Guest Editorial

Palliative Psychiatric
An Emerging Role?

When I first entered graduate school, almost 30 years ago, I had the opportunity to hear Elizabeth Kubler-Ross deliver a presentation on death and dying. Her presentation had a tremendous effect on me and many of my classmates. We were enthusiastic about the challenges of meeting the psychosocial needs of individuals with terminal illnesses. Several of my classmates led support and therapy groups for dying patients and/or their families. At that time, it seemed this fledgling interest could turn into a “movement” among psychiatric nurses to meet the needs of this group.

In hindsight, this does not appear to have happened. During the past 30 years, there has been explosive growth in the hospice movement, which provides support for patients and families going through the grieving process. However, there is continued concern that the more severe mental health needs of individuals with terminal illnesses and their families are not being met. In a review in the Canadian Journal of Psychiatry, Chochinov (2000) examined the role of the psychiatrist in terminal care. He listed anxiety, depression, and delirium as psychiatric conditions that frequently occur in patients who are dying and indicated the need to treat patients who are terminally ill, their families, and their paid caregivers. Unfortunately, structural problems in the health care delivery system limit the availability of these services to those in need.

During the past year, the American Journal of Nursing has published a series of articles on palliative care. The editorial introducing the series posed the question, “Are We Specializing in Neglect?” (Mason, 2002). In this editorial, Mason used examples from her family’s experience to demonstrate the cracks in the system regarding delivery of palliative care. The goal of the series is to educate nurses on the needs of individuals with terminal illnesses and current issues in palliative care.

In a follow-up article in the series, Paice (2002) discussed “Managing Psychological Conditions in Palliative Care.” Like Chochinov, Paice described anxiety, depression, and delirium as prevalent needs of individuals who are dying. She discussed the causes, assessment, and nursing interventions for these conditions but directed her suggestions toward an audience of generalist nurses. She clearly indicated that nurses practicing in acute care and other settings should consult with psychiatric nurses to help manage these more severe manifestations of mental illness in patients with terminal illnesses. So what do we, as psychiatric nurses, have to offer patients, families, and our nursing colleagues related to palliative care?

We certainly have expertise in working with psychiatric patients experiencing anxiety, depression, and delirium. What psychiatric nurse has not supported patients through crises related to these conditions? How often have we used psychosocial and pharmacological interventions effectively with patients experiencing these disorders? We can make this experience available to patients with terminal illnesses through associations with hospice and other support programs. Some hospice programs now employ psychiatric nurses specifically for this purpose.
Nursing Care

We can also offer ongoing continuing education and consultation to nurses in other practice areas, particularly in acute care settings, where diagnoses of terminal conditions are often initially made. Classes on recognizing and treating common mental health conditions, using content similar to that provided by Paice (2002) and others, can help increase recognition of the psychosocial needs of patients with terminal illnesses.

Another opportunity for us is to help families and caregivers understand the ethical issues related to death and dying and the provision of palliative care. Psychiatric nurses, particularly those who work with the geriatric population, have the experience and therapeutic skills necessary to help people cope with the conflicts that often arise when patients who are terminally ill or their families question the meaning of life or ask that treatment be withheld.

Perhaps most important is the opportunity for us to offer support to families and other caregivers of individuals with terminal illnesses. The literature is full of descriptions of the stress and burden associated with prolonged provision of care to this patient population. Psychiatric nurses generally have extensive experience with therapeutic, self-help, and educational groups and can share this information with others.

There is still a need for these types of interventions and for the “movement” I once thought was emerging. We need to raise awareness among psychiatric nurses of the opportunities to lead in the provision of palliative care by drawing on the unique education and experience we possess.

REFERENCES

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