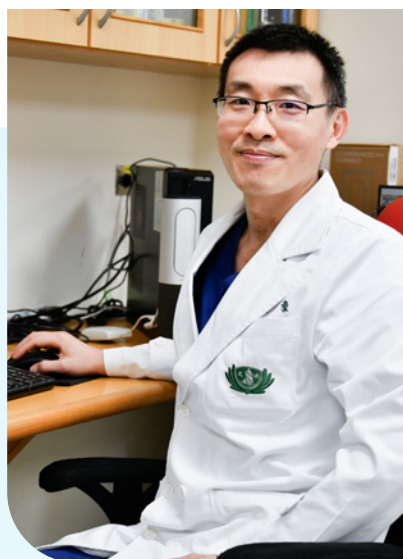


Joint Effort to Promote Palliative Care for Dialysis Patients

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I started working as an attending physician in the Department of Nephrology in September 2012, and since then I have formed an indissoluble bond with nurses in the dialysis unit. I participated in many quality improvement activities and worked hard to improve the quality of care in the unit. I was very touched by the positive atmosphere I experienced in working with the nursing team.

The most impressive aspect of the campaign was the promotion of the advanced health care directive, which allows dialysis patients to receive palliative care when they reach the end of life. Renal palliative care is one of the eight major non-terminal palliative cares; it helps patients with poor short-term prognosis, where life is extremely dependent on care, or where patients are in the fourth or fifth stage of terminal malignancy. Compared with other end-stage organ failures, patients with kidney diseases have few alternatives other than maintaining basic quality of life and social functions with dialysis. Other conditions must exist in order to receive renal palliative care. As dialysis patients get older, their other organs may deteriorate irreversibly, resulting in a lowered quality of life, making them extremely dependent on others for care, sometimes forcing them to face the final stage of life. The nursing team also provides valuable advice and insights from the perspective of



nursing, so that the whole quality improvement activity could be carried out smoothly.

I recall that a female patient in her 60s underwent a right kidney resection due to a tumor. A year later, she began to undergo hemodialysis because the function of her left kidney was gradually failing to maintain the normal metabolism of the body, resulting in uremia, which led to nausea and vomiting.

The nurse learned that the patient, a long-term care attendant, had poor family support. Her husband had passed away, one of her two sons lived in but was indifferent to her well-being, the other was in prison, and the patient had to care for a grandson in primary school.

This patient always came alone for dialysis, and the nurses developed trust with her. A year later, her malignant tumor metastasized, causing severe pain and infection so she could not withstand the four-hour dialysis treatment. The



nurses also recognized her main worry that her grandson needed babysitting. With her consent, our social worker contacted the nearest Tzu Chi chapter's volunteers to assist. During the discussion of her choice of palliative care, I assessed the patient's pain and asked a nurse to help give her limited dialysis, which could not accomplish all of the traditional dialysis objectives, but at least it alleviated her deteriorating condition.

Our nurses were very caring, setting a bouquet of lilies at her bedside in the dialysis room, hoping that the fragrance of lilies would relieve her physical and mental stress.

A week later she passed away peacefully at home. A year later, the dialysis unit received a box of tangerines (Maogu) from the patient's sister, who said that she was following the patient's instructions before death. Patients keep us in their hearts, and it is all about collaborative teamwork between the dialysis



and the palliative care nurses to ensure a good ending.

In order to further promote and improve renal palliative care, the dialysis unit nursing team and the palliative care team have held regular cross-team meetings for three years. During these meetings we discuss coordination issues, share ideas, and continue to improve the quality of care, formulate the referral process and guidelines for renal palliative care, and extend renal palliative care to nephrology outpatients. The concept of palliative care is to provide support to patients in need of full treatment for kidney disease, and to assist terminally ill patients to choose quality hospice care.

Finally, I would like to thank the team. With their selfless dedication and devotion, the quality of care can be improved; patients and their families can receive the best care. I am grateful to all the caregivers who accompany me on this journey. ☺