

# PALLIATIVE CARE AS AN ACTIVE AND COMPREHENSIVE PATIENT CARE IN THE TERMINAL STAGE OF CANCER

## Opieka paliatywna jako aktywna i całościowa opieka nad pacjentem w terminalnym stadium choroby nowotworowej

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**Key words:** nursing problems, cancer, palliative care.

### Summary

*The main assumption of the work is to show the important role played by health care, palliative care. Palliative care is a specific field, which aims to provide the highest level of quality of life of terminally ill, end-stage disease. Most patients want the latter period of his life spent at home, among his relatives.*

*The best form of care in such cases, home hospice care is carried out by the hospices. A comprehensive, holistic nature of care for the terminally ill person is a prerequisite for its effectiveness. The main objective of this care is not prolonging life, but with dignity and without pain experience as possible of the remaining time. In view of impending death and the continuity of the full co-operation team caring for patients becomes extremely important, Nurse owned the team must make every effort to help the patient get through this tough period in his life. In addition to extensive knowledge and practical skills should have a set of individual characteristics to a good relationship with the patient.*

*In the paper the case study. The research method used in the interview and observation. The most important problems of the patient located in the terminal stage of disease.*

*Nurse together with people from the immediate surroundings became the source of patient support. She does not feel lonely, and decides on the action taken.*

**Słowa kluczowe:** problemy pielęgnacyjne, choroba nowotworowa, opieka paliatywna.

### Streszczenie

*Głównym założeniem pracy jest ukazanie jak ważną rolę w ochronie zdrowia odgrywa opieka paliatywna. Opieka paliatywna, to szczególna dziedzina, której celem jest zapewnienie jak najwyższego poziomu jakości życia nieuleczalnie chorym, w schyłkowej fazie choroby. Większość chorych chce ten ostatni okres swego życia spędzić w domu, wśród swoich bliskich.*

*Najlepszą formę opieki w takich przypadkach jest domowa opieka hospicyjna realizowana przez hospicja domowe. Całościowy, holistyczny charakter opieki nad terminalnie chorym człowiekiem jest warunkiem jej skuteczności. Głównym celem tej opieki nie jest przedłużanie życia, lecz godne i możliwe bez dolegliwości przeżycie pozostałego czasu. Wobec zbliżającej się śmierci ciągłość działania i pełna współpraca zespołu opiekującego się chorym staje się niezwykle ważna, Pielęgniarka należąca do tego zespołu musi dołożyć wszelkich starań, aby pomóc choremu przejść przez ten ciężki okres w jego życiu. Oprócz dużej wiedzy i umiejętności praktycznych winna posiadać zbiór indywidualnych cech umożliwiających dobre relacje z chorym.*

*W pracy zastosowano studium indywidualnego przypadku. Jako metodę badawczą wykorzystano wywiad i obserwację. Przedstawiono najważniejsze problemy pacjentki znajdującej się w terminalnym stadium choroby.*

*Pielęgniarka wspólnie z osobami z najbliższego otoczenia chorej stała się źródłem wsparcia. Pacjentka nie czuje się samotna, decyduje o sobie i podejmowanych działaniach.*

### Introduction

Cancer destroying not only the body but also hurts the psyche and soul, embrace the whole of the personality of patients. Treatment and care can not, therefore, reduced only to the purely medical and nursing, it should cover all spheres of human functioning. Patients you have no hope of being cured of his illness, but are entitled to the best and the most attentive care, care at the highest level by the end of his days. You can not ignore the pain, grief, helplessness and loneliness that accompany the families of these patients. In the final phase of the patient's life, the people you need to receive the palliative care / hospice (2, 24). While the program of care can only be implemented as a team and it is difficult to determine which member of the therapeutic team is the most important work of nurses is becoming very special significance because she spends the most time with patients and that it usually selects the sick person that is most frequently spoken and from whom I expect support. Palliative care / hospice care in Poland functions in several forms. The vast majority of patients in the terminal stage of the disease would remain as long as possible at home, among his relatives. The optimal form of care in such cases, home hospice care is carried out by the hospices.

### Aim

Palliative Care / Hospice is a comprehensive and total care of the terminally ill at the end of his life. The main purpose of this paper is to show how important the health department in the era of our times, when the cancer is still a

big problem, and the cure rate is still so very low. In work showed to also show why it's so natural and best for a man dying is to spend the last period of his life in his own home with their loved ones, and the important role that exercise plays a hospice home care nurse.

### **Materials and methods**

In this paper is the case study. This method is a method of research involving the analysis of individual human lives caught up in certain situations on the analysis of education or specific educational phenomena of nature as seen through the prism of individual biographies of human development with emphasis on the diagnosis of an event or phenomenon in order to take therapeutic measures. The most useful technique in this case is an interview. Complements the observation and analysis of personal documents (26). According to the interview, A. Kaminski, a two-way operation, based on direct contact with the informant investigator (26). Observation by T. Plich research is an activity involving the collection of data through observations.

The study was conducted November - December 2009. the patient's home using the above method. Presented is a hierarchy of nursing problems and plan for patient care. Hospice care / palliative is a special and specialized medical services. It seeks to improve the quality of life of patients with incurable disease leading to death and their families. Accede to it when human life inevitably comes to an end. In practice focuses on people suffering from advanced cancer and AIDS, where life expectancy is several weeks or months. May be placed under such care as persons suffering from other progressive and incurable disease in their final stages (11, 23).

According to the palliative care is exercised by multidisciplinary teams in which the next-trained doctors and nurses and therapists with different specialties who are employed are also social workers, clergy, psychologists or psychotherapists. Often, these teams support the work of volunteers with various skills (23). Depending on local resources, needs and wishes of the patient is being implemented appropriate form of care:

Home care - the family home is considered the most appropriate place for patients with advanced cancer. Most people prefer to spend the last period of life in their own environment, surrounded by loved ones, continue - as long as possible-life close to normal. In this case, high demands are placed on the family, which is supported and managed by a team of palliative care (22). Stationary care is exercised in hospices and palliative care departments. Primarily intended for single people and for patients with symptoms are difficult to mitigate in the house. The patient may also be adopted on an interim residence order to determine the symptomatic treatment or to sparing tired family (4, 10, 22). Outpatient palliative medicine is an integral part of a team of home care or palliative care unit. In addition to advice on the spot, the clinic staff may be home visits for those patients in whom the state allows you to visit at least once a week. Its role is also to support families and orphans (3, 6). In Poland, the operation of palliative care / hospice determines Ordinance no. 96/2008/DSOZ President of the National Health Fund dated. 23.10.2008 palliative adjective - derives from the Latin word *palliatus* (clothed with a robe) and in the context of medical means to mitigate unpleasant signs of disease. It can also be combined with the English verb *palliate* (alleviate, relieve, relieve). The adjective refers to the idea of hospice hospitable inns, hostels for the sick travelers (3, 4). Palliative care is also referred to as hospice care. WHO in 2002, gives the following definition: "Palliative care is an effort to improve the quality of life of patients with incurable disease leading to death and their families. This includes prevention and control of suffering, putting an early diagnosis, careful examination and treatment of pain and solving other problems - physical, psychosocial and spiritual "[6 p. 536]. It is active and comprehensive care for people suffering from a progressive, chronic disease with a worse prognosis. Its purpose is not to accelerate or delay the patient's death. It is to be directed at maintaining the highest possible quality of life of the patient (2). Palliative care are covered by very sick people, in many cases, their suffering additional exponentiation is loneliness. Aid for which they were waiting, not just the action of medical or nursing care. Give what is due to medical standards, or the medical orders is easy Sufferers man expects something more. Expected presence, kindness, warm words, smile, joy maked some trifles. Movement hospice / palliative care is a phenomenon of our times. She is a wonderful response to human callousness, selfishness, indifference to human suffering (17). Patient care in the terminal stage of the disease is very hard and responsible work, requiring understanding of the basic rules of conduct. Initially, emphasis was placed in the care of spiritual and psychological aspects of not properly appreciating the medical aspects of care. When palliative care was incorporated into the structures of health care was for in accentuation somatic needs of the patient. Reducing or attenuates physical symptoms was considered a priority objective. Proved to be a disadvantage, because at the moment it seeks to satisfy the most comprehensive of all individually important human needs (3, 4, 25).

The rules of procedure in palliative / hospice care differ substantially from the rules generally applicable in medical practice: The main goal of care palliative care is to provide the best possible quality of life for patients and their families. This goal should be to subordinate all forms of care and treatment. So far, the attitude of medical staff based on the assumption that they know better what needs to sick. Switching the emphasis on the patient's own point of view and treatment of the patient's opinion sets and their needs at the center of attention (4, 27). Palliative care / hospice care is holistic care (overall). This means in practice to seek to meet all individual needs of the patient including the realm of somatic, mental, social and spiritual. Do not forget the patient's family members, because in case of serious illness of a close relative they are usually able to much stress (4, 27). Accepted the inevitability of death is another important point of the philosophy of the case in palliative care. It should be recognized that death is imminent and to refrain from actions aimed at all costs maintain or restore life. In some cases, the effect such a drip feed, and medicines for heart disease may worsen the patient's general condition and even increase his pain. More prolong the dying and increase the suffering of being associated with him than prolonging life (1, 3). An important feature of hospice care is its collectivity

due to the necessity of meeting the various needs of the patient. Good hospice team is working harmoniously working together. Very important is the issue of proper communication and organizing the work of concern to the appropriate distribution of roles, tasks and responsibilities. In the care of this very important role played by the nurse. Home palliative care must be based on close cooperation with the family of the patient. Hospice team does not replace the family in its duties, but it helps (3, 21). Accepted the inevitability of suffering is a very important principle of the case in palliative care. It is difficult to accept, but try to alleviate the discomfort of the patient and their needs, to come to their own limitations. We are not able to make a man do not feel any pain. We must acknowledge that suffering, sorrow and fear are feelings deeply human, natural, and that they can play a positive role in life. In adopting this rule will make that our help and care will be more effective (3, 10). Hospice care is based on hope. Hope lies at the basis of an optimistic attitude to life, mobilization for action, and if it is coupled with the will to live is an important element of adaptation to the disease. It is not true that the attitude of sincerity in touch with people dying, passing the truth about the poor prognosis destroys hope, increases stress and thereby increases the patient's unhappiness. The hope must be a realistic goal, a cure that is unattainable, it may not be such a goal. Palliative care offers the patient hope of survival and better moments in spite of poor prognosis. It is proposed to achieve small, but realistic goals, such as: relief from pain and other somatic complaints. The focus should be on eliminating the causes debilitating hope (22, 24).

Hope is an extremely effective tool to fight against suffering, is a force that is effective in helping the patient deal with it. Hope is reduced when: the patient is physically isolated by the mysteries and misconceptions, - pain and other symptoms are not effectively controlled, - ill feels lonely because of the lack of support from their relatives, said that had nothing to do, there is no purpose in life. Hope continues, when: we show respect to the patient, loved ones are with him, the patient seeks to realistic goals, and pain Other complaints are properly controlled, the patient knows that his family can handle, and he dignified end of their life (18, 24). In the modern concept of palliative care as holistic care, quality of life is prominently. The concept of quality of life of patients, the use of measures aimed at the evaluation are taken from the 70 quality of life in the twentieth century is of interest to medicine, sociology, psychology and other sciences. According to the WHO definition of quality of life is a "way of compliance by the entity's position in life, and in conjunction with their own goals, expectations, standards and concerns." The quality of life affects your physical health of man, his mental state, social relationships, the degree of independence, and relationship to major environmental features (2, 7). The term "quality of life" originally meant "good life" in the sense of a typical consumer. Ultimately defined the overall assessment of the quality of life as the image of his own position in life by a man on a selected period of time. Human evaluate their position in life, comparing them with their accepted norms. In practice, its level determines the difference between the situation desired by the patient, the ideal and reality. When this difference is greater than the quality of life is worse. (2)

The period of the terminal stage of advanced neoplastic process that can not be a causal treatment. It is a time of irreversible deterioration of the overall health of the patient. Progressing in the restriction of mobility, worsen somatic symptoms associated with failure, essential for the life of organs and systems. Social relationships are very limited. Psychiatric reactions to the situation of the terminal are very different behaviors are often a continuation of previous periods, sometimes there is a dramatic collapse of mental balance. The problem of quality of life for patients in the terminal stage of the disease is particularly relevant in light of the adopted towards this group of patients of philosophy in medical procedures. (17, 18). The basic principle of this philosophy is to accept the inevitability of death. This principle, a revolution in our thinking so far as the basic natural law of man and the main task of health workers is to protect life and struggle for the restoration or renewal. Recognition of their own powerlessness in the face of an incurable disease that is very difficult to accept. A second, equally important principle is to rewrite the role of the main purpose of palliative care, quality of life of the patient. (7, 9). Assuming that the quality of life assessment is an evaluation of the difference between the desired situation, and actually exists in two different ways we can improve its quality: By improving the situation of real, By changing the "content" the situation desired, bring them to reality. (5, 6, 9, 25). The achievement of a good quality of life is turning to the present, accept the current situation, to fill the time useful and satisfactory content. Striving to improve the real situation of the patient needs to take account of its psychological and social needs, the same as healthy people, and the habits and addictions. Given the quality of life of the patient for the value of priority, we must attempt to meet its needs in an individualized way. The condition for therapeutic action is to identify the main needs and problems of the patient, which can be very different. An important element in assessing the quality of life and health status of patients should be their self-esteem. Everyone understands because the quality of life differently and perceive value in a different way, which he believes affect its level of quality of life. However, during the terminal period is difficult, because few patients are able to judge for yourself. In an effort to improve quality of life of the patient must often rely on our own observations. There is also a wealth of knowledge that can change the quality of life of terminally ill patients (2, 21).

Pain - is one of the most frightening elements of the image of cancer and a factor which significantly affects the comfort and quality of life of the patient (7). Everyone knows what a pain. He accompanies us from early childhood until his death and is one of the most common ailments. The feeling of pain is complex, multidimensional and subjective nature. It's not just the physiological process of nerve impulse conduction, but also the emotions, attitudes to pain, suffering and pain expression. The experience of pain is impressed with the subjective experience of pain stimulus of similar intensity in every human being will be slightly different. It depends on the characteristics of the organism, the so-called. sensory threshold and pain tolerance, previous experience of pain, as well as social and cultural factors (5, 6). "Pain is an unpleasant sensory and emotional experience associated with the currently present or potential tissue

damage or described in terms of such damage" [4 p. 20]. The pain is always unpleasant experience if it is very strong and it takes too long it becomes a pain. This may be the end-stage disease. The suffering of patients with cancer pain are often referred to as total or overwhelming pain. For such pain include somatic factors, anger, anxiety and depression (4-6, 13, 25).

Cancer pain we call any pain caused by the tumor or antineoplastic therapy. The assessment of pain should be guided by what the patient says. Used here scale for assessing pain intensity - the most common scale is the scale of visual - analogue VAS (5, 6). The treatment strategy is based on the principle that the weaker pain medication requires a weaker, and as the intensification of the pain medications should be getting stronger. In 1986, WHO announced the rules for the treatment of cancer pain by three-step analgesic ladder according to the clock, as far as possible non-invasively, at individually titrated doses, paying attention to detail (5, 6, 8). There is a wise man who knows what is the meaning of life and what values should be based. Knowledge of the life of man seem to be aimed at the happiness, while life should be treated as a reliable way to handle death. Displacement of death from everyday thinking is partially supported by some psychological concepts. The objectives of the result of human values and needs. Number of needs could theoretically be unlimited, while the human ability, at least some, if lower life expectancy. An important issue raised by terminally ill patients is a sense of meaninglessness. According to them, unproductive life has no meaning. No impact on the lifestyle, the restrictions in relation to the course of events, running time and physical fitness, according to their lack of freedom (15, 16). Each patient perceives his own suffering, sickness, pain and awareness of impending death. The nurse must ensure that physical contact, mental, spiritual and social dying man. When a person becomes totally inert, does not participate in anything that interferes with his system of values, for the loss of a sense of purpose, and hence a total despair. In an interview with the patient should place emphasis on the fact of being realistic in their internal spiritual space, which has no effect. The meaning of life can be achieved not only through action, but also by the survival or growth. " Examine the course of his past life and important events can help a person sick to seeing their own meaning of life. As part of palliative care is very important religious care. Although the deal with the pastors, it is often the patient wants to entrust their concerns and experiences nurse (1, 3).

Home environment more conducive to proper communication in the relationship you have - family - a nurse. Communing nurses in the home ward can learn the values that the person in the loop "during his life, to know the family and thus allows for adjustment of the methods of cooperation to the needs and expectations (15, 16). The overriding aim of associating with someone who is sick, dying, should be effective reduction lived fear and anxiety that the patient could maintain her identity to the end, that there is no change negative self perception. The patient can not be withdrawn, isolated from the disease, but care must be taken to make them realize that the last phase of his life is worth it to experience it (3, 10, 12). Nursing services are undoubtedly one of the cornerstones of patient care. Specificity of nurses belonging to a team of hospice care is a holistic approach to human rights. The nurse is a person who provides care quality: a permanent, comprehensive and personalized within a relationship based on trust. This care strives to meet all the needs of the patient: physical, mental, social and spiritual. Supports the patient's relatives who also suffer and who depends heavily on the situation of the patient (3, 16, 17). Work and care of patients in the terminal phase is much more than pain relief, and any other signs of illness, it also emotional support while reducing its physical and losing family, friends and all that to which he was accustomed, to support families in dealing with the fact that one of their members leaves (9, 16, 17).

Relevancy and effectiveness of support depends on the recognition and understanding of complex mechanisms and interacting factors of critical events. The effectiveness of support, its positive effects for people assisted, depend on the following factors (9): displays of positive emotions to the person supported, acknowledgment of feelings experienced by her and presented a system of values, to encourage the free expression of emotions and beliefs, emphasizing solidarity and belonging to a particular social group (9). Accepts the patient before undergoing a kind of near-death stages : denial and isolation, anger and irritability, bargaining, depression and finally reconciliation. Adapting to the poor prognosis require more time. Openness in dealing with patients and help nurses can significantly alleviate these reactions. The nurse can not forget that treating patients as people, not as someone they should fear and avoid allowing it to maintain the dignity and the will to fight. Most of oncological patients in the terminal phase persistently seeks to answer the question about the meaning of life, the system values, the meaning of suffering and pain, feelings of guilt. Offering the patient the time, the climate of kindness and understanding you can create the opportunity appreciated by many people talk (2, 9). The nurse should be ready for an open and friendly conversation. From the outset, a nurse with the patient relationship should be based on truth. The nurse promotes, explains the concerns and respond to the questions and concerns of the patient. You can not avoid tough questions.

The most important skills of nurses that determine the level and quality of emotional support it (16, 17): empathy and openness in contact with the patient, the ability to actively listen, highly competent in communicating, supporting non-verbal communication features (mainly the quality of touch during treatment, nursing activities, etc.). Patient observing the work nurses must believe that everything will be done to protect him from complications, and if they occur to him to be granted immediate professional help. When a sick family member is mentally ill in the sense of the whole family. Anxiety and fear and panic often affects families. Just like you can deny what is happening, falling into despair, to pretend that everything is fine, so it's important to support their mental health. The notion "support" in such cases are heard carer problems, sometimes it calming drugs, to explain some of the reaction of the patient, to attempt to improve communication and mutual contacts of the patient with the family (3, 10). Family requires the support of the educational - learning to cope with problems of nursing. This may take the form of advice, conversation,

or to show the proper performance of the activity. The family is so important not to feel guilty, but was aware that she did everything. Members of the family should be paid no less attention than the patient (4, 16).

The benefits of emotional support are much larger than many a medical therapy. On the environment the patient is responsible to the support received by the patient, and this is not equivalent to the presence of potential helpers, and provide appropriate support. The support is a matter of subjective rather than objective phenomena. Exists when a person feels that someone will understand it with respect for their concerns. In our culture, death is the subject of arousing fear. We made it a taboo subject, pushed on the margin of our considerations, drove of our conversations. Death is a phenomenon with which everyone will have to face. It is something that surrounds us and from what we can not escape. It is one of the few things that we can be sure. Find themselves face to face with death is the heaviest human experience. Awareness of own death affect the nature of human existence, determines its meaning and its relationship to an end, is about humanity (4, 10).

Death and Dying is the most stressful event that may take place in family life. Is a source of dramatic experiences, but also requires many changes in the family. Dying - a process extended in time, during which it comes to activating factors leading to death. This is the stage of treatment, in which the available medications without success. Dying takes a long time in different ways. You could say that medicine in prolonging life, prolongs the process of dying. Man dying dying delves ever deeper into its interior and its relationship with the environment are becoming distant, withdrawing from the outside world passes into the inner world from which exit is death. Death - a fatal outcome, the concept of biological process begins with agony. We can distinguish death: biological, social and psychological support. Death psychological - occurs when the patient is aware of impending death and in spite of preserved consciousness becomes mentally absent. Is not interested in worldly affairs, other people, does not react to stimuli from the outside, would refuse to accept food. A man loses contact with the environment. Social death - meaning that anyone in life is regarded by the environment as a person deceased. Family is not interested in it, does not visit him, followed by isolation from close friends, the environment, the staff performs an instrumental body of the patient, treating him as a living dead (9, 14, 25).

The issue of views on the death of his own and that of others is of particular importance in nurses, because the lack of reflection on our own mortality is the cause of many negative experiences, and even suffering, which are under the care of patients (10, 25). The patient at the end of life requires much make and more comprehensive care. It is often used to check the effects of treatment and care based on monitoring of symptoms such as escalating pain, shortness of breath. There is also a definition of psychosocial and spiritual needs and their satisfaction. Of great importance is appropriate, based on sincerity, communication, listening to his suffering. Should systematically provide information about the current health situation of the patient, response plans, further treatment, care, use of which is dependent on the acceptance of a patient (10). Extremely important and need assistance the family of the patient. You need to prepare caregivers for the death of a loved one. Often families do not realize or do not want to acknowledge that the agony begins. Often you need to calmly and tactfully convince the relatives that all emergency operations such as injections, medications raise blood pressure, etc., in principle, do not prolong life already, and only prolong the dying and for the good of the patient better to give them up. You have to teach family members how to look after the sick during his agony, realizing her she should do: keep the peace and quiet, administer painkillers to end (even though the patient is unconscious and does not seem to suffer), to accompany the dying peacefully (without imposing), palliative care team, competently accompany the patient and family in the last time, give it a good quality as possible last moments of life (4, 10, 17).

Spocken Paul emphasized the fact that every person has the right to "assist his death." It has to rely on such an accompaniment of the dying, to be able to feel our love, friendship and kindness, and so calmly to die. The idea is to realize that it is not alone in that moment, while he came to believe that the last phase of his life is worth it to experience it in person (10). Ethics is a system of values, principles and standards, which in together, represent a response to what is morally right and what is bad, in a given situation. Morality is such a human behavior, which is consistent with recognized standards of conduct adopted under its value system. Ethics formulate specific recommendations included in codes of ethics aimed at specific social groups. Code of medical ethics distinguishes four basic rules applicable to all forms of care, including those in palliative care: respect for autonomy (human freedom), that the principle of justice, non-harming; order to do good (3).

The greatest ethical imperative for nurses dealing with patients in terminally ill cancer patient is good. In any case, it is not exempt from the obligation to provide medical assistance unless they provide that assistance may expose the patient's life or health deterioration (14, 21). It is important to respect the rights of the patient. You have the right to the truth. It should respect its provisions, even if they seem to us unfair. Please respect his privacy, the right to privacy and confidentiality. It is our duty to adapt to the will of the patient, even when the will of the family taking care of him is different. We must recognize the patient's right to proceed in accordance with his conviction. The patient may not want morphine, a catheter, drip, etc. (3). In the case of a patient dying principle: do no harm and do good may be contradictory, as appropriate in such a situation of emergency measures may be detrimental prolongation of dying, not life (3 , 25). The terminal states are not obliged to take resuscitation or aggressive medical treatment and emergency measures (14). Working in hospice care is not without its ethical dilemmas. Each employee team, and especially the nurse touches a particularly sensitive controls, is exposed to the presence of strain behaviors, attitudes ambiguous or difficult choices. If these choices and decisions we make are based on a system of values which we accept the election and they are unambiguous and having its justification, we are perceived in a positive way, as being fair and consistent in

their actions, however, in working with terminally ill there are situations in which, despite full awareness drive to ethical values, we are often able to take satisfactory, both for us and the decision environment. Often we are faced with such situations in which no ethical codes are not able to give us a straight answer, or choose the most appropriate way forward (18, 21, 25).

Patient care in the terminal stage of cancer - the stage of an individual case.

75-year-old patient diagnosed with liver tumor cavity located in the terminal. From the time of diagnosis had passed 8 months. When the first symptoms appeared such as abdominal pain, belching, weight loss and weakness, slight yellowing of the skin, the patient was hospitalized for internal department, which carried out the diagnosis. Erected the initial diagnosis of malignancy and the patient was qualified for the surgery unclogging bile ducts. To date, been used twice biliary stenting.

Currently, the patient stays at home. Her condition in the past few weeks had deteriorated. He complains of abdominal pain, weakness, severe itching. The skin and conjunctiva strongly yellowish. Most of the time spent in bed. On the coccyx visible redness. Eating often causes vomiting, so you do not want to eat. He feels a lot of discomfort due to dryness in the mouth. A major problem is constipation which the patient suffers from a few months. The patient sleepy, little talkative. He lives alone in a block on the second floor, has two children who live in Warsaw and deal with her mother at the weekend.

On the other days in the care of a sick neighbor, and are involved colleagues, in two hours a day comes from the social welfare guardian. It is also included in the care of hospice home care team. Patient visits are determined individually, depending on its condition and needs.

Patient care problems in the terminal stage of cancer and ways to solve them (1, 3, 5, 7, 9-12, 14-22, 25, 27).

1. Fear and anxiety caused by the disease for life. Objective health: overcoming the feelings of anxiety to a minimum. Implementation of care: a conversation with the patient, patiently listening to her, demonstrating an identifying the understanding, most important problems, ensuring that it will be given the necessary professional assistance, to encourage a conversation with your loved ones, taking into account the spiritual needs of patients, such as contact with the priest.

Assessment of nursing: The level of anxiety significantly decreased.

2. Aches and pains. Goal of care: reducing the pain sensation.

Implementation of care: assessment of the nature, intensity and location of pain, administration of drugs according to the ladder analgesic (on medical advice), regular, in the manner most convenient for the patient, putting a patient in most comfortable position for her, an explanation patient causes pain.

Assessment of nursing: Pain occurs in the moderate intensity.

3. Constipation caused by opioid intake reduced intestinal motility. The aim of care: restoring normal bowel movements.

Implementation of care: control of bowel movements, increased fluid intake, feeding cups of boiled water on an empty stomach, increasing physical activity: frequent change of position, breathing exercises, massage abdominal assist in ensuring privacy, to use special portable toilets, use a mild herbal laxatives, rectal infusion enforcement, administration of laxatives as prescribed by your doctor.

Assessment of nursing: action taken stimulated peristalsis, the patient puts the stool every two to three days.

4. Weakness, fatigue. The aim of care: Reducing the sense of weakness.

Implementation of care: the patient to encourage physical activity while avoiding excessive exertion; conduct occupational therapy, organizing leisure time on the drug order of a physician.

Assessment of nursing: the eclipse can not be rectified, but some needs can satisfy the same.

5. Dry mouth. Goal of care: Reducing persistent feeling of dryness.

Implementation of care: adequate hydration (fluid intake), regular rinsing of the mouth; administration to suck ice cubes or sugar-free chewing gum, to ensure adequate humidity (moist); lubrication vaseline lip; routine oral hygiene.

Assessment of nursing: patient comfort significantly improved. Mucosa and lips are moist.

6. Lack of appetite, progressive emaciation. Goal of care: Improved comfort food.

Implementation of care: to provide a comfortable body position during meals, use of appropriate dishes and cutlery, dishes are often served in small quantities, it must ensure palatability and attractiveness of served food, as far as possible eating meals with family, is more important than the pleasure of eating a particular diet.

Assessment of nursing: actions taken have improved the appetite of the patient.

7. Vomiting occurring after meals. The aim of care: Minimizing vomiting.

Implementation of care: patient room should be ventilated, to remove the factors provoking nausea, the patient decides on the type and time of the meal, not be forced to eat and hasten a patient, eliminating foods that cause nausea, mobilize the patient to drink more fluids; administration before meals, according to the order of a physician antiemetic; provide bowls, lignin, monitoring the quantity and content of vomit, give water to rinse out mouth, encouraging the patient to rest in a quiet and comfortable position.

Assessment of nursing care: Nausea been greatly reduced.

8. Itching caused by jaundice, mechanical and drying of the skin. The aim of care: elimination of persistent itching.

Implementation of care: patient rehabilitation scratching, use cold, wet dressings, lubrication specialist skin creams such as hydrocortisone, or oil crotone; administration of medications prescribed by your doctor.

Assessment of nursing: Itching of the skin persists, but is much less pronounced.

9. Redness of the skin around the tailbone. Goal of care: Liquidation redness, preventing formation of pressure sores.

Implementation of care: patient supplies A variable in the mattress, keeping a special clean the skin around the visible change, the whole body WC, it is best to use soft soap, accurate and gentle drying of the skin, and then the wetting, frequent change of body position, apply on the skin in an area where traditional means of care, regular evaluation of the skin, especially of vulnerable groups in the formation of pressure sores.

Assessment of nursing: redness faded, the skin, without pathological changes.

## Conclusions

Hospice movement, palliative care, is a phenomenon of our times. Strives to meet all the needs of the patient: physical, mental, social and spiritual. Supports the patient's relatives who also suffer and who depends heavily on the situation of the patient. The work and care to patients in the terminal phase is much more than pain relief, and any other signs of disease.

It's also the emotional support at a time when its efficiency decreases Physical and lose everything I was accustomed to, family support in dealing with the fact that one of them leaves. The main phase of the disease is not intended to prolong life, but worthy as possible without pain and survival of the remaining time. Care of the dying must secure pain relief and does not interfere with a patient in a dignified farewell / departure. Do not rush it, but it did not slow down, leaving the natural course of things. Each patient must be respected attitudes (3, 25).

Among the many needs of care, the patient would also welcome smile, friendliness and good communication on the part of nurses. It should adopt an attitude of complete euphoria, understanding and seriousness towards death. A dying man's understanding of the situation - why it is often a difficult patient, depressed, tearful, often aggressive - can help to effectively help him without any negative emotions towards him. All these activities are aimed at the acceptance by the patient's situation. Often this is happening, and then the patient has lived with every day, moments, small things, quietly saying goodbye to the mundane world and loved ones.

Professional care for the patient should be planned based on the nursing diagnoses formulated accurately, and based on rigorous observation of the current state of health and the patient's needs. Palliative care should provide (3, 7, 10, 12, 21): supporting the patient physically, mentally and socially, to bring relief to suffering, to effectively alleviate pain, overcome anxiety and distrust, to accept the patient in its present state, prepare family to care, lower levels of anxiety and stress of the patient, to recognize and meet the needs of the patient.

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