Letter to the Editor

Dear Editor CONJ,

I am a Bachelor of Science candidate majoring in nursing with a strong interest in palliative care, (PC) and was delighted to come across a submission by Collins and Small entitled, "The nurse practitioner role is ideally suited for palliative care practice: A qualitative descriptive study", published January 1, 2019, in the Canadian Oncology Nursing Journal. Although I agree enthusiastically with the authors' points, I do feel as though one key concept merits some expansion.

The authors mention the fact that palliative care clinical training is lacking in the nursing curriculum, which may contribute to nurse emotional discomfort with end-of-life (EOL) care. They propose a solution in which healthcare institutions allot funding to their NPs to pursue clinical continuing education hours in PC. This solution is promising, but another education area that is important to address is practitioners' attitudes toward death and dying, and how it impacts their EOL patient care. Education on death itself may be an essential component to examining and improving attitudes on dying, and caring for dying patients (Peters et al., 2013). There is a tendency in healthcare to view death as a failure, when this is not always the case. A paradigm shift toward viewing death as a natural part of life, and acknowledging that there are perhaps worse outcomes than death, may be necessary to help nurses feel comfortable with providing PC (Peters et al., 2013). When healthcare providers harbour negative attitudes toward death, they are reticent to speak honestly with patients and families about dying. It is the patient who suffers, subjected to medical treatments that may add meagre quantity to the very end of their lives, at the expense of quality. Treatments that they may not have agreed to if an open and compassionate discussion of EOL care had taken place. This concept is further underscored in Dr. Atul Gawande's seminal book on dying, Being Mortal (2014).

Clinical nursing experience in PC is essential, but it will fail to do the most good if deeply-held emotional and intellectual barriers to accepting death are not given their due diligence. Death is difficult to talk about. This fact, more so than just lack of experience with PC, makes it that much harder for the clinician to do right by patients' wishes and values. Death education potentiates nurse comfort with talking about death, which provides patients with support during this deeply frightening process. A fully-informed practitioner can make all the difference for a peaceful, dignified death.

Sincerely,

Victoria Stadolnik
Bachelor of Science Nursing Candidate 2019
Curry College School of Nursing, Milton, MA USA

REFERENCES

Collins, C.M., & Small, S.P. (2019). The nurse practitioner role is ideally suited for palliative care practice: A qualitative descriptive study. *Canadian Oncology Nursing Journal, 29*(1), 4–9.

Gawande, A. (2014). *Being mortal: Medicine and what matters in the end*. New York, N.Y: Picador.

Peters L., Cant R., Payne S., O'Connor M., McDermott F., Hood K., ... Shimoinaba K. (2013). How death anxiety impacts nurses' caring for patients at the end of life: A review of literature. *Open Nurse J., 7,* 14–21.

Response to Letter to the Editor

Dear Editor CONJ,

We thank Victoria Stadolnik for her insightful comments about nurses' negative attitudes toward death and the potential detrimental impact of such attitudes on quality of nursing care for palliative patients. As portrayed by Peters et al. (2013), personal attitude and emotional response toward death are complex phenomena. Stadolnik suggested that education specifically about death may be essential to improving nurses' attitudes about dying. In our study, nurse practitioners also emphasized the importance of palliative education (Collins & Small, 2019). They thought that nurse practitioners who work with palliative patients need specialty palliative knowledge, inclusive of knowledge about providing end-of-life care and discussing end-of-life care with patients and families. As well, they emphasized the importance of emotional comfort with dying and death. Interestingly, the NPs who were emotionally comfortable in providing palliative care thought their emotional comfort was influenced by their philosophy about dying and death and their clinical experience in working with palliative patients (note that perhaps the phenomena of emotional comfort and the conducive philosophy in our study are the opposite of "death anxiety" and "negative attitudes towards end-of-life patient care," as described by Peters et al. [2013, p. 14]). More research needs to be carried out to fully understand nurses' attitudes and emotional responses to death and the relationship between the two phenomena and to determine how best to intervene with nurses such that they have the knowledge, skill, attitude, and value competencies and the emotional comfort to provide the best quality nursing care to patients who are at end of life.

Sandra Small, RN, PhD
Carmel Collins, RN, MN, NP F/AA, CHPCN(C)

REFERENCES

Collins, C.M., & Small, S.P. (2019). The nurse practitioner role is ideally suited for palliative care practice: A qualitative descriptive study. *Canadian Oncology Nursing Journal, 29*(1), 4–9. doi:10.5737/2368807629149

Peters, L., Cant, R., Payne, S., O'Connor, M., McDermott, F., Hood, K., ... Shimoinaba, K. (2013). How death anxiety impacts nurses' caring for patients at the end of life: A review of the literature. *The Open Nursing Journal, 7,* 14–21. doi:10.2174/1874434601307010014