No More Useless Resuscitation, End-of-Life in Peace

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Working in the intensive care unit, I have heard many times from patients, "I want to end my life sooner because of the immense pain."

These words stay with me for a very long time. It allows me to reflect on our medicine that led to the massive pain on patients.

The mission of the intensive care unit is to save lives. It is also the final resting place for many terminally ill patients. After I mastered the skills in nursing, I began to contemplate the needs of terminally ill patients…

Detecting the Final Days

There was a grandpa who was seldom sick in his life time but fell ill to lung cancer and admitted. He was undergoing intubation treatment in the hospital and then discharged with non-invasive breathing machine for recovery at home. He was re-admitted for an infection in the ICU. This time around, prognosis was grave and his days were numbered.

The son said, “I don’t know what to do now. The last time we made the intubation procedure for grandpa, he hated it so much that I could tell from his eyes. My sisters reminded me that they don’t want to see him suffer again. But he is my father, I don’t want to let go of him.”

That comments are quite common and families are contradicting when it comes to making decision. Being in the profession of nursing, how can we help the families in light of the imminent death of a loved one?

No individuals alone can achieve the end of life preparation, it requires a team approach. Therefore, we need to understand from the beginning the wishes of

patients and the issues with the family. We need to include patient and their family in the process, from assessments to prognosis, and from medicine to treatment options, we inform and educate both patients and family. Slowly, we encourage family to communicate with patients while they can: holding the hands of grandpa and listen to him.

The Decision Not to Resuscitate Brings a Perfect Ending

After a while the son came to us with his questions regarding the end-of-life options. He said, “My father said he is in great pain. He wants us to accompany him. He is at peace as long as it is not going to be excessive painful.” After we gave his son our honest assessment, he said he would consider and discuss with the family. In the meantime, we asked for assistance from our hospice care team for the end-of-life care, and doctors were involved to explain and discuss the choices of medicine for hospice care.

That was the last time seeing grandpa in the intensive care unit. When grandpa was readmitted for breathing emergency, family member chose regular ward instead of the intensive care unit. When I visited grandpa in the ward, his son told me he already signed a DNR on grandpa behalf.

They held family gatherings in the hospital. Even the shy grandpa became more openly warm, hugging and kissing grandma under the watch of family members. He was enjoying the company of his family. The son would visit grandpa after work every day, proactively leading intimate conversations. The daughter would bring grandpa favorite drinks. Those acts of love were played out again and again until one day, grandpa slipped into the unknown after a bed bathing. He left peacefully and uncharacteristically. After a while, his son came back to thank us for accompanying grandpa for his last miles, he did not have any regret of his father’s departure. Instead, he has plenty of good memories.

Since I became a discharge planner and involved with case management, I have many opportunities to assist end-of-life patients. It is easier said than done to help patients and family understanding the process and to make the right decisions. Through family meetings and team conferences, we will continue to explore the best solutions so that patients and family members can be at ease with their choices, and I am happy to accomplish when all the parties are coming to a consensus.