

ISPN Position Statement on Palliative Care

Background

Over the last 20 years medical technology has become a double-edged sword. It has provided society with improved diagnostic capability and a more comprehensive set of tools to provide technological care. It has given society the ability to prolong life but until recently has also neglected the role of caring for patients and families during the end of life process.

Since 1997, more than 300 organizations have adopted the Last Acts Precept of Palliative Care (1997). More organizations are beginning to examine the different trajectories of dying and focusing on symptom management, patient and family decision making, and the psychosocial and spiritual care at the end of life.

The International Society of Psychiatric Nurses (ISPN) is the psychiatric mental health nursing organization representing the coalition of The Association of Child and Adolescent Psychiatric Nurses, The International Society of Psychiatric Consultation Liaison Nurses, the Society for Education and Research in Mental Health Nursing, and the Adult & Geropsychiatric Mental Health Nurses Division. The society is dedicated to promoting quality psychiatric care for individuals and families throughout the lifespan. We believe that effective palliative care includes promoting optimal mental health for the dying and their families. This includes enhancing communication; coping with a terminal condition; and managing grief, loss and bereavement issues.

Definition

Palliative care involves any chronic medical condition or severe mental illness where cure is not possible. In 2002, the World Health Organization defined palliative care as an approach taken to positively impact the quality of life for individuals and families who are dealing with a life-threatening illness. Included in this care are aspects of prevention, assessment, and treatment of a

range of problems that are experienced throughout the dying process. Pasacreta, Minarik and Nield-Anderson (2001) identified providing care in a compassionate manner as a critical element in improving the quality of life for patients and surviving family members when providing palliative care. ISPN believes that psychiatric nurses have an obligation to provide the best possible mental health care at the end of life and for the remaining family after death. This includes, but is not limited to, helping assess underlying psychiatric disorders (i.e., severe, acute or chronic mental illness; anxiety, depression, delirium); enhancing communication among caregivers, as well as patients and their family; and assisting patients, their family, and staff cope with the stressors associated with the grieving process. Psychiatric nurses are also obligated to ensure that patients' physical symptoms and pain are managed, irrespective of the location of the patient or the type of patient. Those with severe acute or chronic mental illness have the same right to palliative care.

Impact of Palliative Care on National Health

The majority of Americans who die each year are over 65 years of age. Many will experience a prolonged life-threatening illness with either a relatively predictable steady course, a relatively short terminal phase such as cancer, or a slow decline exacerbated by periodic crises marked by a slow decline and eventual death. Diseases such as CHF, emphysema and Alzheimer's are examples of the latter. The National Hospice and Palliative Care Organization (2003) estimated that in 2001 approximately 775,000 of the 2.4 million people who died that year received hospice care. A comprehensive Institute of Medicine document (1997) indicates that most patients and families who are living with a life-threatening illness can expect multiple physical as well as psychological, social, and spiritual problems. This is also true for individuals with a severe acute or chronic mental illness. In the face of prolonged suffering and unmanaged symptoms, the strategies used for coping with illness, disability, loss of control, and lack of ability to do things that are meaningful are varied. In some patients,

distress becomes significant if suffering is not relieved. Historically, re-emergence of psychiatric symptoms has been the way in which the chronically mentally ill have dealt with burdensome distress. Nurses should be aware that any patient can develop self-destructive behaviors, may plan suicide, or may seek assistance to die by physician-assisted suicide. As care for patients with a life-threatening illness has shifted into institutions, a generalized lack of familiarity with the dying process and death has evolved. Palliative care provides expertise and standards of practice designed to improve the quality of patients' lives and provide dying patients the tools to remain in control of their lives as well as their deaths.

Ethical Tenets

Nurses individually and collectively have an obligation to provide comprehensive and compassionate end-of-life care, which includes the promotion of comfort and relief of pain and at times forgoing life sustaining treatment (ANA, 2001).

There is an ethical obligation to provide the best possible care at the end of life including the relief of suffering and, when possible, a death that is congruent with the values and desires of the dying person.

ISPN supports the rights of patients to remain in control of their lives and their deaths. Principles of autonomy, informed decision making, dignity, and respect for patients and their families will be paramount (ANA, 2001). Patients will be provided the opportunities of informed choice, input into decisions, and ability to change decisions as the situation changes.

ISPN endorses supporting and respecting a patient and family's end-of-life wishes and actions that are culturally based.

Recommendations

ISPN supports the following psychiatric-mental health initiatives:

1. Research and interventions that will:

- Promote clinical research related to psychosocial aspects of palliative care.
- Establish a database of research endeavors in palliative care from our membership.
- Serve as a resource for those researchers looking for funding opportunities in palliative care.
- Collaborate with other organizations through an Internet link from the ISPN Web site.
- Participate in multidisciplinary collaborative research to develop and evaluate interventions regarding psychosocial aspects of palliative care.
- Promote participation of Advanced Practice Registered Nurses (APRNs) on palliative care teams in a variety of settings.

2. Education that will:

- Promote collaboration with Schools of Nursing to initiate changes in undergraduate, graduate, and continuing education to ensure that practitioners have knowledge and skills to address psychosocial and psychiatric aspects of palliative care.
- Enhance the public's knowledge and understanding of the dying process and the options available to patients and their families.
- Collaborate with other groups to promote changes in and evaluation of palliative care delivery.

3. Policy that will:

- Endorse and support efforts to ensure that legal and regulatory barriers do not hinder or prevent delivery of excellent care during the palliative care process.

4. Support our members with expertise in palliative care to:

- Provide workshops and educational opportunities at national conferences.
- Develop a formal network of support.

5. Recognize the complex needs of the chronically mentally ill who are dying and will:

- Provide expert consultation to patients, families, and organizations working with these individuals in need of palliative care.

6. Aggressively control the discomfort associated with pain using:

- Pain medications to alleviate physical discomfort.
- Psychopharmacological agents for management of psychiatric symptoms related to terminal illness such as depression, agitation, and delirium.
- Sedating agents to treat agitation and delirium sufficient to relieve suffering even when these may hasten death if acceptable to the patient and family.

7. Provide support for:

- Groups or organizations working with families involved in the end-of-life process with their loved ones.
- Staff involved in providing palliative care.

8. Advocate for:

- Individuals with severe acute or chronic mental illness and their families as they proceed through the palliative care process.

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