

CHOICE AND DECISION MAKING

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AN IMPORTANT PRINCIPLE

- Be sensitive and listen to people's needs as they perceive them – not what we think they should have
- Ask whose needs are we meeting?



THE GOAL OF A PALLIATIVE CARE APPROACH

The aim is to make the body a comfortable enough place to live in while the person with the terminal illness prepares, if that is their wish, to die

Dr Richard Lamerton - UK Hospice Pioneer

KEYS TO END OF LIFE CARE GIVING

- Reflect on how you would prepare for your own death
- Give loving non-judgemental support to a person approaching death
- Know what to do at the moment of death
- Understand the need to process and learn from grief
- Strive to earn a place at the bedside of a dying person
- Be aware that a 'wet towel' cannot dry another person
- Appreciate Florence Nightingale's advice: "To be a good nurse you must first be a good person"

THE MOMENT OF DEATH



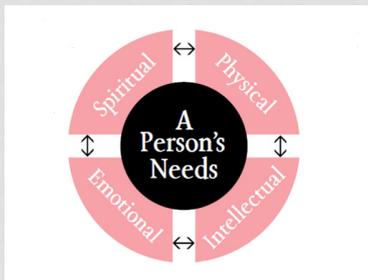
CHOICES AND DECISIONS

- Advance Directives provide choices which consider values and feelings. They give choice to quality of life issues
- Family meetings mean that choices can be shared and hopefully respected
- A courageous patient advocate is needed for choices to be actioned
- It is a right to refuse treatment and it may be a choice
- The SA Palliative Care Act of 1995 gives protection to doctors who practice palliative care. It gives the choice to appoint a medical power of attorney
- Offer a choice of who is to be at the bedside during the vigil and if those people wish to be notified of near death

THERE ARE MANY CHOICES WHEN IT COMES TO THE FUNERAL



GIVE CHOICE IN ALL AREAS



NurseLink's Holistic model of care

GIVE CHOICE TO PHYSICAL FACTORS

- If possible give choice to the placement of the bed and beddings – eg arrangement of pillows & covers
- What choices for nutrition – eg food for nostalgia or food for promoting health? Perhaps no food?
- What choices for bowel and bladder management?
- Can the choice be staying in bed or sitting in a chair? Or going home?
- What are choices for hygiene, sleep and rest (sleep may be seen as a little death)

INTELLECTUAL CHOICES TO CONSIDER

- Is there sufficient health information given for choice?
- Are choices being given for the person to make an informed decision?
- Is there a choice in the way we communicate?
- Is the chosen attitude (+ve or -ve) helpful?
- What are the choices for legal arrangements eg. Will?
- Is there a choice in making end-of-life wishes known? Eg. Recording explanations to be listened to with the reading of the Will or recordings for children and grandchildren

EMOTIONAL CHOICES TO CONSIDER

- Can a choice be given to explore the significant events of a lifetime?
- Is there a choice to forgive or not to forgive - self or others?
- Is there a sense of freedom and emotional safety?
- Is there a feeling of belonging and pride in fulfilling a role?
- Is hope realistic?



SPIRITUAL FACTORS TO CONSIDER

- Can we assist patients with their search for meaning?
- Can we facilitate what brings comfort in personal values, beliefs and relationships – with self, with others and the Greater Than?
- Can we offer quiet times for dreaming - dreams may be seen as meditation at our deepest level and an interface with a non-physical realm
 - *An unexamined dream is like a letter from God unopened -- CG Jung*
- Is intuition (irrational knowing or guiding force) listened to?
- Can reflecting on nature and natural cycles bring insight?

GIVE THE CHOICE OF SOUL CONNECTION

- Art – collage, spontaneous drawing
- Music – uplifting, calming, stimulating - personal
- Pranic healing looks at energy fields (chakras)
- Therapeutic Touch is a nursing modality
- Aromatherapy
- Visualisation
- Altered states of consciousness – *unconsciousness is not a mindless interlude between life and death*
- *There is awareness during unconsciousness* - Dr Michael Barbato in "Caring for the living and the dying"

MEANING IN A CHILD'S DRAWING

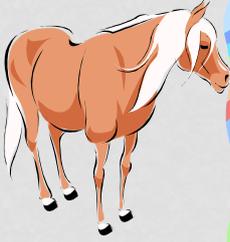


IMAGERY FOR LOVE



THE WAY HOME

Erikson's horse



Knew his own way home



GIVE THE CHOICE OF HUG THERAPY

