THE TOTAL PATIENT



Patient preferences are the ideal guidelines for providing effective palliative care

Bette Weinstein Kaplan

n this issue, our column highlights practical advice on effective palliative care from the staff of the Levindale Hebrew Geriatric Center and Hospital in Baltimore, Maryland. These dedicated professionals realize that seeing a loved one in great pain can be very difficult. They suggest seemingly small but significant ways that friends and family close to the patient can help.

FOCUS ON CARE

As in the palliative care program at any facility, the staff at Levindale concentrates on enhancing quality of life for patients by relieving pain and reducing stress. They use a number of modalities to achieve those goals. Their methods stress the importance of asking the patient what he or she wants and listening carefully to what the patient's answer. Simply assuming what is best for the patient and acting on that assumption without consulting the patient may create additional stress.

Encourage those patients who are able to participate in activities they have enjoyed in the past. Participation in an enjoyable activity, even for a short time, can divert the patient's mind away from their pain or illness. If your hospital offers activities in which a patient has expressed an interest, help the patient contact the appropriate people to facilitate participation in the activity.

USE THE PATIENT'S SENSES

Auditory A comforting and informative bedside activity is reading to the patient. Visitors might want to bring in favorite sections of the newspaper or a magazine and read articles of interest to the patient. Many clinicians have found that music can be soothing for patients and may even help relieve pain. Music can play another role as well; it can bring the patient back to an earlier time, evoking pleasant memories.

Olfactory The sense of smell is another evocative sense that can be employed in palliative care. Certain

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scents or aromas can soothe because they bring back memories or simply are pleasant to the patient. Consider offering aromatherapy to those patients who are receptive to such modalities. The Levindale staff suggests providing patients with a selection of different scents from which to choose to introduce into their rooms. However, you should be aware of a patient's fragile condition. Some patients cannot tolerate the scent of flowers, much less enjoy a distinctive aroma wafting throughout the room. This point stresses the importance of asking the patient what he or she would like.

Visual Sight is important as well. If the patient has family photos or children's artwork with them, be sure to place these items within the patient's eyesight. Patients who want to watch television should have the controls within their reach so they can choose the programs they wish to watch. Nurses should ask patients about preferred lighting levels as well. Some patients are comforted by dimmed lighting, while others find brighter ambient light and open blinds a more cheerful option.

CONSIDER A GARDEN

Gardens are becoming an important part of palliative services for ill and elderly patients. Hospitals may have an indoor or outdoor garden for patients to sit in and relax. According to a recently published paper, therapeutic gardens in long-term residences may reduce pain perception in elderly residents.1 These gardens typically use a variety of plants to provide visual, olfactory, and tactile stimulation. They also provide an interaction with nature by attracting birds and butterflies.1 If your hospital does not have a garden, a CD of nature sounds such as a babbling brook, splashing surf, or soft bird calls can create the feeling of being at a lush, bird-filled retreat or beachfront.

OTHER MODALITIES

Yoga, Reiki, art, and massage can enhance relaxation and lower stress levels. Nurses should maintain good communication with patients, their families, and other visitors to keep everyone informed, which goes a long way toward fulfilling the patient's care needs. Even asking what foods a patient would like to eat improves the patient's feeling of being loved and cared for.

Record the patient's preferences and share them with family and other visitors. Everything changes for people

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at this time, so an important part of providing care for the patient is to share what everyone, including staff, can do to enhance the patient's comfort. The patient's end-of-life concerns, wishes, and expectations also should be discussed with family and close friends; include multidisciplinary members from the palliative care team as needed.

Family and people close to your patients should be educated about the patient's illness, medication, and expectations for treatment. Greater involvement of family and close friends in the patient's care will help the patient feel less stressed and more comfortable while undergoing treatment.

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REFERENCES

 Detweiler MB, Sharma T, Detweiler JG, et al. What is the evidence to support the use of therapeutic gardens for the elderly? Psychiatry Investig. 2012;9(2):100-110.



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