

Grieving and support of a dying patient

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Taking Mary's condition into account, she lives in a remote area, where healthcare access is sparse, and the acute specialized care available will be less.

Therefore, open and honest communication with Mary was initiated. She was obviously grieving, and it was my job to identify the triggers for discussion. In this discussion, she was communicated regarding the agreed care plan, and over time, a review of her needs and preferences was made. The needs of care included not only maintenance of her diet and blood sugars, and prevention of other complications without heroic treatment since she preferred to die at home. The ultimate outcome for dying patients is to achieve a good end of life care and a good death. Therefore it was important to develop awareness, acceptance, and preparation for death for all concerned, and to ensure control of physical and emotional pain and distress, and for this learning would be greatly necessary. Mary wanted to remain pain-free at the time of death, wanted to die with dignity, and wished she would die in sleep. She wanted to keep death secret, which explains her Italian ancestry (McNamara, B., 2001, 1-14). This learning program involved talking to her and her family about dying allowing them to participate in the discussion. The healthcare team involved would be the doctor, RN, and EN (Med) only. She and her family were ensured that the team is competent in handling the needs of her as she approaches death. She and her family would know about pain control and were ensured that comfort care nursing interventions will be available here whenever necessary.

The learning program would contain the assessment diagnosis, and these would be an open discussion about pain and fatigue. Mary will be told that psychological stress worsens pain. Given her case, extreme exhaustion is <https://assignbuster.com/grieving-and-support-of-a-dying-patient/>

common, and Mary could have decreased the capacity of physical and mental work that is often unrelieved by rest. Her learning must include the fact that decreased energy is common for dying patients owing to the disease process and the psychological impact of impending death. It is also important to promote a sense of accomplishment and time the activities of daily living whatever she can do according to that. As time advances, her fluid volume would go down, she may have been able to swallow anything per month. The importance of having a small amount of fluid at infrequent intervals would be explained to her. The importance of nutrition will also be highlighted to her, and the process of death will be explained to her. The family process will be interrupted, and along with her, they are also likely to experience grief. Open communication will be facilitated between Mary and her family members. There will be grief with this information about impending death, and to start with, it will be shocking. The learning program will help the family and her to accept the reality of death at the cognitive level as well as provide supports so they understand the needs of fluid balance, nutrition, and energy conservation. Mary and the family would be encouraged to express emotional effects in the discussion, facial expression, and reaction and would try to restore the family processes. Mary will learn how to use family as support in resolving emotional responses (McNamara, B., 2001, 1-14).

The Australian Centre for Grief and Bereavement can counsel the family and Mary and can provide information and resources for them. They can also provide education. The services of this organization can be accessed through membership, and the support services would produce the capacity of the individuals to enhance well being following adverse life events such as news

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of death. The grieving process would be more tolerable. This support service can offer a range of specialist interventions and innovative education services. Apart from this community portal and Grief Link can also provide support and information to these people (Death and Grieving, 2008).