

End of Life Care: Compassion Beyond Cure

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Abstract:- End-of-life care encompasses more than just medical treatment for a dying person; it is a holistic approach focused on providing comfort, love, and fulfillment during a patient's final stages of life. This article delves into the significance of end-of-life care, emphasizing the importance of addressing physical, emotional, and spiritual needs. By prioritizing quality of life, managing pain, and offering emotional support, healthcare teams can ensure patient dignity and respect their final wishes. End-of-life care includes aspects such as hospice and palliative care, advanced directives, and the role of healthcare professionals. It discusses the importance of clear communication with patients and families regarding terminal diagnoses while also respecting cultural and individual preferences. Ethical considerations around withholding or withdrawing treatment are addressed, focusing on patient autonomy and the physician's role in difficult decisions. By embracing a holistic approach that attends to the physical, emotional, and spiritual dimensions of dying, healthcare professionals can help patients experience their final moments with dignity and peace. This approach not only benefits patients but also supports their families, ensuring that the end of life is met with respect, comfort, and serenity.

Keywords:- End of Life Care, Terminal Illness, Palliative Care, Hospice Care.

I. INTRODUCTION

End of life Care is more than just caring to a dying person; it's about supporting a spirit and doing our utmost to bring comfort, love, and fulfillment. "End-of-life care" refers to the support and medical assistance given throughout the final phases of life. This care includes the comprehensive care provided to patients in the last stages of a terminal disease when death is approaching, rather than only concentrating on the final hours before death. Ensuring comfort, controlling pain and other symptoms, offering emotional support to the patient and their family and respecting the patient's dignity and needs are the key goals of end-of-life care.

Depending on a person's requirements, choices, and preferences, End of life Care may take on diverse forms. While some people might want to receive their final medical care at a hospital or other institution, others would prefer to pass away at home. While it's typical for some

people to drift away from their loved ones when they're not around, many people like to be surrounded by them. When it comes to your loved one, there are things you can do to make their last desires known, honour their final moments, and make the most of their last moment together.¹

End of life care is very crucial and vital for human health. By offering comfort and care, it prioritises quality of life. It's critical to emphasise the patient's dignity, values, wishes, and morality while they are facing a terminal disease. It is also important for emotional aspect and spiritual care of the patient. A comprehensive and holistic approach is very essential. It also includes advanced planning so that decisions can be made according to the patient's wish. Avoiding unnecessary interventions and medical treatment is essential too.

Taking a look at the sub-topics included in the end of life care such as hospice care, palliative care, advanced directives, DNR orders, pain management, and psychological support. Hospice care refers to comprehensive care provided at the last stage of terminal illness. Palliative care refers to the collaborative care that aims at relieving pain and other symptoms of a chronic illness. Advanced directives refer to set of rules or instructions in which the patient gives a brief about his wishes and preferences for all the treatment modalities during the end of life care. Do not resuscitate refers to the negative consent for basic life support to patient who is at the verge of dying.

II. HOSPICE CARE VS. PALLIATIVE CARE

Hospice care, as stated by the National Quality Forum, is a system of providing medical assistance and palliative care to patients whose life expectancy is six months or less, and who are no longer in need of curative or life-prolonging therapy.²

The goal of palliative care is to improve the quality of life by preventing, anticipating, and managing pain for patients and their families. Accounting for a patient's physical, mental, emotional, social, and spiritual needs as well as fostering their autonomy, access to knowledge and freedom of choice are all essential components of palliative care across the spectrum of illness.²

The topic of end-of-life care is becoming more and more significant in modern medical practices. Beginning with the diagnosis of a terminal illness, this process encompasses the patient's desired dignified dying as well as the grieving phase that follows.³

III. RELEVANCE OF COMMUNICATION

In Western culture, communicating the diagnosis of a terminal illness to a patient and family ideally involves clear, direct statements conveyed in a calm, empathic way. However, since the primary care clinician has a longer relationship with the patient and is more familiar with the specific issues and needs of the family, he or she is uniquely suited to communicate this information. Direct communication of a fatal diagnosis to a patient is viewed in certain cultures as harsh and degrading, rather than as empowering. In these circumstances, the patient and decision-making are managed by the family, who are in touch with one another. Taking into account these individual and cultural variations, it is crucial to find out, before breaking bad news, who the patient desires the information shared with and in what context.⁴

IV. ROLE OF HEALTHCARE TEAM

All members of the healthcare team are essential to providing thorough and efficient patient care. In order to offer comprehensive treatment, the team is usually made up of a variety of healthcare specialists, each with specialised expertise and abilities.

Addressing medical comfort care that may be given at home as well, the healthcare team can provide direction. A person who is dying may occasionally feel anxious or depressed, or they may feel like being an inconvenience to others. Assuring others, discussing emotions, and occasionally taking medicine can help. Spiritual wants can be just as urgent as bodily demands and might include things like finding purpose in life or settling differences with loved ones. When it comes to their duties and obligations, such as taking care of a pet or plants or checking the mail, some individuals who are near death may have pragmatic worries. Taking care of these issues might provide the person even more peace of mind. Thorough evaluation of any unfulfilled needs is crucial when a person expresses a wish to accelerate or start the dying process at the end-of-life phase. In these circumstances, the advice of doctors who specialize in end-of-life care will be quite important.⁵

V. LEVEL OF CARE

Professional education and training needs complement the provision of care at two levels. Palliative care in primary care is delivered by the medical team that handles the patient's chronic, life-threatening, or incapacitating disease or injury on a frequent basis. In the field of speciality care, palliative and hospice care is provided by an interdisciplinary team of medical professionals, nurses, social workers, spiritual care counsellors, and others who

have the training and credentials required to maximise the quality of life for patients with serious or incapacitating illness or injury. Diverse areas of knowledge, proficiency, and self-control are needed for the specialisations of hospice and palliative care. Additionally, in the process of routinely delivering healthcare services, all healthcare practitioners are required to be suitably equipped to provide the fundamental components of palliative care, such as advance care planning and pain and symptom evaluation and treatment.²

VI. WITHHOLDING AND WITHDRAWING TREATMENT

Whenever someone approaches the end of their life, ethical quandaries frequently focus on whether or not to continue with interventions or therapy. The appropriate plan of action is evident when the patient and physician concur that there is no benefit to continuing or initiating a new intervention; nonetheless, the physician must possess the necessary expertise to handle these conversations sensitively.

When a patient's request to initiate or continue a therapy will cause extreme harm, an unreasonable and inequitable allocation of resources, or an action that would compel the doctor to violate the law or a professional code, then it is important to dispute the patient's autonomy. The law is clear that a doctor does not have to try to save lives at any costs, and that a patient cannot seek an intervention that is not in their best interests. But in cases of uncertainty, the presumption has to support life preservation.⁶

VII. COMPONENTS OF END OF LIFE CARE

A. Pain Management

A suitable tool should be chosen for a thorough examination in order to control discomfort. The most reliable way to measure pain is through the patient's own self-representation. Critically sick individuals, however, have impaired, even unconscious, verbal or cognitive communication and cognitive abilities, which impacts how they convey pain. For ICU patients who are unable to self-report their pain, the Critical Care Pain Observational Tool is a useful tool for pain evaluation.⁷

B. Terminal Sedation

In order to ease the symptoms of patients who are not responding to other treatments, terminal sedation involves injecting particular medications into end-stage patients to lower their level of consciousness. A patient must meet certain requirements in order to be evaluated for terminal sedation: they must have a terminal illness; they must also have severe symptoms that are unbearable to them, are not improving with treatment, have a "DNR" order in place; and their death must be approaching (in the hours or days). In contrast to euthanasia, the goal of terminal sedation is to alleviate suffering rather than speed death.³

C. Holistic Management of Symptoms

In order to fully address the social, mental, physical, and spiritual aspects of dying, care must be taken to create and support collaborations between professionals that include nurses, social workers, pharmacists, psycho-spiritual counselors, grief workers, and others. Customizing care plans and attending to the various needs of patients can be facilitated by having an interprofessional team. Patients will experience improved quality of life, a greater sense of peace, the resolution of personal issues, and ultimately the relief of all forms of pain as a result of an all-encompassing approach to therapy.⁸

Sometimes the most meaningful chapters in life are the last ones. End-of-life care involves more than just treating medical symptoms; it also involves maintaining a person's dignity, promoting their mental health, and respecting their specific requirements. Every person's last moments may be greeted with dignity, comfort, and serenity if we promote compassionate communication, tailored care, and a holistic approach. As medical professionals, it is our duty to continuously improve the quality of care given to patients who are reaching the end of their life in order to have a lasting impact on the patient and their loved one.

VIII. SUMMARY

Hospice care is a system that provides medical assistance and palliative care to patients with a life expectancy of six months or less who are no longer in need of curative or life-prolonging therapy. It aims to improve the quality of life by preventing, anticipating, and managing pain for patients and their families. End-of-life care is becoming increasingly important in modern medical practices, beginning with the diagnosis of a terminal illness and continuing through the grieving phase. The healthcare team plays a crucial role in providing thorough and efficient patient care, with a variety of healthcare specialists providing specialized expertise. Professional education and training are needed at two levels of care: primary care and specialty care. Ethical considerations must be considered when deciding whether to continue with interventions or therapy. End-of-life care includes pain management, terminal sedation, and holistic management of symptoms. It is essential to promote compassionate communication, tailored care, and a holistic approach to ensure the dignity, comfort, and serenity of patients' last moments.

IX. CONCLUSION

End-of-life care is a profound journey that goes beyond medical interventions, focusing on providing comfort, compassion, and dignity to individuals during their final moments. It is a deeply human endeavor that prioritizes the emotional, spiritual, and psychological well-being of both the patient and their loved ones. By embracing a holistic approach that addresses physical symptoms, emotional support, and advanced care planning, healthcare providers can ensure that patients experience quality of life even as death approaches.

Effective communication, cultural sensitivity, and collaboration among the healthcare team are key elements that ensure individualized care, respecting the patient's wishes and easing their suffering. As healthcare professionals, our role extends beyond alleviating pain; it includes offering presence, understanding, and respect for life's final chapter. Through these efforts, end-of-life care can transform into a meaningful and peaceful experience, leaving lasting memories of love, comfort, and support for both patients and their families.

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