

Promoting Healthy and Active Ageing

Lesson 10 & 11

End of Life Care, Compassionate

communication

Intended Learning Outcomes

- Describe principles of palliative and end-of-life care.
- Analyze ethical and cultural considerations in end-of-life decision-making.
- Demonstrate compassionate communication and support for families in end-of-life contexts.

What is end of life care?

- Holistic care provided to older adults in the final stage of life, when curative treatment is no longer effective.
- Goals: *comfort, dignity, quality of life, support for family.*
- Growing importance:
 - global aging population,
 - rise in chronic and terminal illnesses.

Principles of Palliative and End-of-Life Care

- **Holistic approach:** physical, psychological, social, spiritual.
- **Symptom management:** pain, dyspnea, agitation, nausea.
- **Individualized care:** based on patient's values, wishes, needs.
- **Interdisciplinary teamwork:** nurses, doctors, counselors, spiritual leaders, social workers.
- **Dignity and respect:** preserving autonomy, comfort, privacy.
- **Support for family & caregivers:** education, respite, bereavement support.

Concerns in End-of-Life Care in Older Persons

- Physical
 - pain
 - breathlessness
 - Immobility
 - Frailty
 - feeding problems
- Psychological
 - fear of death
 - depression
 - anxiety
 - delirium
- Social
 - Isolation
 - role changes
 - family conflicts
- Spiritual
 - meaning
 - hope
 - preparation for death

Ethical and Cultural Considerations

- Common ethical dilemmas:
 - Withholding/withdrawing treatment (e.g., ventilation, dialysis).
 - Advance directives vs. family demands.
 - Truth-telling and disclosure of prognosis.
- Cultural aspects:
 - Influence of religion/spirituality on acceptance of death.
 - Family-centered decision-making in collectivist cultures (Sri Lanka, South Asia).
 - Rituals, mourning practices, beliefs about suffering and dying.

Mr. Fernando's Final Days...

- **Background:** Mr. Fernando is an 84-year-old retired teacher with end-stage lung cancer. He has been in and out of the hospital for the past 6 months and is now very weak, with poor appetite and difficulty breathing. He is aware that his illness is terminal.
- **Patient's wishes (expressed to the nurse):** He does not want to be put on a ventilator. He wishes to spend his final days at home, surrounded by family, rather than in the ICU. He asks the nurse, "Please make sure I am not in pain."
- **Family's perspective:** His eldest son insists, "You must do everything to keep my father alive. Put him on a ventilator if needed." His daughter agrees with her father's wishes, saying, "We should let him go peacefully at home." The family is divided and arguing at the bedside.
- **Healthcare team's perspective:** The doctor believes ICU care will not change the outcome and may increase suffering. The nurse is caught between respecting the patient's wishes and responding to the family's emotional demands.

- Principles of palliative/end-of-life care:
 - How can comfort and dignity be ensured for Mr. Fernando?
- Ethical dilemmas:
 - Patient's autonomy vs. family wishes
 - Beneficence vs. non-maleficence (comfort vs. burdensome treatment)
 - What is the ethically appropriate course of action?
- Cultural considerations:
 - In Sri Lanka (or similar settings), family-centered decision-making is common. How does this influence care?
 - How would cultural and family dynamics affect your decision-making?

Compassionate Communication and Family Support

- Communication strategies

- Use simple, honest, and sensitive language.
- Active listening and acknowledging emotions.
- Balancing truth with hope.
- Avoiding medical jargon.

- Breaking bad news (SPIKES protocol)

- **S:** Setting (private, quiet, supportive).
- **P:** Perception (assess what patient/family knows).
- **I:** Invitation (how much they want to know).
- **K:** Knowledge (share information clearly).
- **E:** Emotions (address with empathy).
- **S:** Strategy (care plan, next steps).

Compassionate Communication and Family Support (*Cont.*)

- **Support for families**
- Education about disease trajectory.
- Emotional support, counseling, spiritual care.
- Bereavement and grief support after death.



Mr. Fernando's Final Days... (Cont.)

- **Communication**

- How should the nurse communicate with both the patient and the family?
- What strategies can be used here? (e.g., SPIKES protocol)

- **Nursing role**

- Advocate for patient's wishes.
- Provide symptom relief and comfort measures.
- Coordinate with multidisciplinary teams.
- Offer emotional and spiritual support.
- Educate and guide families in caregiving, decision-making, and grief.
- Maintain ethical and legal responsibilities.
- Support for family during conflict
- How can the nurse balance compassion with professional responsibility?

An 85-year-old with advanced dementia develops pneumonia. Family requests “everything possible” despite poor prognosis. Patient previously said he wanted a natural death.



Source: <https://resources.amedisys.com/signs-death-is-near-hospice-patients-dementia>

- Identify ethical issues, cultural influences, and communication strategies for nurse involvement.



Further Reading:

- Motamedi, M., Brandenburg, C., Bakhit, M. et al. (2021) Concerns and potential improvements in end-of-life care from the perspectives of older patients and informal caregivers: a scoping review. *BMC Geriatrics*, 21, 729.
- Practice guidelines in the end-of-life care. Ministry of Health (<https://www.nccp.health.gov.lk/storage/post/pdfs/Practice-guidelines-in-EoL-care.pdf>)
- Providing Care and Comfort at the End of Life. National Institute of Aging (<https://www.nia.nih.gov/health/end-life/providing-care-and-comfort-end-life>)
- Huffman JL, Harmer B. *End-of-Life Care*. (2023) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK544276/>

Thank
you

