

CARE OF THE DYING IS NOT AN OPTION BUT A NURSING NECESSITY

Penny Hansford, Vicky Robinson, Helen Scott

Welcome to the first issue of *End of Life Care*. Nurses are the professionals who deliver the majority of care to dying people. About six out of 10 people die in acute hospital settings, with only two dying in their home and a further two dying in care homes. However, for most people in the UK, the last year of life will be spent at home.

Whether you are a nurse in a hospital, the community or care home, this journal aims to provide you with information, advice, support and tools that can be used in your practice as you seek to care for people who are dying. For many nurses, even today, there is no preparation in general training for the reality of delivering care to dying patients and the patient's family, carers and friends. Without appropriate information and skills nurses can behave like much of the rest of society and simply look the other way when confronted with loss and death.

This journal is an extension of the vision and work of Dame Cicely Saunders who was the founder of St Christopher's and the modern hospice movement. She dedicated her life to the creation and development of a system of care, in which nursing and medical excellence is combined with support that embraces the practical, emotional, social and spiritual needs of dying people and those close to them.

Care of the dying is not an option, it is a nursing necessity. It is where

nursing and nurses can excel. The articles presented in this journal will demonstrate that timely interventions towards the end of life and during the dying process have a quantifiable effect and that their omission is costly in terms of patient distress and difficulties in bereavement. A significant number of the complaints that reach the Health Ombudsman relate to issues surrounding the management and care of a dying person and his/her family.

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St Christopher's Hospice and the modern hospice movement are 40 years old in 2007. Palliative care became a recognised specialism in medicine in 1987. Much has been achieved and the principles of good palliative care have been disseminated widely. However, there is still much to be done. Services have tended to be concentrated on the dying cancer population and now need to be made available to all dying people. This imperative is reflected in the National Service Frameworks.

The Department of Health has endorsed specific tools aimed at improving end-of-life care. The three main tools are the Gold Standards Framework, the Liverpool Care Pathway and Preferred Place of Care (soon to become Preferred Priorities of Care). These will be examined in this journal, with practical guidance and

information on their implementation and effective use.

Providing nurses with evidence-based, practical suggestions for the management of difficult and emotionally taxing situations around the death of a patient will increase nurses' confidence, encouraging them to be wholly involved and yet professionally resilient. Dame Cicely called this type of nursing 'being present'.

Such care does not take huge amounts of time. A 5-minute conversation with a soon-to-be bereaved family can prevent many of the time-consuming after-effects of a badly managed death. Effective symptom management brings huge comfort to all concerned. Caring for the dying is an art and a science. It emphasises normality and quality of life. Patients and families want professional human beings to deliver their care.

This journal will discuss issues of symptom management in intractable disease and examine ways of addressing the psychosocial needs of patients and families. Information gained through innovative projects, audit and research will be disseminated. Discussion of ethical issues, decision-making and the personal impact of delivering care to dying people will be examined.

Our experience at St Christopher's is that listening carefully to patients and families, paying attention to detail and delivering honest answers to questions, can transform the patient's and family's experience of care. We cannot take away their sadness but we can support them in it. We want this journal to be a vehicle to support all nurses in the provision of effective end-of-life care. **EOLC**

Penny Hansford is Director of Nursing, Vicky Robinson is Consultant Nurse, and Helen Scott is Staff Nurse, St Christopher's Hospice, London