Palliative care 3: Using palliative nursing skills in clinical practice

Using palliative nursing skills in practice involves multiprofessional working, leadership, organisation and care planning, centred around patients’ wishes.

The pressures of staff shortages due to sickness, meeting targets and general workplace stress are no different here than they are anywhere else. What this tells us most emphatically is that it is eminently achievable for nurses to use the palliative care approach in an acute setting.

The age-old excuse of not enough time simply reflects a lack of understanding of the true nature of palliative nursing and the means by which to organise and manage such care. The real world of clinical care will always demand of nurses that priorities be made depending on the resources available. That has never changed and it would be unrealistic to suggest otherwise.

The challenge of using the palliative approach in a healthcare system dominated by the curative medical model will always be difficult (Fig 1). What nurses need, therefore, is some practical advice on how to use and integrate the palliative approach wherever they encounter dying people.

ORGANISING AND MANAGING CARE

The transition point between curative interventions designed to maximise health and those that are more palliative is never easy to define in any care environment. It represents one of the biggest challenges all healthcare professionals face in clinical practice. NICE (2004) guidance on supportive and palliative care rightly emphasised a partnership approach, with patients, families and multidisciplinary teams working together to reach a decision in patients’ best interests.

INTRODUCTION

This extract illustrates the importance of humanity in palliative care.

‘I felt sick, I got a tablet, I couldn’t breathe, I got another tablet. Now I can’t go to the toilet. I watched the doctor write out another prescription. I hoped it would help, but I was running out of faith. Along came Dawn. She asked me about everything and everything is now getting better’ (Becker and Gamlin, 2004).

This anecdote tells us much about the place in which care is being delivered and the staff there. It would be easy to criticise the doctor for not bothering to look at the effect of the prescriptions on the patient and for not noticing the patient’s concern. There are many busy acute settings where such events are commonplace but it does not necessarily mean that people fail to care. It is more about the culture and pressures of the job at that moment.

The more interesting part of this story is what happens next. Dawn is the nurse who puts the humanity back into the care process, by using listening and attending skills, her competence at putting the patient at ease and skilled questioning technique.

PRACTICE POINTS

- A whole-person approach focused on open and sensitive communication, autonomy, choice and quality of life are the cornerstones of palliative nursing.
- End-of-life care management tools can offer an important contribution to support care, as long as they are used to complement a holistic palliative nursing approach and not to replace it.
- Palliative nursing can make a demonstrable and positive contribution to the welfare of dying people and their families.

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FIG 1. THE CHALLENGE OF USING THE PALLIATIVE APPROACH TO NURSING