

FUNDAMENTALS

FIRST EDITION

Fundamentals of

Palliative Care for Student Nurses

MEGAN ROSSER
HELEN WALSH



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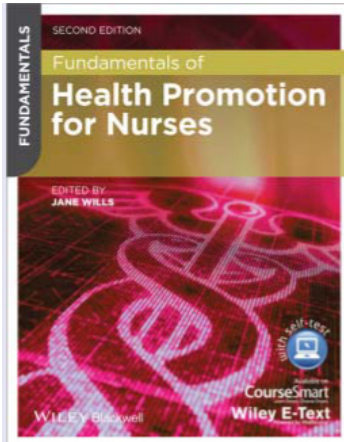
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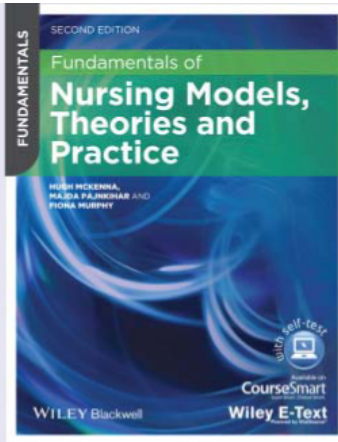
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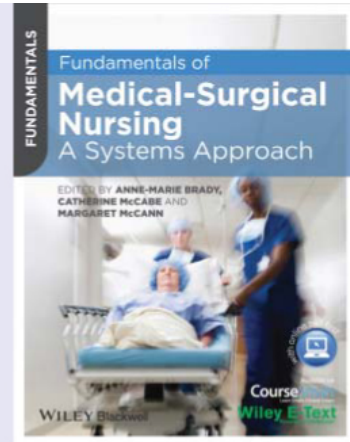
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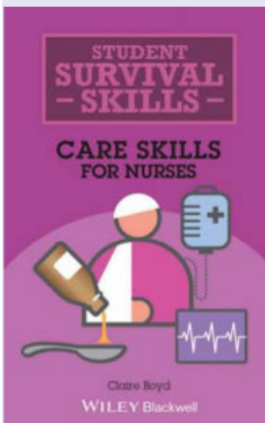
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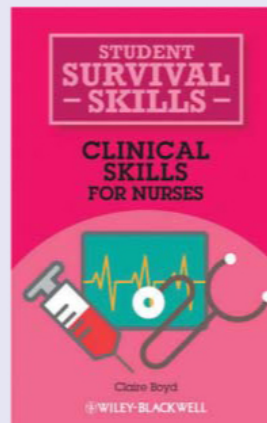
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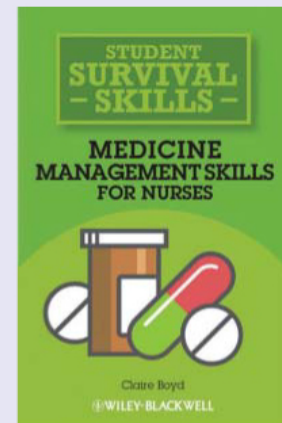
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This book is dedicated to all the patients and families we have been privileged to work with during our careers; with immense gratitude for all that they taught us.

FIRST EDITION

Fundamentals of Palliative Care for Student Nurses

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C Walsh, with contributions from
Chantal Patel**

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The Authors

Megan Rosser RGN, DN cert, BSc (Hons) MSc (London) PG Cert Learning and Teaching

Megan began her nursing career at Charing Cross Hospital and qualified as a Registered General Nurse in 1985. Since then she has specialised in oncology and in palliative care, spending time in her early clinical years at the Royal Marsden and St. Francis Hospice Romford. The last 7 years of her clinical practice were spent as a community Macmillan nurse in West Essex. Megan moved into education in 1999 and worked at St. Christopher's Hospice, Kings College London and the Macmillan National Institute for Education before moving to Swansea 10 years ago. Megan is currently the Director for continuing professional development in the College of Human and Health Sciences at Swansea University and has previously published in the areas of cancer nursing, palliative care, action research, transition experiences, mentorship and evidence based practice.

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Helen started her nursing career at the Royal Masonic Hospital and qualified as a State registered Nurse in 1979. After a brief spell working in Urology Helen trained as a midwife and then pursued a career in cardio-thoracic nursing for 3.5 years. After training as a health visitor

Helen moved into the area of palliative care nursing, working in a number of increasingly senior posts at St. David's Foundation in Newport before taking up the post of Senior Macmillan Nurse at Ty Olwen Palliative Care Service in Swansea. Helen moved into nurse education in 2005 and is currently a senior lecturer in the College of Human and Health Sciences at Swansea University, her particular areas of interest include communication, clinical supervision, portfolio development and learning through patchwork texts. Helen has previously published works in the areas of palliative care and bereavement care and has presented at a number of conferences.

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Helen would like to acknowledge Jen and Fran for their support, encouragement and love.

Preface

The aim of palliative care is to improve the quality of life of people living with serious chronic illnesses such as cancer, cardiac failure, Alzheimer's disease and renal failure.

Traditionally, palliative care was considered only to be needed by patients living with cancer but thankfully it has long been acknowledged that palliative care should be available to all people in need, regardless of their diagnosis. Palliative care is holistic care and addresses people's physiological, social, emotional and spiritual needs as well as their physical needs. Good fundamental 'general palliative care' can be provided by any knowledgeable health care professional; relatively few people require specialist palliative care provided by specialist teams.

Whilst primarily aimed at student nurses, it is our belief that this book also contains useful information for registered nurses who wish to learn more about palliative care. This book seeks to provide you with an introduction to the main principles and theories of palliative care in order to give you the basic essential knowledge to enhance your confidence in caring for people with palliative care needs. The first section of the book introduces you to the development of palliative care practice, focussing on the underpinning principles; the second section considers how these principles apply in clinical situations in order to achieve optimal care and quality of life for patients and their families. The third and final section focuses on your continued development in the practice of palliative care.

In keeping with the philosophical approach of the series we have tried to make the book as interactive as possible.

Throughout the book there are a number of activities for you to undertake, encouraging you to take time out from

reading to think about your current practice and to consider how new knowledge gained from this book might develop your nursing care. In order to help you apply the information in the book to your own practice we have tried to give clinical examples wherever possible; there are patient scenarios in most chapters. There are opportunities at the end of many chapters to test your learning and the companion website presents short MCQs for each chapter to enable further self-assessment of learning.

The term patient is used throughout the text in preference to 'service user', 'client' or 'consumer' because of familiarity and ease of use. Whilst the term 'patient' may have negative connotations for some health care professionals it is still the most commonly used term and the most easily understood and is therefore felt by us to be the most appropriate. True patient centred palliative care should overcome the imbalances of power perceived by some to be associated with the term patient.

About the companion website

This book is accompanied by a companion website:

www.wiley.com/go/rosser_walsh/fundamentals_of_palliative_care

The website includes:

- interactive MCQs for self-assessment
- Useful online resources

Part I

The principles of palliative care

Chapter 1

The development of palliative care

Introduction

This chapter explores the history and development of palliative care from the early days of the hospice movement through to the development of specialist palliative care and end of life care. It will track the extension of palliative care beyond cancer diagnosis, which is underpinned by the principle of provision of care according to need, not diagnosis. The differences between palliative care and other areas of care will be explored. The provision of palliative care for patients in minority groups is considered as well as the policies and strategies that have shaped the development of the speciality.

Learning outcomes

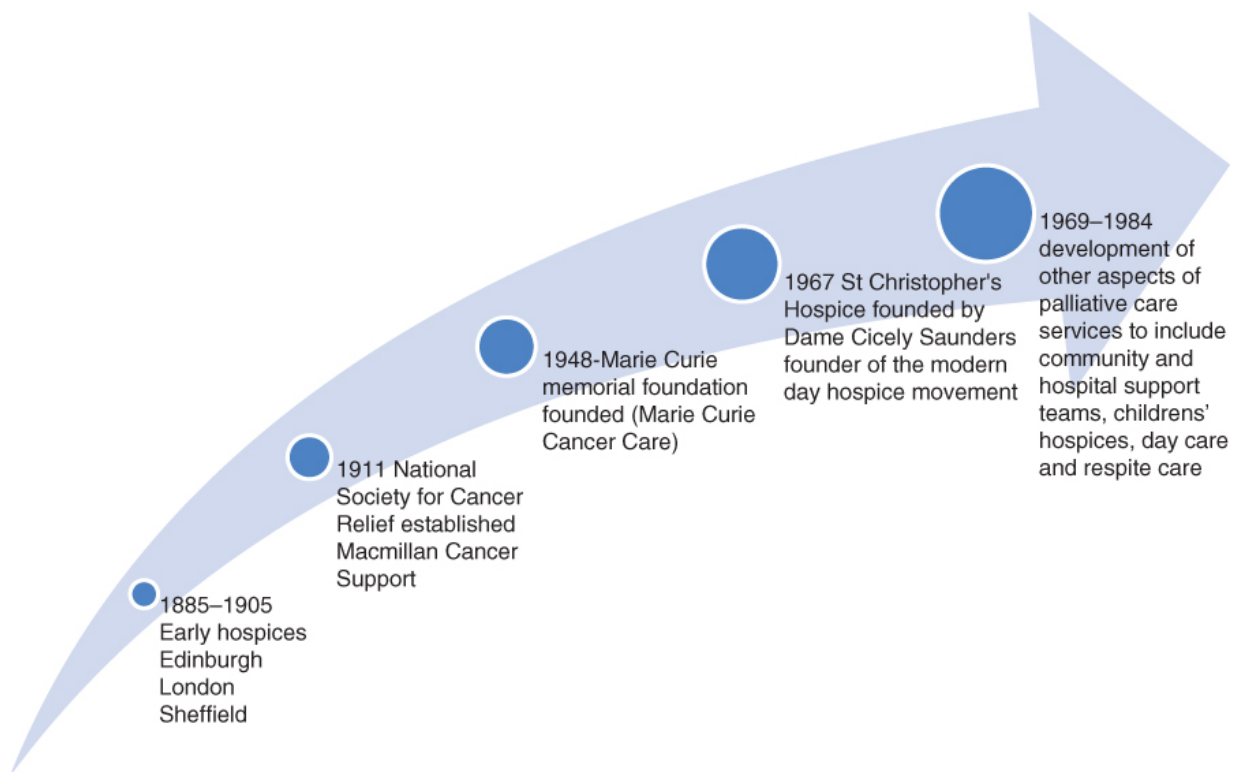
By the end of this chapter you will be able to

- identify key events in the development of hospice and palliative care;
- describe palliative care and specialist palliative care;
- identify the key principles of palliative care;
- discuss the provision of palliative care across care settings;
- discuss the extension of palliative care services beyond cancer diagnosis;
- discuss some of the challenges facing hard-to-reach groups requiring palliative care.

What is palliative care?

Simply put, palliative care ‘focuses on the relief of pain and other symptoms and problems experienced in serious illness. The goal of palliative care is to improve quality of life, by increasing comfort, promoting dignity and providing a support system to the person who is ill and those close to them.’ (dying matters 2012).

Since the development of St Christopher's hospice in 1967, the growth of palliative care has been driven by charities, health care providers and government policy. The significant early developments and key policies are presented in [Figures 1.1](#) and [1.2](#).



[Figure 1.1](#) The early development of palliative care services in the United Kingdom.



Figure 1.2 Key policy developments in palliative care in the United Kingdom.

Cicely Saunders the founder of the modern day hospice movement was driven by a profound Christian faith and a fundamental belief that ‘You matter because you are you, and you matter to the last moment of your life’. Whilst the influence of religion has diminished over time the central belief of the value of people is paramount to palliative care. Today there are over 200 inpatient units and palliative care is provided in a number of other care settings, including hospitals, the community and day care centres. Most

hospices are independent, local charities, only receiving a minority of their funding from the NHS.

There are a number of definitions relating to the provision of palliative care and each is discussed in the following text.

Supportive care

Palliative care has come to be regarded as part of supportive care formally introduced by the National Institute for Clinical Excellence (NICE) in 2004. Supportive care describes all care provided to patients, friends and family throughout their illness, including the time before diagnosis has been reached, when patients may be undergoing a number of investigations. The aim of supportive care is to help the patients and their families to cope with their condition and treatment. It helps the patient to maximise the benefits of treatment and to live as well as possible with the effects of the disease (National Council for Palliative Care (NCPC) 2010). [Figure 1.3](#) shows the components of supportive care.

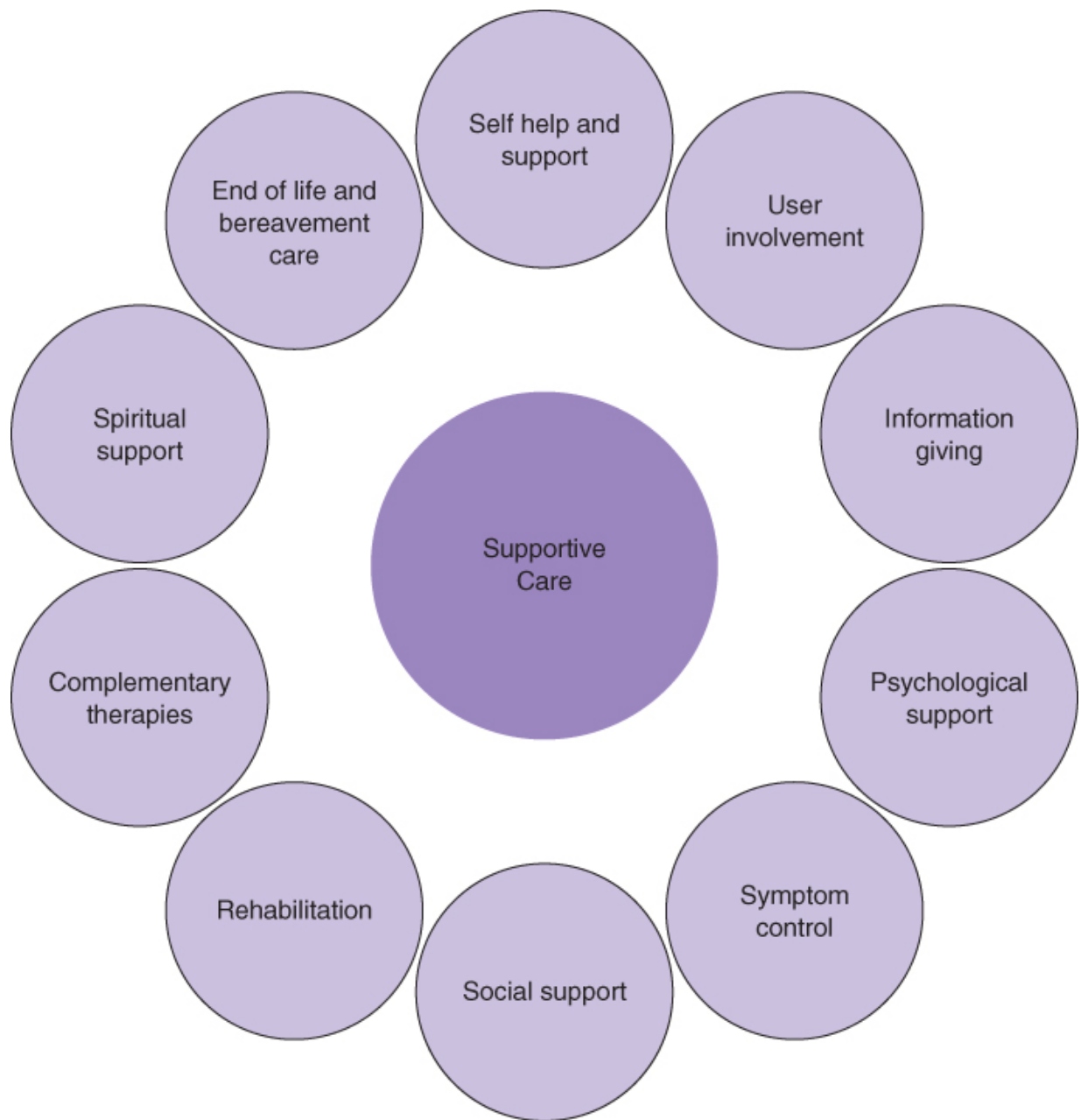


Figure 1.3 The components of supportive care.

Palliative care

Palliative care is defined in Fact Box 1.1.

Fact Box 1.1

The World Health Organization (WHO) (2014) defines palliative care as:

‘an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

The WHO principles of palliative care are listed in Fact Box 1.2:

Fact Box 1.2

The principles of palliative care

WHO principles of palliative care

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;

- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

These principles highlight an holistic, humanistic approach to caring for the whole person throughout their illness, rather than focusing on the disease or condition. Palliative care responds to the changing needs of the patient and family over time, recognising that the disease progression and the associated experiences are unique to each person.

Specialist palliative care

As the palliative care movement developed and grew there was an expressed need to differentiate between palliative care and specialist palliative care to ensure that patients and their families were receiving the most appropriate care. It was acknowledged that a minority of people with complex needs would require direct or indirect input from specialist teams, identified as 'those services with palliative care as their core speciality with a high level of professional skills from trained staff and a high staff: patient ratio' (NCHSPCS, 1995).

Once the differences between palliative and specialist palliative care had been established there was an expectation that everyone living with a life-threatening illness was entitled to receive appropriate palliative care regardless of health setting; therefore, each health professional has a duty to practice the palliative care approach as an integral component of good clinical