize the significance of high-quality care at the end of life. Given that everyone has the right to life, funding for patients receiving palliative care should be distributed impartially at the federal level.

Nurses must also enroll in this specialization to enhance the quality of patients' lives. Additionally, the media should be used to educate the public and medical professionals about the value of palliative care. Additionally, movies, panel discussions, and PowerPoint presentations ought to be utilized to facilitate talks regarding various end-of-life approaches between patients, their families, and their doctors. In order to deliver better holistic care in the future, palliative care research should be supported.

Discussion

Palliative care's goal near the end of life is to alleviate suffering for patients and their families by thoroughly evaluating and treating the patients' physical, psychological, and spiritual problems. A patient's symptom load may grow as death draws near, necessitating more extensive palliation. Support for a dying patient's family also increases as comfort measures grow. After a patient has passed away, palliative care's job is mostly focused on providing the patient's family with assistance during this difficult time. In light of the circumstance, symptom alleviation is the palliative care physical domain's most obvious necessity. It raises the standard of living and supports the health of the patient. According to Downing and Radbruch's explanation, a number of chronic illnesses' symptoms might cause significant impairment. Therefore, the most crucial aspect of palliative care is the proper treatment of physical symptoms. The most critical

symptom to be examined in the case indicated above is dysphagia. Untreated dysphagia leads to malnutrition, weight loss, anorexia, and aspiration pneumonia. Compassionate palliative care necessitates a professional willingness on the part of individuals with specialized knowledge in this area to investigate integrity-preserving concerns that will promote growth in dignity and transcendence. In order to improve this communication and gauge the patient's and the caregivers' interest in participating, reflective open-ended inquiries are essential. In order to improve the patient's tranquilly and psychological spiritual comfort, doctors, psychologists, nurses, social workers, and chaplains can assimilate and negotiate the interpersonal interaction skills and closeness needed.

Conclusion

In conclusion, while providing palliative care is undoubtedly difficult, I think nurses have the capacity to significantly improve the lives of those they care for by putting in altruistic, passionate efforts on behalf of patients aiding their patients should be the guiding principle in palliative care settings patients to make the most of each day. True to what Maya Angelou stated as nurses, we have the chance to treat the heart, mind, soul, and body patients' bodies, the families of the patients, and our own.

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Conflict of Interest:

Author declares no conflict of interest.

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