



# All-Around Hospice Care for Patients with Terminal Illness



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## Opinion

Hospice care is a palliative care peri-end of life for patients with terminal illness and their families, aiming to provide all-around supports including physical, psychological, and social, etc. It is not only a basic component of social care system, but also a kind of merit of medical workers, including doctors, nurses and social medical workers, etc., to promote the progress of human being civilization [1,2]. Nowadays hospice care is becoming a spotlight as the hope of patients with terminal illness has changed quietly [3]. All-around hospices care for terminal patients are becoming a saint mission to do because life should be respected with dignity all the time. However, contemporary caregivers sometimes have ignored the detailed process partly due to lack of awareness. Herein, authors advocate a 4-P concept to help people understand better or ease remember more.

### Perception

What medical workers need foremost is perception of patient's illness severity [4]. If so, physicians or nurses may accurately make judgement about prevision of terminal patients' countdown life. As a result, doctors can effectively communication with the patients and/or their families. Mutual coordination including informed consent of further treatment plan depends on mutual trust, which will raise the cost-effect of hospices care mainly because of a rational and optimized care plan prepared ahead.

### Painless

A feasibility study [5] revealed both physical pain and indignity-painful may have enhanced the patient's distracted mind. Obviously, it's impossible for terminal patient to enjoy the final life. One hand is to principle some palliative drugs, for example, morphine-based pain-killer for malignancy; another hand is to remove the negative emotion such as sense of indignity-pain. Although the grim reality is always somewhat fragile, assess and support care service should shed sunshine, warmly smile on the patient with terminal illness.

### Peaceful

The end-of-life is peaceful just like the begin-of-life, all should be perfect. The patient's last minute indulges in a peaceful song from media, the plot seems to have a crowd of nice angels closely around the bed. The world is quilt except for the peaceful the Buddhist Scriptures chanting.

Physical care: Everyone whenever the rich or the poor is entirely fair when facing born or death. Caregivers are responsible for the postmortem care. Physician should take practical actions to leave an intact body to meet the demand of patient's family or promise the patient's last hope. For example, physician will remove various drains encumbered on the body, and then stich the wounds. After that, the postmortem should be cleaned and taken with prepared new clothes. The perfect end-of-life just look "nature".

Leaving sense of worth and reputation for both physician and the terminal patients to push evolution of hospitalizes efforts embrace the extent of civilization of human being. Indeed, a wonderful perfect countdown with enough dignity.

### References

1. Washington KT, Demiris G, Parker OD, Swarz JA, Lewis AM, et al. (2017) A qualitative analysis of information sharing in hospice interdisciplinary group meetings. *J Am J Hosp Palliat Care*. Doi: 10.1177/1049909117693577.
2. Delgado SD, Juarez VR, Pellicer GB, Redondo Castán LC, Arbués RE, et al. (2014) Nursing action before the terminal patient physical care. *J Rev Enferm* 37(11): 26-29.
3. Drews MF (2017) The evolution of hope in patients with terminal illness. *J Nursing* 47(1): 13-14.
4. Alonso W, Hupcey JE, Kitko L (2017) Caregivers' perceptions of illness severity and end of life service utilization in advanced heart failure. *J Heart Lung* 46(1): 35-39.
5. Carduff E, Jarvis A, Hight G, Finucane A, Kendall M, et al. (2016) Piloting a new approach in primary care to identify, assess and support careers of people with terminal illnesses: a feasibility study. *J BMC Fam Pract* 17: 18.



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