Palliative and end-of-life care: How family nurses provide comfort and support.

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Introduction

Palliative and end-of-life care focus on improving the quality of life for individuals with serious, life-limiting illnesses. Unlike curative treatments, palliative care prioritizes pain management, emotional support, and dignity in the final stages of life. Family nurses play a crucial role in this care, providing holistic support to both patients and their families [1].

Providing emotional support for nurses, including counseling and debriefing sessions, helps prevent burnout and ensures sustainable compassionate care. Family nurses work closely with patients, families, and interdisciplinary teams to ensure that individuals receive compassionate and comprehensive care during their final stages of life. This article explores how family nurses offer comfort and support in palliative and end-of-life care, the essential skills required, the challenges they face, and strategies to enhance the quality of care [2].

Managing pain and other distressing symptoms is a primary goal of palliative care. Family nurses: Administer medications such as opioids, anti-nausea drugs, and sedatives. Monitor symptoms like shortness of breath, fatigue, and anxiety. Use non-pharmacological interventions such as massage, repositioning, and relaxation techniques [3].

Increasing access to palliative care units, hospice programs, and home-based care can provide better support to terminally ill patients. Facing a terminal illness can be distressing for both patients and their families. Family nurses: Provide active listening and reassurance. Recognize signs of depression, anxiety, or emotional distress. Refer patients to counselors or chaplains when needed [4].

Many families struggle with discussing death and making decisions about care. Family nurses help by: Encouraging open and honest discussions about the patient's wishes. Clarifying treatment options and explaining advance directives. Ensuring that the patient's preferences for care are honored [5].

Families often experience emotional pain when a loved one is nearing the end of life. Family nurses: Offer comfort and guidance during the dying process. Provide resources on grief counseling and support groups. Follow up with families after a patient's passing [6].

Nurses must provide care with deep understanding and emotional sensitivity to help patients and families cope with their circumstances. Effective communication helps patients express their fears and preferences while ensuring families understand the care plan [7].

Encouraging patients to document their care preferences through advance directives or living wills ensures that their wishes are respected. Nurses must have a thorough understanding of pain relief techniques, medication administration, and comfort measures. Respecting cultural and religious beliefs about death, dying, and afterlife care is essential for personalized support [8].

Nurses sometimes face difficult ethical decisions, such as when families request aggressive treatments that may not align with the patient's best interests. Introducing palliative care at an earlier stage in the disease process improves quality of life and helps families prepare for end-of-life decisions. Providing end-of-life care can be emotionally draining. Nurses often experience grief, stress, and burnout due to frequent exposure to death. Nurses advocate for patients by ensuring that their care aligns with their values, beliefs, and end-of-life preferences [9].

Ongoing training in pain management, grief counseling, and communication enhances nurses' ability to provide high-quality palliative care. Discussing death is difficult for many families. Some may avoid conversations about end-of-life care, leading to confusion and unmet needs. Some healthcare systems lack trained palliative care professionals, leading to inadequate support for patients and families [10].

Conclusion

Family nurses play a vital role in providing comfort and support in palliative and end-of-life care. Through pain management, emotional support, and advocacy, they help patients experience dignity and peace in their final days. Despite challenges such as emotional strain and resource limitations, improving education, communication, and early integration of palliative care can enhance patient and family experiences. Strengthening palliative care services and supporting healthcare providers will ensure that every patient receives compassionate and respectful end-of-life care.

References

1. Hodoshima N, Masuda S, Inui K (2007) Aprreased renal accumulation and toxicity of a new VCM formulation in rats with chronic renal failure. Drug Metab Pharmacokinet 22:419–427.

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***Received:** 02-Apr-2025, Manuscript No. AAICCN-25-163897; **Editor assigned:** 03-Apr-2025, Pre QC No. AAICCN-25-163897(PQ); **Reviewed:** 17-Apr-2025, QC No AAICCN-25-163897; **Revised:** 21-Apr-2025, Manuscript No. AAICCN-25-163897(R); **Published:** 28-Apr-2025, DOI:10.35841/AAICCN-8.2.256*

***Citation:** Jiang L. Palliative and end-of-life care: How family nurses provide comfort and support. J Intensive Crit Care Nurs. 2025;8(2):256*

2. Hodoshima N, Masuda S, Inui K (2007) Aprreased renal accumulation and toxicity of a new VCM formulation in rats with chronic renal failure. Drug Metab Pharmacokinet 22:419–427.

3. Kumar K, King EA, Muzaale AD, et al. A smartphone app for increasing live organ donation. Am J Transplant. 2016; 16(12): 3548-3553.

4. Shor I. Empowering education: Critical teaching for social change. University of Chicago Press; 2012.

5. Gubrium G. Digital storytelling: an emergent method for health promotion research and practice. Health Promot Pract. 2009; 10: 186–91.

6. Bell L, Duffy A. Pain assessment and management in surgical nursing: a literature review. Br J Nur. 2009;18(3):153-6.

7. Lancet T. Out-of-hospital cardiac arrest: a unique medical emergency. Lancet. 2018 10; 391(10124):911.

8. Education Science, Systems of Care Writing Groups. Part 1: executive summary: 2020 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. Circ. 2020; 142:S337-57.

9. Lodise TP, Patel N, Lomaestro BM, et al. Relationship between initial vancomycin concentration-time profile and nephrotoxicity among hospitalized patients. Clin Infect Dis. 2009; 49(4):507-14.

10. Bailie GR, Neal D. Vancomycin ototoxicity and nephrotoxicity: a review. Med Toxicol Adverse drug Exp. 1988; 3(5):376-86.

Citation: *Jiang L. Palliative and end-of-life care: How family nurses provide comfort and support. J Intensive Crit Care Nurs. 2025;8(2):256*