Nurses' Role in Providing End of Life Care

Stacey Magee

American Sentinel University
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Nurses have the responsibility to be competent and skilled in providing end of life care to dying patients and their families (International Council of Nurses [ICN], 2000). The ICN views a nurse’s role as fundamental to a palliative care approach that offers a focus on quality of life and reduction of suffering. Nurses providing end of life care must be culturally sensitive to the needs of patients and offer a holistic care that respects religious and spiritual beliefs. Additionally, nurses must be aware of the ethical dilemmas and current issues related to end of life and advanced care planning decisions (ICN, 2000).

Advancing end of life care is essential to nursing. All patients are born into this world and all patients leave this world after death. Nurses provide compassionate care during the birth of a baby and they also provide compassionate care at end of life. Providing end of life care is a privilege and is a fundamental aspect of nursing care (American Nurses Association [ANA], 2001). Nurses by definition alleviate suffering through the diagnosis and treatment of human response and advocate for the care of individuals, families, communities and populations (ANA, 2001).

Nurses provide end of life care in all setting from critical care to med-surg, geriatrics to pediatrics, skilled nursing to home care. All settings of care have their own challenges but the critical care setting is often the most complex with a limited ability for nurses to create a peaceful, calm and dignified atmosphere. The following three articles will explain the successes and challenges of providing end of life care in the critical care setting.

A study by McCallum & McConigley, (2013) explored nurses’ perceptions of caring for dying patients in the critical care setting. The article explained that the primary purpose of the critical care environment is to save lives and when medical interventions are no longer effective,
the focus of care must change to end of life care. The role of the critical care nurse then changed from aggressive interventions to aggressive symptom management and family support. Typically, in the critical care environment patients and families have very little privacy, which does not provide a supportive environment for end of life care. Additionally, nurses were often presented with conflict regarding the care of terminally ill patients. The medical focus often involves aggressive interventions or treatments that do not improve quality of life or manage symptoms but creates what many interpret as additional suffering. As a result of this study there were three themes identified by the nurses interviewed, one of which was the nurses’ role of protector. The other themes were related to “conflict of care” and “peace and quiet” (McCallum & McConigley, 2013). The article effectively addressed the barriers to a dignified and peaceful death in the critical care setting but also clearly identified the nurse’s role as patient advocate and caregiver by assisting patients and their families die with as much peace and dignity as possible in a challenging environment.

The challenge of transitioning a patient home to die from the intensive care unit was explained in the article by Lusardi, P., Jodka, P., Stambovsky, M., Stadnicki, B., Babb, B., Plouffe, D., ... Pizlak, Z. (2011). The article provided insight into the fact most patients, if given the option, would prefer to die at home rather than in the intensive care unit. The article reviewed the successes and challenges of the “Going Home Initiative” developed by the units palliative care committee in collaboration with a local hospice program (Lusardi et al., 2011). The article validated that the critical care setting presents challenges for end of life care. This hospital’s intense efforts to transition patients home to die proved to be beneficial and a rewarding experience for several patients and their families. Unfortunately, the transition home was limited to patients stabilized after extubation due to the lack of critical care transport with
adequate resources to transport ventilated patients (Lusardi et al., 2011). I have professional experience with compassionate extubation in the home setting and was disappointed that the *Going Home Initiative* didn’t include the option for their patients due to lack of resources. However, the authors’ literature review of transitions to home from the ICU did include the importance of home extubation and the authors reviewed several successful compassionate extubations available in the literature, all with excellent patient and family outcomes. This article didn’t necessarily address the nurses’ role in providing end of life care but addressed the challenges of assisting patient and family goals of a home death. Nursing plays a critical role in coordination of care and discharge home to die.

Death is not uncommon in the intensive care unit. Despite the best efforts of hospitals, 10 to 20% of patients in all intensive care units die before discharge (Mirel & Hartjes, 2013, p. 1). The article by Mirel and Hartjes (2013) adequately addressed the benefit of bringing palliative care to their surgical intensive care unit in 2010. They reluctantly described that prior to embarking on their “Beacon journey”, they lacked the structure to provide an interdisciplinary process to meet the palliative care needs of dying patients and their families. Once the palliative care consult service was established as a partner, the unit identified criteria for a palliative care consultation and empowered nurses to make referrals directly to the consult service. This article explained the practice of identifying palliative care patients which included the nurses’ role in referring directly to a palliative care service. This was extremely empowering to read and validates the position statement of a nurses’ role in end of life care.

Care at the end of life offers many legal and ethical dilemmas. One of the most controversial legal and ethical dilemmas is Euthanasia, Assisted Suicide and Aid in Dying (ANA, 2013). The ANA has taken the following position regarding euthanasia: The American
Nurses Association (ANA) prohibits nurses’ participation in assisted suicide and euthanasia because these acts are in direct violation of *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001), the ethical traditions and goals of the profession, and its covenant with society. Nurses have an obligation to provide humane, comprehensive, and compassionate care that respects the rights of patients but upholds the standards of the profession in the presence of chronic, debilitating illness and at end-of-life (ANA, 2013, p. 1). Another ethical dilemma in end of life care is forgoing nutrition and hydration. ANA created a position statement stating: If the decision is made by an adult with capacity or a surrogate, the acceptance or refusal of food or fluids whether delivered by normal or artificial means must be respected (ANA, 2011, p. 1).

Care of a dying patient should follow the general principles of autonomy or informed consent and beneficence (in the best interest) as defined in several legal and ethical documents and in the Mental Capacity Act 2005 (Allmark & Tod, 2009, p. 39). One must be cautioned that good end of life care can be impaired due to false ethical and legal beliefs.

The nurses’ role in end of life care is infinite. The nurse is a patient advocate, caregiver, educator and counselor. The nurse may provide guidance regarding symptom management and advocate for the appropriate care and utilization of resources. In some fortunate situations, the nurse may be able to refer directly to palliative care services for additional specialized care and support. The nurse may provide emotional and spiritual support to the patient and family and also advocate for a social worker and/or chaplain to be involved in order to provide appropriate support and an interdisciplinary approach to care. In summary, as nurses are required to advance their education and experience, they will be better prepared to partner with physicians and other healthcare professionals in order to better prepare patients and their families for advanced care.
planning and end of life care. With adequate skills and knowledge, a nurse can advocate for and create a peaceful, dignified and comfortable death for a patient and their family.
References


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