TZU CHI

NURSING CARE

With the Compassion of Bodhisattvas, Where Ever Sufferings Are, We Are.

ACCOMPANY THEM TO LET GO

End-of-Life Nursing Care Profession and Mentality Integrity

Saving lives is the goal of the medical professionals
But when medical treatments reach the limit
How can a nurse take care of the terminally ill patients' body and soul?

Accompanying patients and families to grasp the precious final moments:
to say "thank you", express love, say "I'm sorry", and say goodbye to each other.
Let go at the right time so life ends with grace and peace.

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Good hospice care is the hope of everyone. However, family members do not understand nor accept the fact that terminally ill patients' condition will not improve, but expect continuous medical care to save lives. When I first joined the clinical care unit in the ICU, National Health Insurance was just started. At the time, most families did not understand the meaning of hospice care, and thought hospitals are meant to save lives. Doctors mostly followed the wishes of families to prolong treatment. As a result, much needed resources were wasted with futile result. Most importantly, patients and their families became exhausted fighting the unavoidable consequence of death, and missed the golden opportunities to express love and bid farewell at the most precious moment.

When faced with terminally ill patients, when should we stop treatment? How do we help patients and families to decide? How do we prepare ourselves mentally and physically with professionalism?

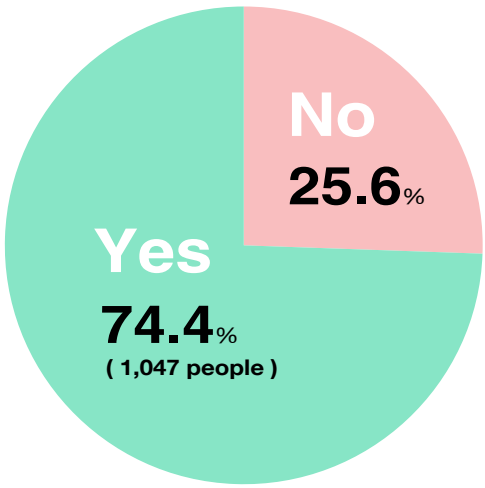
To many newly graduated nurses, the experience with the inevitable death must be overwhelming. How to face it to tell the patients and their families for the first time that "the medical miracles are impossible", but to prepare for the end of life? How to pace the tone and structure the delivery? Should this be done again to remind the next time around? It is very likely that he or she needs consultation or help from veterans.

Basic Statistics

Gender	Number	%
Female	1,367	97.2
Male	40	2.8
Total	1,407	100.0
Age	**Number**	**%**
≦ 20 yrs old	44	3.1
21-25 yrs old	366	26.0
26-30 yrs old	297	21.1
31-35 yrs old	279	19.8
36-40 yrs old	206	14.7
>=41 yrs old	215	15.3
Total	1,407	100.0

Grade	Number	%
N	400	28.4
N1	239	17.0
N2	577	41.0
N3	128	9.1
N4	63	4.5
Total	1,407	100.0
Position	Number	%
Registered nurse	1,101	78.3
Deputy head nurse	53	3.8
Head nurse	75	5.3
Supervisor & above	18	1.3
Case manager	54	3.8
Nurse Practitioner/ Senior RN	106	7.5
Total	1,407	100.0
Department	Number	%
Internal medicine	259	18.4
Surgical ward	215	15.3
Pediatrics	55	3.9
Obstetrics & Gynecology	66	4.7
ICU	246	17.5
Functional unit	18	1.3
Kidney dialysis	40	2.8
Operating room	97	6.9
Outpatients	203	14.4
Palliative care ward	32	2.3
Administration	34	2.4
Others	142	10.1
Total	1,407	100.0
Working in this hospital	Number	%
under 1 year	205	14.6
>=1 and <2yrs	197	14.0
>=2 and <3yrs	183	13.0
>=3 and <5yrs	210	14.9
>=5yrs	612	43.5
Total	1,407	100.0

Q1 Have you taken care of terminally ill patients in your nurse career before? (N = 1,407)



With accumulated experience, will nurses be able to calmly face terminally ill patients and their families by lightening family's sadness, and help themselves to recovery from mood changes? The questionnaires are designed for this issue's cover story. We want to know the difficulties encountered, the readiness of the professional and psychological quality, and the kind of assistance and trainings needed when the clinical nursing staffs are caring for the terminally ill patients.

The six Tzu Chi Hospitals survey has a total of 1,407 valid questionnaires.

Nearly 75% Have Experienced Caring for Terminally Ill Patients; Futile Medical Care Bothered Nurses the Most

The first question is to quantify nurses who have taken care of terminally ill patients. The statistics show 74.4% have experience, about three quarters, in contrary, 25.6%, does not.

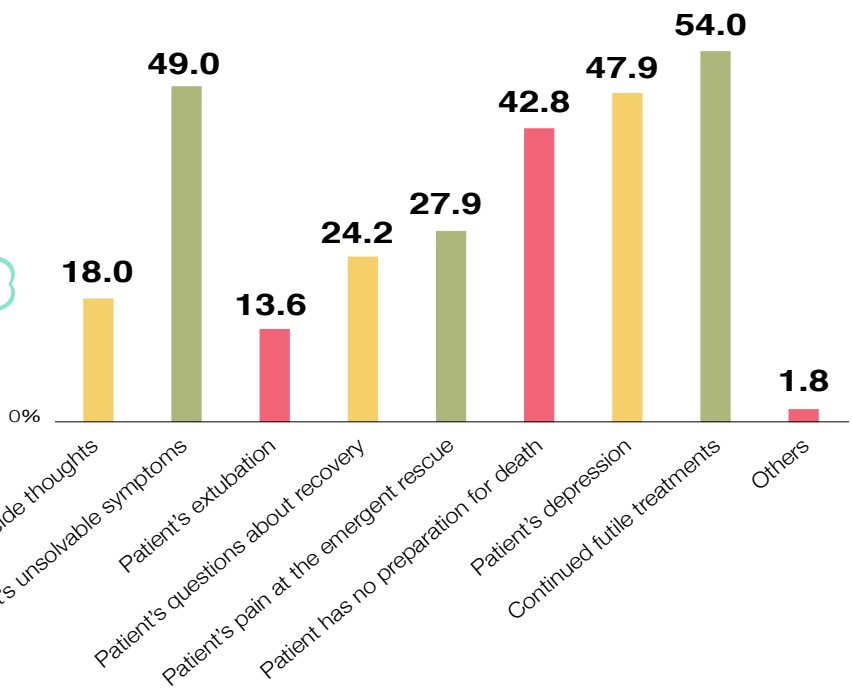
Question to the nurses with experience: What troubled situations have you encountered while caring for the patients? In the following eight listed categories, the highest scored is "Continuing futile medical treatment", accounted for 54.0%, or more than half; followed by "Patient's symptoms cannot be resolved", 49.0%; "Patients are

depressed", 47.9%, close to half; followed by "Patients have no dying preparation", 42.8%. The next situation is relatively low, "Patients suffering in ER", 27.9%; "Patients asked about their prognosis", 24.2%.

"Futile medical treatments" were encountered by many nurses and happened quite often. According to the statistics from NHI Bureau, more than 30% (One hundred fifty billion Yuan) of the expenditures were in the last 3-6 months category. It includes huge expense on the futile medical treatments, therefore delaying death and adding to patients' suffering. In addition, regardless of patients' conditions, suffering from depression, pain, and emergency treatment bothered nurses because no one bears to see patient suffering the pain.

Medical Treatment Has Its Limit, Everyone Should Be Well Prepared

Q2 What bothered you while taking care of the terminally ill patients? (N = 1,047, mutiple choice)



Nursing around the clock is the most intimate tasks among patients and their families. It is also the most vulnerable moment in life for the caring medical staff. Sometimes prognosis cannot be resolved, creating a sense of disappointment and helplessness in the process. In medicine, we know the limits of medical treatment based on our experience with survival rates. Not everyone can survive, not everyone can be cured. To accept the fact that there is limitation in medical treatment is also a major indicator of nurses' growth.

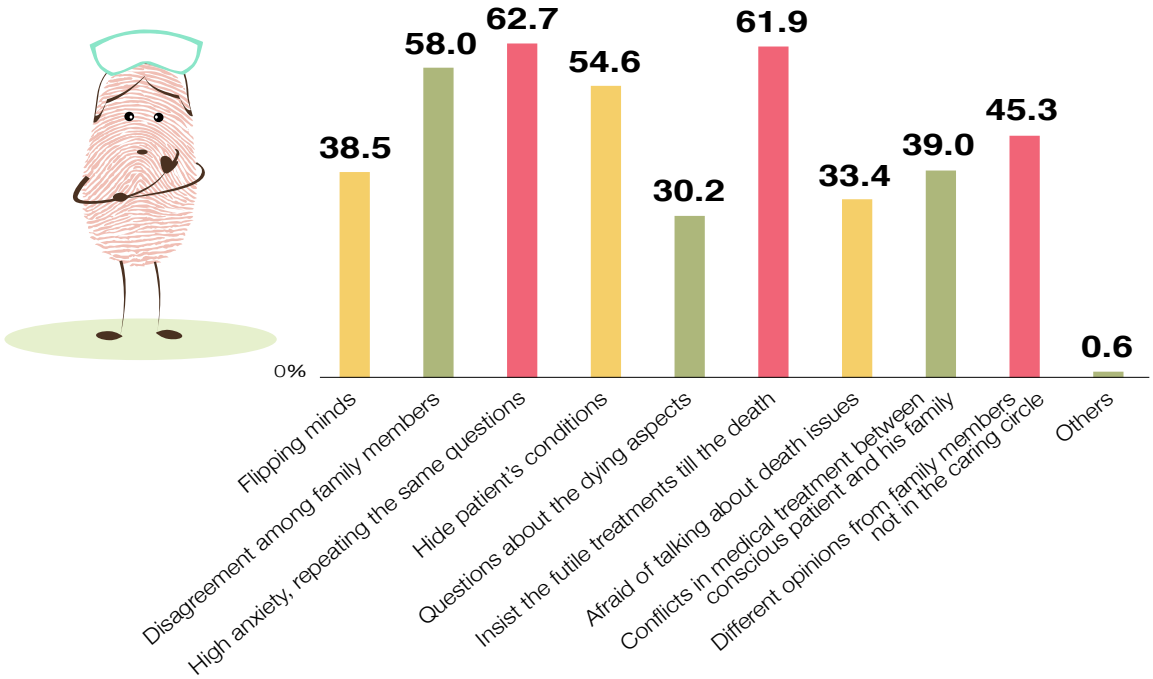
"Patients have no preparation for death - 42.8%" is higher than expected. Over these years, people in Taiwan have begun to discuss "death". Willingness to prepare a will before death is a very open-minded deed. There are many hospice related treatment regulations and choices, organ donation, etc. For example, Tzu Chi's originated a cadaver program, which many medical schools followed. In recent years, there are many books and movies that talk about death and death preparation: The Bucket List, Departures, and The Accuracy of Death. There are also the death cafés that encourage open discussion on death preparation. Maybe that is because of more people are becoming aware of the necessity of death preparation. But from a clinical nursing perspective, we still hope there are more patients who can ready themselves mentally in preparation for the unavoidable death.

Although terminally ill patients cannot be cured, the medical team still strives for a way to alleviate patients' discomfort. Nurses will try their best to teach patient's families care techniques to help patients reduce pain. However, the techniques can only alleviate the symptoms that cause pain, but not cure the incurables. Nursing care does not rely entirely on instructions; it requires full medical knowledge, in addition to details in the care process, and must be delivered with the human touch, such as voices, emotions and both hands to carry out the nurse caring. But the clinical care is still focused on taking care of the disease rather than the patients. Depression and the lack of advanced preparation is the most common that medical personnel sometimes feel helpless.

The Myth of Dying - Patients' Families Need Time to Accept the Fact

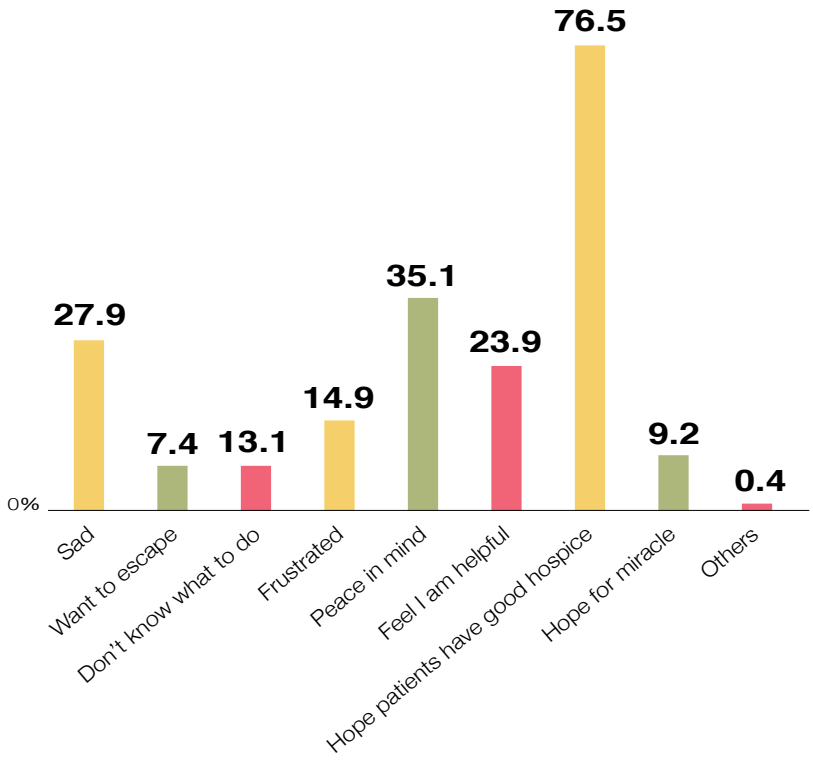
During the process of caring for terminally ill patients, there are many stories and reactions from families during the encounters. An example from our experience is, "Money is not necessary a good thing."

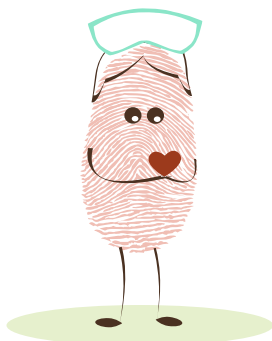
Q3 What are patient family's reactions while taking care of the terminally ill patients? (N = 1,047, multiple choice)



There was a grandfather aged 90 with chronic diseases suffering a septic shock after a cold which lead to pneumonia. After the medical team's rescue and assessment, they believed he had reached the end of the life stage. And at such an age, they suggested to the families to let grandpa leave without further suffering. But the family members insisted on all possible rescue attempts to keep him alive. From the endotracheal tube placement to cardiac resuscitation, even continuous hemodialysis was given later due to low blood pressure and kidney failure. The family insisted on maintaining unnecessary medical treatments, even with albumin and other drugs at their own expense. Finally, grandpa's limbs suffered from cyanosis, his heart beat relied on a booster, and breathing was through a machine respirator; he lost the humane dignity. We thought it was grandma decision to keep him alive. And later we realized from social workers that these futile medical treatments were insisted by his children because the estate had not been settled. Grandpa did not have a dignified hospice care. We all felt sorry for him because of the family bad decision.

Q4 Describe your feelings while taking care of the terminally ill patients? (N = 1,047, multiple choice)





This is one example of a futile treatment case that nurses don't want to see, and the causes mostly come from the patient's family or the patient did not communicate well with his family while conscious and able.

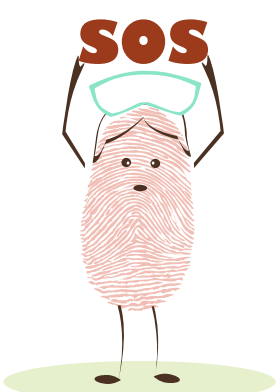
While taking care of the terminally ill patients, nurses most frequently encounter with the families are the following: "Repeating the same question with anxiety" at 62.7%, followed by "Families do not give up the futile medical treatment, rescue till the last breath" at 61.9%. "Family members with different views" at 58.0%, this is one of the reasons why medical team sometimes gets caught in the middle when family members have differences. Next but not last is "Hiding patient's condition" at 54.6%, accounting for more than half of the respondents. "Difference in opinions among family members who never involved in caring the patient" accounted for 45.3%. "Inconsistency between patient's will while still conscious and family's will in medical treatment" accounted for 39.0%.

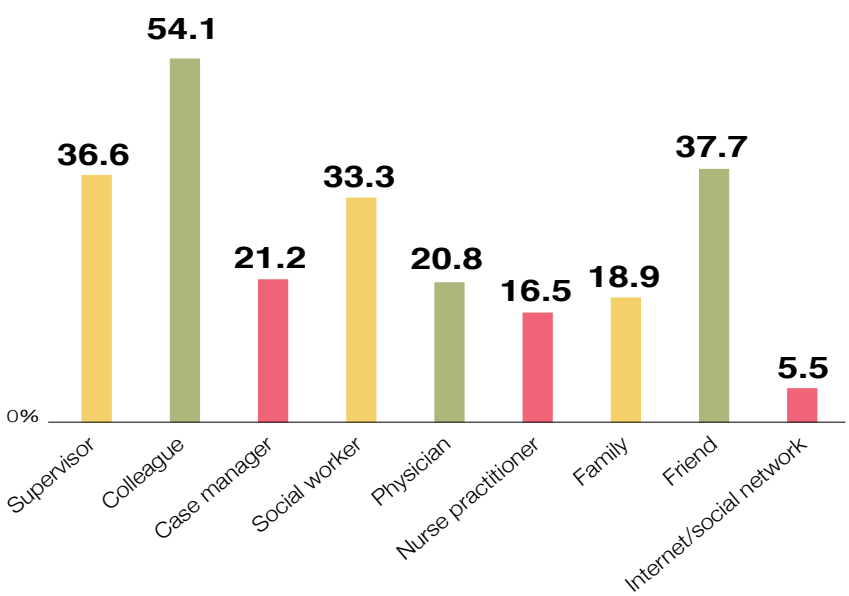
When a patient is declared terminally ill, the family must “face it, accept it, handle it, and let go of it”. Nurses often encounter families who are stuck at the beginning stage. Therefore, the most commonly questions asked are: “Will he get better?”; “He was discharged after two days in hospital last time, how could it happen this time?”

By means of communication and understanding, patient’s family needs time to digest and to accept the fact that the patient is near the endpoint. Nurses always patiently explain the options, more preparation before death when the family is more rational and calm. During the care for the terminally ill and their families, nurses should reflect on their own preparation and communicate with their family at an early time. Nevertheless, it is the last major event in life.

From Sadness to Peacefulness; Patients Get Good Hospice Care

Q5 Who can you ask for help if you are distressed while taking care of the terminally ill patients? (N = 1,047, multiple choice)





While caring for the terminally ill patients, what are the most common feelings among nurses?

In nursing, there is the need to alleviate a patient's physical pain, but also the mental emotion, such as the interaction between patients and their families, and family problems. When impermanence happens, nurses need to know how to help patients to remain at ease till the end of life with little discomfort. Therefore, "Hoping patients have good hospice care" and "Live with your heart" accounted for 76.5% and 31.1%, respectively; while 27.9% and 23.9%, voted for "Still with mixed feelings or sadness" and "The feeling of helping people", respectively.

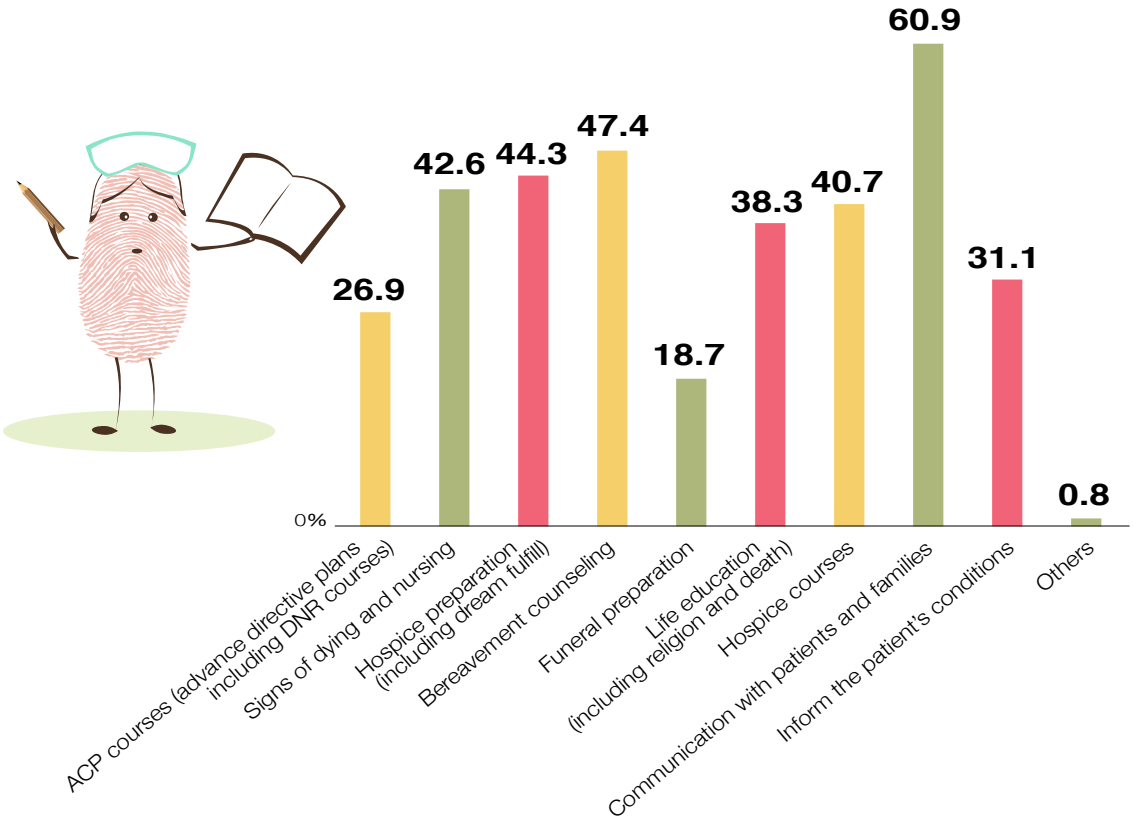
There was a young lady, married for many years with two children, was admitted with a terminal stage of breast cancer. The day she came to the emergency room, her husband insisted on resuscitation, he believed she could survive just like the other hospital emergency visits. After doctors had determined emergency treatment would not work, Yu-Ru, the ER head nurse, set aside her work right away, and gathered social workers and hospice care personnel to communicate with her husband and family, to explain the need to give up treatment. At the same time, nurses listened to the family's sadness, and tried to draw the children to bid farewell to the mother; and let the husband to express love and gratitude to his wife. This patient passed away a few hours later, but she received good hospice care under the entire nursing team. The family did not regret to let her bear the unnecessary pain and the futile treatment, they had the opportunity to bid farewell to their loved one within the last hours. The husband and children were fully appreciative of the process. This husband later became a cancer volunteer at the hospital. He channeled his love to his wife to positive energy and let that love continues.

With Psychological Distress, First Consult with Colleagues, Then Supervisors and Social Workers

But if the nurses encounter psychological distress while caring for terminally ill patients, who do they seek support from?

The survey found that about 54.1% of nurses asked peers' support while 37.7% seek support from friends. When nurses have psychological issues or conflicts while taking care of the patients, they often make use of time during shifts to clarify and resolve issues before seeking support. They also hope to relieve their stress from sharing their experience with colleagues and friends. In addition, 36.6% of the nurses seek further support from management, and 33.3% from social workers.

Q6 What training courses you would like to take in order to improve yourself regarding end-of-life care? (N = 1,407, multiple choice)



I believe most of the nurses like to discuss with colleagues and friends first and get a good start in solving the issues. Nursing supervisors may have competence and experience, however, it is usually more formal and some might feel uncomfortable when interacting with supervisors. To discuss with colleagues first may allow the supervisors understand the thinking of their colleagues better. The ultimate goal is to handle stress and deal with colleagues' inner struggle, so that the psychological barriers would be overcome. It is major growth at the personal level.

End of Life Communication and Bereavement Counseling

The questionnaires also surveyed the type of training classes most helpful for care of terminally ill patients. The result: "Classes of communications between terminally ill patients and their families" accounted for 60.9%, followed by "Bereavement

counseling" 47.4%, "Hospice preparation (including fulfill the dream courses)" accounted for 44.3%, "Sign of death and nursing care" accounted for 42.6%, and "Palliative ordinance course" at 40.7%.

Life education, discovery and sharing of prognosis, ACP programs (medical autonomy plan DNR courses) also accounted for nearly thirty percent. Nurse supervisors can refer to the contents in hospital's courses, or remind colleagues to make use of training resources at the union and the public sector.

Communication in nursing is already a very profound field. If it is to inform a young father that the son weighs four kilograms, or your wife is well, or to tell the patient's family that the patient is fine is relatively simple. Good news like these, we don't need to learn; but if it is a bad news, we'll have to learn how to communicate. First, we'll have to build good relationship with the patient and family. After gaining their trust, try to understand patient and the family's thinking and their expectations about the disease. Furthermore, wait for the signs of calmness and readiness to communicate with each other. It is simply an art of communication. But through practice and classes, coupled with good intentions, many of our nurses have become the masters of communication.

The Right to Choose DNR, Learning the Right Timing to Let Go

Have all our busy nursing colleagues signed their "DNR (Do-Not-Resuscitate Order)?

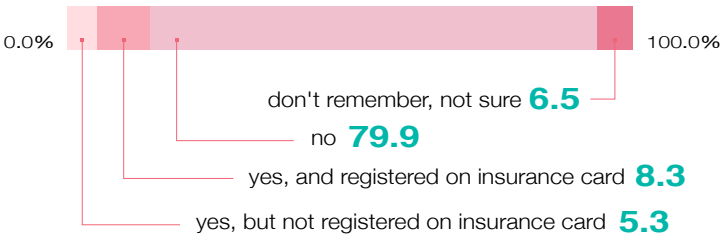
From the questionnaire survey, 13.6% signed the DNR, 6.5% do not remember, and 79.9% have not signed the DNR.

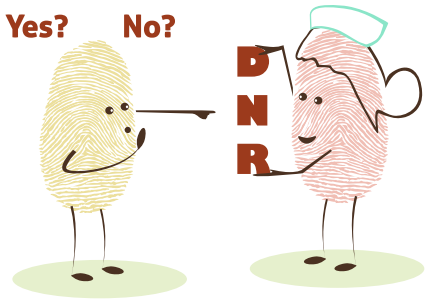
If we compare our statistics with the general public, 13.6% of our colleagues have signed the DNR - a relatively a high ratio. Nurses encounter many uncertainties in life, so the ratio should be higher. We believe our nurses are relatively younger, and their busy work schedule may be causing some to delay on it. For the small percentage of colleagues who answered "Do not remember", we would like them to please take action right away.

Patients and their families have to deal with impermanence in a vacuum, with fear and confusion. Many could not believe that death is approaching, and don't know how to talk about the death issues, and missed the opportunities. We finally asked all nurses: Have you or family or friends seriously discussed about the medical choices when reaching the end of life?

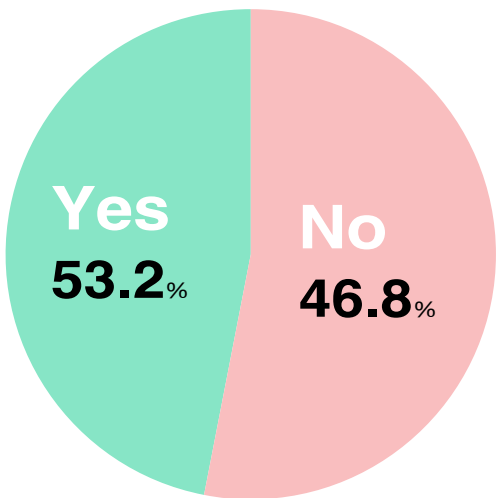
I remembered our school had terminally ill caring classes. Teachers made nursing students to think the meaning of death, and also guided students to choose their own

Q7 Have you signed a DNR agreement? (N = 1,407)





Q8 Have you discussed the end-of-life medical choice with your family or friends? (N = 1,407)



way of facing death. At clinical work, we have hospice care related training but the depth of training is based on personal preferences. Questionnaire results showed that 53.2% of nurses had seriously discussed the alternatives for final medical treatments.

When life reaches the end, patient in good hospice care is the biggest wish of all nurses. Accompanying and communicating with family members is a tough challenge. When nurses themselves are educated on impermanence, with professionalism in taking care of the end term patients, and the courage to discuss death, they are more ready to accompany patients and their family to let go at the right time so that the living has peace in mind, and the dead has peace in soul.

My Mission to Carry Out Palliative Care

Chang Chiung-Wen, Palliative Care Home-visit RN, Taichung Tzu Chi Hospital

"Doctor, please, help grandma! What can I do? She is not responding."

That was 15 years ago after I graduated from the nursing college for a few years. Grandma once said she might not live to see my graduation…

Doctor confirmed an inoperable tumor in her liver. Family members gathered around her, stone white and wordless. The air was stagnant and cold. I felt a sudden pain in my heart when the news broke. Grandma motherly pictures started flushing through my mind like a video camcorder. I crawled besides her bed calling her name, tears flowing down my cheek, I felt helpless. Even though I am a nurse, yet I can do nothing about it. I need answers, "What can I do?"

Hospice – the Last Piece of Puzzle to Life

That was my first experience for the loss of a loved one. My sadness and sorrow was never healed, yet buried deep inside in the unknown. I do not know where grandma had gone. Sometimes when I am home, the opening of the old door

reminds me of grandma. When lightning strikes, whenever I fall, and in my dreams, grandma is there with a smiling face.

Life is impermanent, that piece of puzzle stays with me to hospice care. I saw the life and death in hospice, just like Dharma Master Cheng Yen said, “We don’t own our body, we only have the right to use it.” Every child, adult, and elderly, has a one way ticket to the final destination. No matter how famous you are, whether you are a CEO, an ordinary citizen or a homeless person, there is a stop to get off the train for another journey in life.

I grew up with my patients, participated with their struggles; their sadness, sorrow, tears, emotion, dreams, and new chapters in life, new beginnings…

I reinvented myself, and found the key to open the sorrow buried inside me. I learned to accept my shortcomings, the imperfections, and love myself as a person, to take good care of her.

Hospice Home Care – End of Life

With over six years of hospice care experience, I became involved with home hospice care in 2011, delivering hospice home care as an outreach service.

“Dear Miss Chang, do you know what a miracle is?”

Half year into the program, I was asked that question by a 42 year-old lung cancer patient, struggling with cough while talking. While I was contemplating, he cleared his throat with water and continued, “For me, when I see the sun rises every day that is a miracle. If I go down, my whole family will go down also. I have two six-year olds and I am the only provider. My wife has never worked before and she is too afraid to even knock on neighbor doors. My parents are healthy and I can’t let them worry about me. I have to fight…”

I was planning to bring up intubation, I swallowed it hard and instead listened to him cry. I was speechless. His condition worsened at night. With his permission, we did an intubation procedure on him and escorted him to the ICU. His kidney was failing and we performed a kidney dialysis. Soon after, he passed away leaving the family behind.

This case was referred to hospice end-of-life care probably too late. Patient and family were undergoing the struggle, both physically and mentally. In order for us to prepare the family and ease the patient to final hospice care, we did not have enough time to do it. Because of this, we have to extend our mission of good hospice care to the surrounding perimeters, out of the hospice safety zone.

Over time, we encountered suspecting patients and family at the beginning, and gang members threatening for prognosis improvement on patients. Our Taichung Tzu Chi Hospital Hospice Care Division is designed to help terminally ill patients with good medical care and mental support, pain assessment and control, and educational meetings with family members for consensus decision making. We are proactive in raising the awareness of patients' rights, reducing conflicts and common misunderstandings, and eventually benefiting all with our service.

Seize the Moment to End-of-Life Care

"I decide to sign the DNR waiver form. I hope to have a green burial. There is nothing we can carry away after death; our body decomposes so there is nothing I can't give away. I want to live every single day until the end without any regret…"

She way lying on the bed and leaning toward the window, with sunrays shinning upon the face of our volunteer, nicknamed "Sunflower", her eyes filled with crystal clear determination…

After Sunflower contracted cancer, she motivated many patients to reach out to serve the elderly. She touched many hearts with her warmth. During her final days with our accompanying, we trust each other and believe hospice care patients should not be bound to the beds waiting. We held hands, feeling the warmth from each other, sharing our life stories, and praying in our hearts that we can affect many others. May this act of love be spread to many more into the future.

Hospice care is not passive; rather, it is active to fulfill a good ending. I love this mission of care and the inter-relationship, the sincerity with warmth and emotion, and the accompanying of patients and family at their lowest point. We carry them with respect and dignity. That is the attractive values of good hospice care.

EXPRESS

LOVE WITHOUT REGRETS

Sun Yi- Jun, RN, Hematology Ward, Taichung Tzu Chi Hospital

Working in the Hematology Department, it is not uncommon for me to discuss with patients and families about medical treatment options when life is near the end. It is also known that many families still avoid any discussion about death. While we worry about patients giving up their willingness to survive, we try hard to resuscitate patients even if their conditions are already near the end. Many families think signing a "Do Not Resuscitate" Consent Form (not performing CPR) is equivalent to giving up the opportunity to save lives. This may also lead to critics from the society for helping the incapacitated patients to consent.

As for me, before entering the nursing profession, I also thought signing the DNR document was giving up the opportunity to rescue. After working a while, I now know that signing the DNR does not mean giving up on a life.

When my father was sick, the mentioning of "Peaceful Dying" is a difficult topic. At first, it was hard for my father to open up because it was hard to let go. After communicating with family members and with the assistance of the medical staff, my father finally signed the consent under his own will. Before my father passed away, we had the opportunity to say to him, "I love you."

We initiated the expression of love by means of embracing and hugging, behavior that was once embarrassing and hard to do.

Because of this experience, I now know when one's life is near the end, it is very precious to accompany and talk with each other. Allowing patients, loved ones, and best friends the opportunity to look upon the time of parting, gives them the courage to face death.

After signing the consent, all medical staff must respect the decision. A clear consensus is understood that medicine has its limit and it will stop at some point. After all, the prognosis is not doctors, medical staff, families, or patients can control.

Now I can proudly tell my father in heaven, "I need to do my best to use what I learned and apply it on patients and families. When cancer patients are at the terminal stage, I hope that I can offer loving care to ease their pain. In life's journey, it can end peacefully."

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

Huang Ling-Hsuan, RN, Case manager,
Discharge Planning, Taichung Tzu Chi Hospital

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.

FIGHT FOR ANY CHANCE TO LIVE, SUFFER NO MORE IF LIFE GOING TO END

Liao Yi-Yun, RN, Emergency Room, Taichung Tzu Chi Hospital

Working in the Emergency Room (ER) for over eight years, I have many unspeakable feelings as the ER door opens and closes. ER staff work hard to save lives. There is a sense of accomplishment when we can save a life as a team.

Accurate ER Saves Precious Lives

I remembered that a woman came to the ER due to respiratory asthma. Since she was having difficult time breathing and the blood oxygen was low, the doctor ordered emergency intubation. As we were inserting the tube, the patient's heart suddenly stopped beating. The emergency procedures were activated. After the doctor evaluated the medical history and discussed the condition with the family, he thought there was still a big chance (for the patient to survive). He quickly diagnosed pulmonary embolism and decided the patient met the condition for installing Hayek film. The cardiac surgical team was formed. After the emergency operation and ICU care, the patient

recovered and discharged from the hospital. The team not only was encouraged by this case but felt the preciousness of this job.

Promoting Emergency Palliative Care – Recommending Letting Go

However, there were times when we were not able to save a life. As the result, not only did the patient suffer, the family also received little comfort. Therefore, I often struggle for this kind of feelings. Sometimes I want to take the initiative to talk with doctors and family members but lack the courage.

As the concept of palliative care is being promoted, many doctors in the ER would take the initiative to mention to the family about palliative care when they determine that the emergency aid can no longer save the patient. Most family members would agree but some would not give up, which we had to proceed

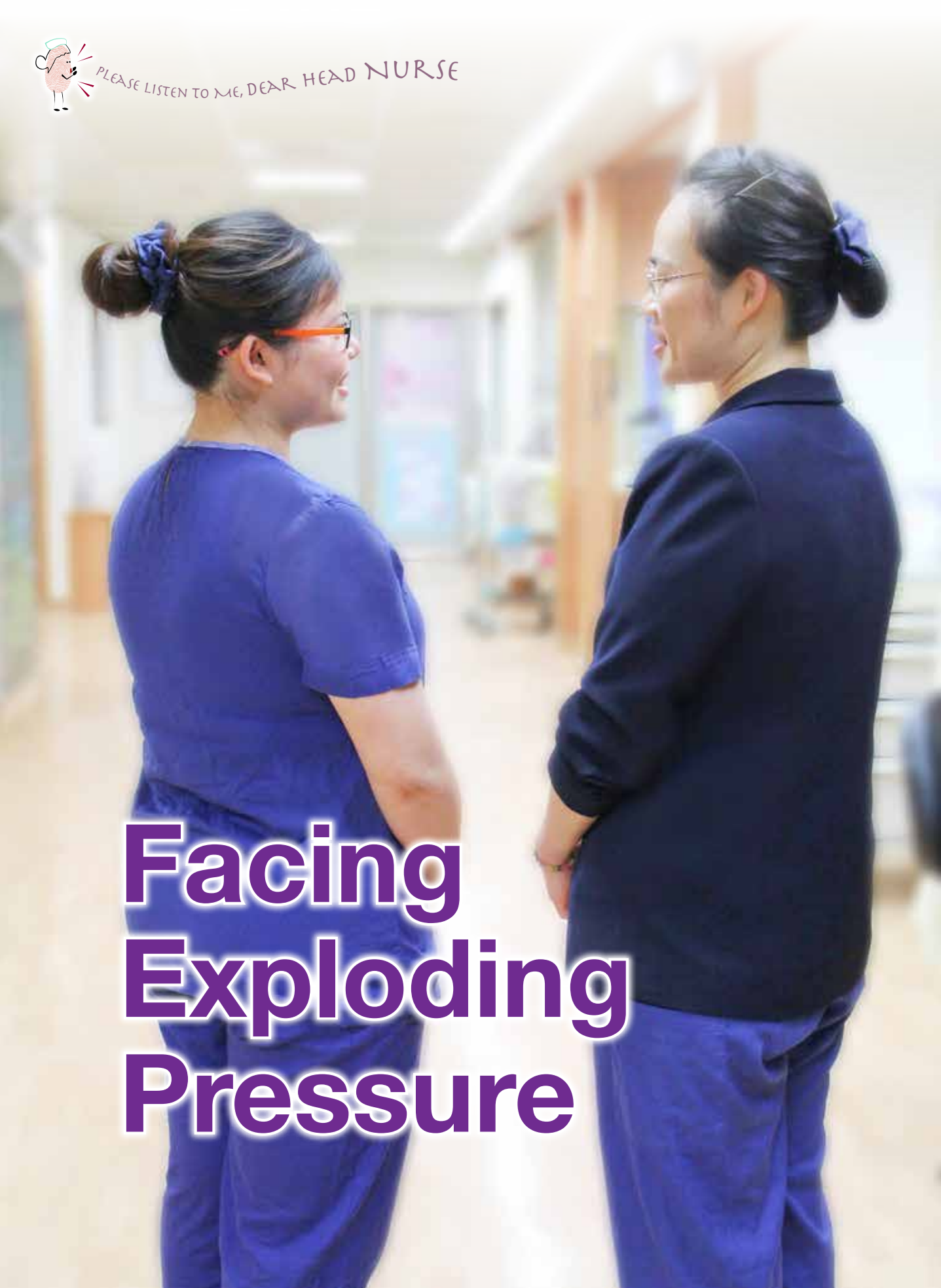
with useless emergency treatment. As the result, after 30 minutes of emergency treatment, the patient's chest collapsed and caved in, the lung was filled with blood. When cleansing the body, we told the deceased in our heart, "You've tried and suffered. God bless you." However, we could not help but feel sad for them.

Don't Make the Loved Ones Suffer - Let Them Leave Peacefully

Now that I am a mother, I am more sensitive when saving little ones. I remember the day our ER received a call for hospital transfer. A three-month old baby girl had been under emergency treatment in other hospital for 30 minutes. Since the family refused to give up and decided to transfer the patient to our hospital, without having full details, the emergency vehicle had already arrived at the door. The doctor explained the child's situation and suggested to give up emergency treatment so the baby could leave peacefully. The family insisted on emergency treatment to save the child. I was inside the ER station at the time. I asked the social worker to help consulting the family, telling them: "The child is truly gone. Can we love the child one more time?" Gradually, the family accepted the suggestion.

We led the family to wipe the baby's body, put on the diaper, change to clean clothes, and wrap the baby in the blanket as they used to do. The baby looked like she was sleeping inside her mother's arms. We also guided the family members to express their love for the child. Listening to parents telling the child that they loved her very much and wished the child to come back to be their child again, it brought tears to my eyes. I was also glad that the family members were willing to do this with us. I think not only the child would peacefully become a Bodhisattva; the soul of the family can be at ease.

Patients who come to ER usually are time sensitive because of life impermanence. Sometimes, it is difficult to introduce palliative care, if necessary. However, whenever emergency treatments no longer work, doctors have to be compassionate and sincere when approaching family, and nursing staffs need empathy toward family's emotion, guiding them to express their feelings: "Gratitude, Sorrow, Love, and Farewell." Help the family to retain the most beautiful memories is one great way to care for all. I believe patients and family members would then be at ease. I hope that we can continue this idea and practice to help patients in similar situations.



Facing Exploding Pressure

Chou Yun-Yin, RN, Respiratory Care Center, Hualien Tzu Chi Hospital

Once a freshman who just completed her internship came to me and asked: "How long have you been a nurse?" "Oh, I just passed the one-year mark a few days ago," I replied, my face was showing worries. The junior continued asking: "Did anything happen in that year? Do you have any setback?"

"Of course, I do."

I remembered when I just started working as a nurse; I faced tremendous pressure. I was in constant worry that my poor technique might harm patients, that I couldn't remember all medical theories and let our head nurse down. I worried that when facing a patient's family I could not describe the patient's conditions well and caused them to suspect my ability, I was afraid that I could not answer a patient's conditions during the consultation session between the medical team and the nursing team… As a result, I had to prepare many notes, the small notes listed all items that I might forget and the big notes listed my goals and my own expectations.

But when I got off from work, I noticed all my tick marks increased with many incomplete "X" on my goals. I was really disappointed.

Later on, when I was near the nurse station, pressure mounted just for the thoughts of facing patients, families, and doctors, I felt choked and I could not breathe. I was so afraid of my performance that I would be reprimanded. When I returned to my dormitory, I would sit on the floor and tears would stream down my face. I felt so stupid that I could not do anything. I wanted to call my family, but I was afraid when they answered the call, I would be too choked up to say anything.

Switch Your Attention, Head Nurse's Different Kind of Encouragement

When I was really down, I thought about taking medication, such as sleeping pills or tranquilizers as long as I did not have to take them on a long-term basis. But when I reached out to those medications, I felt the resistance in myself, I thought, "If I could adjust myself why would I need them?" However, pressure kept mounting so eventually I collapsed.

In September of last year, I texted our head nurse (Lin Yi-Ching): "Do you have

some free time today, I would like to talk to you. I think I am going to explode and don't know what to do. I tried relaxing myself, but it was totally in vain."

The head nurse quickly called me into her office and listened to my complaints, my frustrations and watched I cried. I said, "Head Nurse, I was so down and I wanted to hurt myself…" She was surprised for a moment, but it was unexpected that she did not try to comfort me. She calmly gave me some biscuits and milk to a hungry and crying person. When I had food in my stomach and I felt much better and calmed down, then she started to comfort me.

Luckily when my life hit the bottom, I met our very considerate head nurse and many good colleagues. She quickly understood and saw what problems a new nurse could face and then called me into her office again.

Everyone thought the head nurse called me into her office to chat and to pat on my shoulder, to ask me continue working hard. No, that was not the case. In fact, she gave me an assignment with even more pressure. During that time, the Nursing Department was holding a "Comforting Nursing Contest". The head nurse asked me to participate in this contest. She said, "Yun-Yin, you can do this." I

Nicked name "Nurse with an Angel's Smile" – Chou Yun-Yin is taking care of patients at the Respiratory Care Center, Hualien Tzu Chi Hospital.

Head nurse Lin Yi-Ching(Center), nurse Chou Yun-Yin(Left) are discussing case studies with colleagues.

was stunned but I nodded my head and said, “Sure. OK.” To many people this might be a good opportunity for them to show off their talent, but to me this was a tremendous pressure, and I thought I might as well turn in my resignation letter and say goodbye.

Fortunately, I did not reject this challenge. The head nurse brought one of my colleagues into this competition. So, my colleague and I had this daily question: “What do we need to discuss with the head nurse today?” We had no idea but stared at the computer screen and repeated the same question in our head - how painful. Since we were already in the game and could not back out, we had to complete the mission no matter how painful it would be.

During the entire process, the head nurse would lead us step by step, from preparing briefing, collecting information, to completing the presentation. We put our focus on one of the daily routines: “How to painlessly remove sticky tape from patients who had internal bronchial tube (intubation) for almost twenty four

hours?" Even though normally patients would frown when we removed the tape, we thought just removing a tape, so how painful could that be?

But when we started seriously looking into this, we tested it ourselves by taping our own face and then removed it without first wetting it, our skins turned red and it was quite painful. We also discovered that senior nurses taught us in the past, before you removed the tape, put some lotion to wet the surface, it would be quite effective.

The day arrived and we had our presentation. Many competitors were very experienced and seasoned nurses. They had prepared many presentation aids, brought them out one by one. The judge said, "We never thought the novice nurses could counterattack. We normally don't see this kind of simple and fresh presentation in a competition like this." I thought: "Alas! We only had our oral presentation and the materials used clinically… We never thought we could have won the third place."

We were so happy and felt "Wow, we could do it." We felt we were aided to win glory for our unit. We also appreciated the Nursing Department from whom we were chosen among many superior competitors in this contest. If I had to say how much effort was involved, I would say 95 percent of the glory should go to our head nurse who corrected our work and pointed out the blind spots in our presentation, and taught us how to do presentation.

More importantly, because we had to concentrate on preparing the competition, it allowed me to divert my daily work pressure and took away my mind so I could focus on improving my own deficiencies. I finally came to realize the true intention of our head nurse.

Mounting Pressure When Doing It Alone; Bringing Back the Original Intention

I remembered years ago when I just graduated from the school and as an intern, my responsibility was little. After I received my registered nurse license in 2015 and started handling the daily work alone, everything changed. Every task I did I had to work closely with the patients. I needed to be sure I understand every question because in the Respiratory Care Center, patients could not jump up and

tell me, “My condition is like this like that…” I had to figure out everything myself.

Although we all say, “We learn from our mistakes, but in the medical field, there is no room for mistakes!” So, when I had to start on my own, the desire of not making any mistake gradually turned into pressure. Once I made a mistake, I would blame myself, “How come you made a mistake again?” Even I tried to encourage myself afterwards, “Learn how to do this right at the very first time, and I will not make any mistake in the future.” But when I made another mistake, the pressure would hit me hard once again.

Now, There Is Another Challenge: “Going Alone” Is Waiting for Me.

With many incoming new nurses, I became a senior nurse. I was responsible for leading new nurses when veteran nurses were on vacation. Sometimes I still ran into things that I was not familiar with. When I made a similar mistake while leading the young nurses, I would blame myself, “You are already a senior nurse, and how could you make a mistake like this? So whom they could learn from?”

Therefore, I am pondering every day the tasks that I picked up from senior nurses in the past. “Today, I am leading a team of younger nurses, what can I offer them? Can I be as good as a senior nurse?” This is the goal I am trying to achieve.

Nursing is an art to join hearts. My original intention of nursing is quite simple. All I wanted was a job that I can help others. When I was young, my aunt always praised me, “You are a little angel, your smile can cure things and help many people!” Because my aunt and I were very close, so I was sad when she passed away with cancer. But, a thought arose in my mind - although I did not have a chance to relieve my aunt’s suffering, I could be a nurse to help many other people. Through my work I could relieve their physical sufferings. With this original intention, no matter how hard the nursing work is, I will always continue.

One of my favorite Jing Si Aphorisms is: “Do not be afraid that you couldn’t walk ten feet in distance, only fear that you wouldn’t move an inch.” Everyone in his/her life and career will run into some setback. If I did not make the move or the first step, I would not be able to harvest the fruit today. Because of that I became more self-confident.

FROM HEAD NURSE:

Turn Pressure into Strength

Lin Yi-Ching, Head Nurse, Respiratory Care Center, Hualien Tzu Chi Hospital

Yun-Yin is a nice lady. She used her smile to cover up her stress and discomfort. In fact, work in the Intensive Care Unit is very tense. If I have to fight for my life, why would I care about anything? Therefore, conflicts and impacts are very stressful in the clinical environment. Most nurses have emotion; some of them will just explode. But I did not see that in Yun-Yin. She always says, “I am sorry, senior nurse.” “What do you think about this?” She would tell me, “I am really mad”, and still had a smile on her face. When she was scolded, she would cry and smile, “Thank you, senior nurse.”

When she walked into my office the other

day, I saw a beaten-up, an almost collapsed person. Immediately I realized there was a crisis. Someone who had incredible endurance would start to crumble down, which meant that individual had been tremendous pressured, and her tolerance limit was far exceeded.

When I found out she had the idea of killing herself, I knew this is a serious matter. In other words, if this were for other individual, I probably would laugh it off, and say, "You must be kidding." But when it came from Yun-Yin, I sensed she had reached her threshold and if I did not seriously look into it, I was not sure what she would do next?

I felt so sad watching Yun-Yin cried. I knew my solution would not be to cry with her. I would rather provide her with guidance to bring her up from rock bottom. I knew the cause of her problem was the lack self-confidence; she had a sense of poor achievement, and could not do anything right. She was trapped in this cycle and just like a hamster running a spinning wheel.

Therefore, when I saw the poster "Comforting Nursing Contest", I asked her to participate. The first purpose was to divert her attention, the second purpose was to pull her from clinical depression, and the third purpose was to rapidly elevate her professional knowledge and capability.

Although this competition posed a challenge to them because they only had about one year working experience, how would they know patient's comfort level? On the other hand, I felt that just because of their lack of experience, they would not be bound by the routine that were practiced by senior nurses and could do things differently. Anyhow, I thought this was a risky move, a gamble; if I did not handle this properly, Yun-Yin could fall deeper into a cycle of depression and could completely lose her sense of accomplishment.

On the other hand, I fully understand her strength - her endurance. People with this capability can endure all sorts of setbacks and challenges. I need to make Yun-Yin be aware of her own values, let her know that she can make things happen. But I also need to make sure that this additional pressure will not crush her. Therefore, I decided to accompany her during the entire process.

After the contest, I thought Yun-Yin had developed the team spirit with her team members. When a person starts to trust the team, be recognized by the team, that person becomes a part of the group – group behavior. On the other hand, when the person does something glorious, it is meant to honor the team.

This sense of group honor is very important, but not everyone can be inspired this way.

Once our unit was quite busy and did not have extra resources to handle more things. The medical doctor still gave us more assignments. At that time, Yun-Yin was quite painful but still accepted the assignments. I asked her, "You are quite busy and almost drown in your work, why would you agree to take on more assignments from the medical department?" She replied, "I am afraid the medical department will blame us for delaying their progress."

That evening at nine o'clock, after Yun-Yin finished her shift, I discussed with her about her feelings, asked her why she would not bring this up on the spot? She said, "I wouldn't dare. Besides, medical doctors would not listen to me. When I wanted to communicate with him, he just turned his head and walked away…" So, I analyzed the ways to keep medical doctors around and listen. I asked her to practice one more time. She actually did afterwards. Even though she was nervous, with her face blushing and her heart pounding, she actually did it.

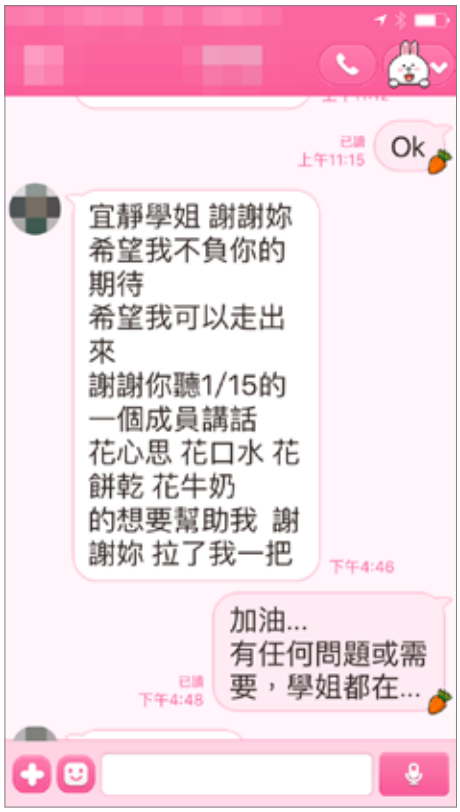
In fact, in the medical field, nurses are the largest group after all, but they tend to be very quiet. This could be the result of our training, but the young generation should not be this way. I hope we could fully utilize young generation's characters

Head nurse Lin Yi-Ching (right), nurse Chou Yun-Yin (center) are encouraging an old lady patient.

of “Speak up”, train them to dare to speak up, not just always to accept in silence.

I could see Yun-Yin and some new nurses are still circling at the bottom, but I would like them to understand, even sometimes you feel you are losing your enthusiasm, feeling tired, mounting pressure is going to explode on you, remember that your head nurse is always behind you and never give up on you.

I have been in the nursing field for more than ten years, and I am a nurse for the critical ill patients. My patients could not speak or express themselves, so how would I know what their needs are? I train my ability to observe, by looking at patient’s facial expressions, their skin color or even nail color to identify any changes. Actually some symptoms would start showing up in the nails first. If I overlook these details, I could miss the golden opportunities!



Text messages between nurse Yun-Yin and Head Nurse Yi-Ching filled with sincere words. Yun-Yin texted: Thank you HN, hope that I can walk out of the dilemma and won’t fail you… and Head Nurse replied with firm support.

Using this kind of observation, I identify my colleagues’ characters and weakness, so I could train them. I do have great expectation that everyone will be equipped with the knowledge to become a leader in their respective units. I am not the “typical mother” type person that I will give you the clothing when you are cold. I would let them know where the clothes are but they need to pick them up themselves. When they are hungry, I will tell them where the materials are and how they could cook for themselves. I hope all nurses working in the Respiratory Care Unit are enthusiastic about their work and being professional.

Just like I told Yun-Yin, “You turn tears into growing up.” But it is very important that in the process, pressure is never meant to be on your shoulder, it should be on your back as a source of energy to push you forward.

BEING AT PEACE

Lessons on Living and Dying

Rather than to merely know of life and death,
understand life and death;
Rather than to merely understand life and death,
be at peace with life and death;
Rather than to merely be at peace with life and death,
make good use of life and death.

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