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Nursing patients with a profound brain injury: Managing complex ethical issues with compassion at the end of life

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aring for patients at the end of their lives is a challenging but essential part of the role of a nurse. Providing an environment where patients can feel pain free, calm and at peace is an important part of this care, and supporting relatives and friends to come to terms with the death of a loved one takes skill, compassion and empathy. Experience and insight help nurses to manage these processes well but critical to providing high quality care at the end of life lies in high quality education and training. The Royal Hospital for Neuro-disability (RHN) provides care for patients who have an acquired brain injury. A number of these patients have a diagnosis of prolonged disorders of consciousness (PDOC), including vegetative (VS) and minimally conscious states (MCS). They may remain in the hospital for the rest of their lives. For some, this may be for many years, even decades. Caring for patients in VS or MCS is complex. Over

time, nursing and healthcare staff come to know these patients and their family and friends very well. The laws around withdrawal of clinically assisted food and hydration in the UK are clear. Decisions around treatment plans and resuscitation status are made in the best interests of each patient and yet the ethical issues that evolve as a result challenge every individual who plays a role in the provision of care. Cultural, religious and personal views are important to all staff and cannot be ignored. Establishing a bespoke training programme for staff from multiple cultures, faiths and perspectives who is involved in end of life care has enabled staff groups to address the issues around ethics, the law, best interests and conflict in a way that has united the workforce to deliver a high-quality service in a complex speciality, at the end of life.

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