

# Palliative care essay



**ASSIGN  
BUSTER**

When you meet a nurse, the last thing that comes to your mind regarding his or her specialization would be hospice nursing.

It is no surprise why only a few have fully understood this new aspect of health care delivery. Hospice nursing is a specialized degree of nursing. The duty of hospice nurses covers a lot of responsibilities; from assessing the elderly's condition, observing the health but still working altogether with the physician and other health care members. The idea that the patient is already terminally ill makes the responsibility greater than it already is. Most often, the medications given are only for palliative support, to minimize pain, rather the treatment of the disease itself.

Recovery is the least of the priorities. The greatest challenge for a hospice nurse doesn't belong to the medical aspect of care of the elderly; but rather on the emotional and caring side of nursing. Every day, hospice nurses take care of dying patients. It requires more than a talent in caring; but the traits that coming along with it as well. They are the second family. They are the third hand and the third heart.

Hospice nurses are like private duty nurses but with more patience and grander temperament. To some, they may view the job as taking care of people who will eventually die; however, these nurses differ. They view these people as living; with care given, as if they are the immediate family.

Nationally, hospice care in the Philippines is still relatively new. It started on 2003 when the president of the International Hospice Institute in Washington D.

C. , Dr. Josephine Magno, a Filipino, introduced the new aspect of care to the country. As of 2007, there are 23 institutions and 520 members of service providers.

These institutions for the elderly are fully supported by the National Hospice and Palliative Care Council of the Philippines Inc. (Hospice Philippines). The purpose of building this new environment is to address the physical, social, medical, psychological and spiritual needs of the Filipinos and their family members. Here in our country, aside from the medical team, the family is also involved in the treatment plan.

Furthermore, they are also looked after by the provider of the hospice facility. Hospice care practitioners need not necessarily be an expert in the medical field. After an appropriate training, a person with a compassion for the sick can readily be a part of the hospice care delivery. Any issue with death is a sensitive matter. It takes strength and conviction in assisting someone to a peaceful crossover.

This challenge was seen by most hospice care facilities in the Philippines. To answer this problem, they made a network with international organizations in conducting their members and other volunteers a vigorous training abroad. Organizations involving hospice care in the country is generally under control of private groups. However, it is also recommended by the government that health workers such as barangay health workers be trained to be a part of the hospice team, so that they themselves can give palliative treatment and deliver hospice care to the elderly in their own area.