



CAPSTONE NURSING PAPER

Introduction

Each person is a biological, psychological, sociological and spiritual being. The basic activities that need to be maintained are health, healing, or peaceful death. Observing it as a whole being, we should not have a particular diagnosis or a specific reason for seeking help. What matters to a man, and to us is the primary goal, to preserve the integrity of the human being until the moment of death. In other words, it is not the disease that is the center of attention, but the patient and his family.

Palliative medicine

Prevention and treatment of the disease are preventative and curative medicine. What happens when the disease becomes incurable when medical treatment does not yield results or are the options depleted? For such patients, there is a field that has long existed and has been developing intensively recently - a branch of medicine called palliative medicine. When human health is disturbed, the sociological need or the need for society has increased. By communicating with other people, man expresses his feelings, needs, fears, thoughts. In addition to the role of a nurse to help an individual, ill or healthy, is the role of carrying out activities that contribute to health or recovery or peaceful death, which the patient would perform independently when he/she would have the necessary strength, will or knowledge, thus the nurse has the role of comforter.





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In this case, besides knowledge and skills, the nurse must be able to express empathy.

To provide a good relationship nurse - patient, it is important for the nurse to have good communication skills. Holistic and individual approach to the patient creates a solid trusting relationship. The patient needs to be approached in such way as to understand the patient's needs easier. Alongside with the verbal communication, there is the nonverbal communication that helps in understanding the sent message. Frequent times, the dying person needs eye contact, gestures that accompany words or just a touch as a sign of attention (Roseline, Tasner, and Aichetou, 2016).

The palliative approach in contemporary medicine

Contemporary medicine focused on the disease and pathophysiological approach to health care have led to improvements in technical aspects of disease management. Such an approach has led to many advances, but the sum of progress and quality of life is less than the satisfactory level we all strive for. What has been ignored in such an approach is the multidimensional aspect of the patient himself, the quality of his social and family life, and the physical, psychosocial and spiritual components of man. This disagreement between contemporary, disease-oriented medicine and other dimensions of the human being is probably the most pronounced in chronic, severe and inexhaustible diseases.





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Palliative care has emerged as an approach specifically aimed at addressing or at least reducing disadvantage in a way that enhances the overall quality of care in a serious illness and for patients and their families (Davis et al., 2015).

Nurses role in palliative care

Palliative medicine cannot cure a person but can care for her/ him, alleviate the pain and suffering, keeping the dignity of the person as a unique human being. Palliative medicine deals with the last stages of the incurable disease whose prognosis is death. IT means caring for human dignity and leading to peaceful death. Palliative medicine is led by a professional team consisting of family physicians, physicians' specialists (depending on the primary disease), nurses, psychiatrists, psychologists, social workers, physiotherapists, dieticians, spirituals. Nurses in palliative care, care to maintain the quality of life, respect human dignity, and encourage self-defamation. The rule is that palliative care is applied just before the death, but in today's modern medicine can be applied after setting up an incurable disease.

For the implementation of palliative care it is necessary to involve different experts, doctors, nurses, social workers, physiotherapists, priests, dieticians, psychologists and volunteers who each from their perspective assess the condition of the patient, but they plan together the goals of the care and intervention, and coordinate each other in drafting and implementing the plan.





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The basis of teamwork is founded on constant consensus-making, on the pattern of successful communication between different professions and philosophies of care based on patient needs, patient as a subject and the family as an important factor. The needs of the family are not neglected and are seen as important as the needs of the patient. The nurse in palliative care is multiple active participants who directly care for the healthcare, and coordinates and manages the entire care process. She/he is responsible for planning, conducting and evaluating health care with continuous assessment, evaluation, patient and family education, and co-operation with other members of the interdisciplinary team.

Apart from the care nurses provide to patients, the task of nurses is to educate families and patients about the ways to provide health care, connect and collaborate with outpatient palliative care services. For the purpose of maintaining continuity of care and better co-operation with colleagues continuing to care for a patient outside the hospital, it is necessary to have nursing documentation tailored to patients in palliative care. Nurses of palliative care are part of a multidisciplinary team, responsible for assessing and planning immediate care needs, providing physical and emotional comfort with respect to the holistic approach (Schroeder and Lorenz, 2018). Palliative care nurses associate with other team members (physician, psychologist, social worker...) with the family and the patient, while respecting family needs for empathic communication and support. The nurse in the palliative care team promotes the quality of life and strives to respond more professionally to the needs of the dying person and his family.





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Assessment as a part of patient support must be continuous, and evaluation is done after each assessment as the picture of the terminal patient changes from day to day. A nurse needs to be in support of existing health, social and spiritual services with the aim of making care as complete and quality as possible. Achieving goals, trust, caring are important elements in the relation of nurse-patient. Each team member carries out the interventions for which he is in charge but continually cooperates with other team members to successfully alleviate or resolve existing problems.

References

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