

## Addressing Physical and Spiritual needs of a Patient in End of life Care

**Zahra Salim Jessani\***

*Assistant Head Nurse, Aga Khan University School of Nursing and Midwifery, Karachi, Pakistan*

**\*Corresponding Author:** Zahra Salim Jessani, Assistant Head Nurse, Aga Khan University School of Nursing and Midwifery, Karachi, Pakistan.

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### Abstract

Life is an intermission between birth and death; while death is in itself an inevitable process. In the journey of life, the search for the quality is more important than the life itself. Palliative care is a specialized care which helps to reduce the suffering of terminally ill patients and optimize the comfort with the quality of life. Moreover, it ensures holistic care to the patients by addressing their physical, psychological, emotional and spiritual needs. Therefore, it is a foremost responsibility of a nurse to opt for patient centered approach and render emotional support to the concerned family at the time of bereavement via counseling session. This paper aims to address the physical and spiritual needs of a patient along with relevant strategies, interventions and recommendations that must be provided to the patient with terminal illness.

**Keywords:** *Death and Dying; Palliative Care; Physical and Spiritual Needs; Emotional Support; Terminal Illness*

### Introduction

“Dying is nothing to fear. It can be the most wonderful experience of your life. It all depends on how you have lived effectively” Elisabeth Kubler-Ross [1].

Palliative care is a systematic organized philosophy which provides active and total care for terminally ill patients [2]. It is a specialized care which helps to reduce the suffering of terminally ill patients and optimize the comfort with the quality of life. The primary focus is to improve the quality of life of a patient regardless to any stage of a disease and not the quantity of life lived [3]. Palliative care provides supportive treatment by addressing the needs of a patient physically, psychologically, spiritually and sexually in order to manage the distressing symptoms and uses a collaborative approach to counsel the family at the time of bereavement [4].

### Case Scenario

During Palliative clinical rotation, I have encountered 18 years old male with the diagnosis of Burkett’s lymphoma. During interview, I came to know that he was admitted with the complaint of abdominal pain, decreased appetite and swelling of left leg. It was associated with shortness of breath (SOB), nausea and vomiting. Upon admission, CT abdomen revealed multiple enlarged nodular deposits in peritoneum and omentum and has metastasized to serosa surface of bowel and has reached to ascending colon, due to which he had excruciating pain in abdominal region radiating to back and exacerbating with movement. Furthermore, his ultrasound reports revealed that moderate lesions are present from epigastria to right iliac fossa and had also affected left renal vein leading to +3 pitting edema on the left leg. While interacting with his father, I got to know that he had fever since 3 months along with distended abdomen. Therefore, laparotomy was done in Iraq and a huge cancerous mass was taken out but it did not cure. On assessment, he appeared pale, weak and cachexic. Pitting edema +3 was present on left leg. Therefore, he was unable to move without assistance. Shifting dullness and fluid wave

was positive which revealed that he has ascites due to which he was unable to breathe properly. While interacting with the patient, I came across that he was fond of reading religious books. He was punctual in reciting 5 times prayers but due to illness he was unable to perform it. He expressed his feelings by saying "I am not internally satisfied that I cannot recite my prayers and cannot listen to religious audios because I feel unkempt".

### Emotions

Initially, I was speechless that how to deal with patient who was fighting for his life. I began to feel the same torment, patient was suffering from it. I felt anguish that he is unable to enjoy their life because of life-limiting illness. However, it made me feel sad that at this young age of life he has to face these problems. I felt dejected because he was unable to resume his activities because of illness. Hence, this scenario compelled me to highlight physical and spiritual aspects as priority while dealing with palliative patients and analyze this issue.

### Physical needs

Referring to the case, symptomatic management is the foremost evident need of physical domain that should be entertained prior throughout the course of palliation. Pain is the most common physical symptom a patient experience throughout the course of his illness [5]. According to Ru-Tang, Aaronson and Forbes [6] illustrates that pain is the most debilitating symptom reported by the patients with terminal illness. As in my case scenario, since the time the patient was admitted in hospital, he was continuously complaining for pain. Doctor prescribed him Injection Tramadol but, it did not relieve his suffering so he thought to stop using it. I, as a student nurse, emphasized him to follow proper treatment regimen. Moreover, I encouraged him to perform deep breathing and yoga exercises in order to ease his suffering. Then, I demonstrated in front of family how to elevate lower leg with the help of pillow so that patient's family would be able to perform in meantime and edema would be relieved. Elevation of lower extremities is the most effective non-pharmacological intervention indicated for edema [7]. Since, patient left renal vein was affected therefore, edema occurred. Simultaneously, range of motion and gently massage on leg was also provided. It would help to improve venous return and maximize the muscle strength. On the other hand, nutrition, a basic requirement to remain healthy should be addressed in end of life care [8]. As in my case scenario, anorexia was the major concern of patient family. He has lost weight around 25 kgs throughout his illness. Although, meals were served in hospital but he doesn't like to eat. He was getting syrup Trimetabol and Aminovel medication as an appetite stimulant. My primary intervention to improve his nutritional requirement was to teach him its benefits and how it can improve his quality of life. Moreover, I asked doctor to add ensure in his meals in order to meet his nutrition requirements. I also facilitated his family to restrict fluid because it causes edema and offer small frequent meals and don't force him to eat. I encouraged his family to implement above mentioned interventions in order to reduce patient's suffering.

### Spiritual needs

The second most highlight issue which took my attention and is affected during the dying process is the spiritual domain. Spirituality is an essential component which gives meaning and purpose to live our life. It significantly provides a way to cope with illness in order to prevent from distress [9]. But the problem arises when life-threatening illness leads to spiritual struggles and patient becomes dissatisfied with their spiritual life. Reflecting back on my case scenario, patient showed his concerns towards spirituality. He loved to read religious books, attended religious ceremonies and always takes bath before going to mosque for his prayers but because of his illness he was unable to perform his spiritual activities. Patient initially verbalized that he was not internally satisfied because he feels unkempt that's why he was not performing his prayers. Being a student nurse, firstly, I assisted him in bath in order to make him feel relax so that he can perform his prayers. Additionally, with the help of my colleagues, we created an environment by organizing a milad for the patients in order to make them feel comfortable. I also bought religious audios (Tilawat) and videos for the patient which made him feel comfortable. I was pleased to hear from patient that my intervention made him ease his suffering. Similarly, I also found a change that staffs initiated the practice of playing audios every morning for the patients in order to make them feel better. Literature suggests that exploring patient's concerns; their values and fulfilling their needs would help them to ventilate their feelings and can improve their quality of life [10].

### Strategies and Recommendations

As a nurse, it is our duty to improve quality of life in the stage of terminal illness so that one can live their life effectively. Moreover, we should build rapport initially so that patient would be able to ventilate their feelings and wishes, they need to fulfill. Furthermore, teaching was given on associated symptoms during the terminal illness to the family so that they would be able to help patient reduce his suffering. In addition, interventions were provided according to patient's needs and family was taught about the sustainability of intervention.

At institutional and national level, health care professionals should attend training sessions and workshops for the better provision of palliative care. Moreover, physiotherapist should be recommended in hospital and community settings in order to alleviate patient's suffering [11]. Such policies should be made and implemented which would help health professionals to provide quality of care effectively.

### Learning Needs and Challenges

Overall this entire palliative care course enhanced my learning abilities in order to deal with palliative patient and caregivers effectively. It helped me to realize that how the family is under huge stress when their loved ones are in critical condition. Integration of theoretical knowledge in clinical practice gave me a true essence of dealing in death and dying situation. Moreover, it also helped me to deal with the terminally ill patient by providing holistic care to improve the quality of life. Although, time constraint and lack of accessibility and availability of resources were the challenges faced, but I was able to provide holistic care to the patient considering the limitations.

### Conclusion

Death and dying is an inevitable natural process everyone has to face once in their life [12]. It is rightly said, "Prevention is better than cure", if we preclude prior, we would be able to reduce patient's suffering and they can have a peaceful death. On contrary, government should take measures for the allocation of resources and health expenses so that palliative care could get improved [13]. Awareness sessions should be projected in community settings in order to enhance their knowledge. In future, I would be competent enough to provide quality care to the patients by addressing their needs physically, spiritually, socially, sexually, emotionally and psychosocially which would help them to ventilate their feelings.

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