Palliative Care: Opportunities for Nursing

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Although the art of palliative and end-of-life care has been practiced since the ancient times, the science only begun its formal developments through the efforts of Dame Cicely Saunders, who, as a nurse, took notice of the excruciating pain and suffering of her patients. It is a personal assumption that the professional powerlessness and the compassion that she may have felt as a nurse compelled Dame Cecily to become a physician. As a physician, she established St. Christopher’s Hospice in London and globally starts the palliative care revolution. Over time, the Hospice movement evolved into today’s palliative Care, and through many refinements, it is now recognized as a subspecialty science in health care and a universal health right.

The world is an aging society. The world’s population of people over age 60 years is expected to rise in 2050–1.6 billion, accounting for 22% of the world’s population. Further, in Asia and in the Latin American countries, the oldest old population is expected to quadruple. It is predicted that the most common health problem of this group will be from noncommunicable diseases, with the elderly from less developed and developing countries experiencing increased disease burden.[1] Palliative care will then be in the prime position to provide the needed care for this aging population group.

In many countries of the world, the term palliative care is used synonymously with end-of-life care. Although they share the same philosophy of palliation as the primary focus, the actual provision of care differs. It might be wise to truly understand the terms even at least conceptually. Palliative care is a much broader service that evolved from end-of-life (or Hospice) care. Described by the World Health Organization as “an approach that improves the quality of life of patients and their families; it also refers to any care given to alleviate symptoms, whether or not there is hope for cure by other means.”[2] The goals of palliative care are...
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Authors of this special journal issue, unanimously agree that nurses should be professionally supported through education, training, and research. Takenouchi described how Japan responded to the need for education by translating and offering the End of Life Nursing Education Consortium (ELNEC) course. Starting small with the core course, they have now expanded the offerings to include the ELNEC Population courses (Geriatrics, Critical Care, and others); consequently training more than 28,000 nurses in 47 prefectures. Malloy et al. also shared the many ELNEC initiatives in Asia through the collaborative efforts between ELNEC and many Asian nursing leaders. Goh also describes how Singapore started awareness by integrating palliative care content into the medical curricula and the country’s efforts in continuing education for all of Singapore’s health-care providers. Together, it is making a difference not only in the practice of nursing but in the care of dying patients and their families as well.

Empowerment is key in any role development and execution. In many Asian and other developing countries (especially where the culture of paternalism pervades), differences in professional equality still exist. Nurses are often seen as “secondary health-care providers” or as medical assistants. In addition, differences in basic nursing education creating different levels of practice may also account for the confusion regarding what nurses can truly do. Takenouchi, Malloy et al., and Spruyt discussed the importance of educating nurses so they can not only be better advocates for patients and their families but also be empowered to advocate for themselves as an equal member of the palliative care team. The specialty of palliative care provides a great opportunity for nurses to showcase what truly is nursing and how they can greatly contribute to health-care delivery.

Palliative and end-of-life care is a relatively young science yet, its art lies in the uniqueness of each and every patient’s and family’s experiences that is so openly shared with the nurse. It is truly a privilege to be a palliative care provider and to join the patients and the families in their journey. If this is not a good enough reason to continue our work through sharing, coordination and collaboration, what is?

It is a great privilege to serve as a guest editor for this special issue. My deepest gratitude to the contributors for their willingness to share their work and their openness to collaborate with one another. From the Philippines, thank you and Mabuhay!

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Conflicts of interest

There are no conflicts of interest.
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