# Palliative Care and End of Life care in Nangrong Hospital, Buriram Province, Thailand

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## Abstract

This research uses qualitative research to synthesize the knowledge of operational aspects of palliative care and end of life care specify in Nangrong hospital, Buriram Province. The objective was to study the needs of patients in palliative care and end of life care. And apply the result to synthesize the knowledge of palliative care and end of life care through selected Nangrong hospital, Buriram Province as a specific area. The populations in this study are patients who need palliative care and end of life care amounted to 150 peoples, nurses totaling 20 peoples. Since October 2016 September 2017 and studied by in-depth interviews, observation on focused group discussions. As well as the exchange of ideas involved. The study of patient's factor found that 1) The symptoms of physical suffering including pain, dyspnea, nausea, vomiting, constipation and restless. 2) Psychological symptoms such as depression, anxiety, denial, ignorance about the disease, pharmaceutical care when they return home and concerned about family 3) Social dimension symptoms include loss of job, the role of social, economic and revenue 4) Syndrome dimensional spirit such as dependable spiritual, fear of death, fear of pain before death and life after death. In addition, in personnel factor found that 1) Personnel can use the skills of technology or Medical science that can reduce the physical suffering of 90 percentages. On the other hand, the suffering psychological dimension, Social and spiritual are problems that need to be a concern. Additionally, need the knowledge and skills in an interdisciplinary approach to integrate treatment such as psychological knowledge, communication skills, religious, and ritual, legal and massage also needed.

Furthermore, the use of medical technology to deal with death and also was seen as a life rescue some drugs hasten to death. Moreover, it may also become the serious problem that drives suffering from death to patients who must be cannot leave peacefully and also the often conflicts between patient's relative and the medical staff because of the misunderstood in the method of treatment. The more importance is each patient have varies individual background thus theirs treatment management must be also different based on its vary. As a result, to find a demand management problem must be also present.

**Keywords:** Palliative Care; End of Life Care; Good Death

## Introduction

Technological advances in modern medical treatment. As a result, patients with chronic diseases. Live longer Patients suffering from the chronic phase to the final number is increasing. The state of health of the population of Thailand is found. Prone to illness and death from chronic non-communicable diseases is increasing. According to the Bureau of Policy and Strategy, Ministry of Health. Rates of cancer patients from 468 .3 in 2005 to 75 9.8 per lakh population in 2012, while cancer is a leading cause of death of Thailand and is likely to rise

eight-fold, from 12.6 in 1967 to 43.8 in 1997 and 98.5 per. a population in 2012 of stroke increased from 2 5 .3 years in 2005 to 3 1 .7 per hundred thousand population. In 2012, the prevalence of a disease, stroke, paralysis, up from 0 . 8 percent in 2004 to 1 . 6 in 2011 from the above trend growth. Reflecting the need for more palliative care services. Estimates that in the 10 years (1999-2009) cancer patients who need palliative care, an increase of 11 percent (102,330 people, 113,548 of them). (Strategic plan to develop an index to assess the disease burden and the health of Thailand. International Health Policy Program, 2012; Cancer control, knowledge into action World Health Organization, 2007) the change in the final stage of the pathology of the disease often cause many complications.

The problem patients suffering both: physical, mental, social and spiritual issues, including economic issues and medical ethics (Ethical Dilemma) as well. Such as persuading the dead at the end of life, the heart pumps tracheal intubation due to increased suffering for patients and their families. And a burden to family Cost increase. The Ministry of Health has a policy to develop the health care system. (Ministry of Health, 2014) provides an efficient link quality and a seamless network (Seamless) by health authorities work together as a network of healthcare as well as a hospital. Focus on patient care through the provision of health care services, long-term (Long Term Care) and caring for the terminally ill (Palliative Care) together with the aim to give patients a better quality of life, reducing the burden on families. In economics, the study found that the cost of the party during the last six months of life is worth more than the life of any kind. 8 -11 percent per year, the cost of health care. And 1 0 -2 9 percent of the cost of in-patient. Statistical cancer patients admitted to the hospital will cost an average of 80 ,7 8 0 baht for the last year of life. And with an average of 2 9.2 days per person. It also found that the cost of palliative patients less. Compared with patients who received treatment as usual. And the cost of patients who died at the hospital later died elsewhere. The deaths at the two times (Department of Medicine, 2014) and the host unit with the system supporting care continuity services to the community.



For the family, the patient needs. Long-term care, with links to services and information. As well as support for community care. Patients receive care and support from the illness. The care of patients with severe symptoms of the disease began to spread, cannot be cured. The care, support, treatment of diseases, which should provide care before the patient enters the final phase. And a holistic for solving the suffering of patients in all dimensions. Until the end of the illness need to provide services for patients at the end stage. (Palliative Care or PC) The palliative care patients at end of life (Palliative care) WHO defines that means taking care to improve the quality of life of patients. (Adults and children) and their families who have problems with life-threatening illnesses. Including the prevention and relief of suffering. Or refer to palliative care patients. Or care to relieve or how to care for patients with the disease is not cured, treatment is more likely to collapse. Or died from the disease in the future. Or in patients with end-stage Life's emphasis on holistic care. It covers physical, mental, social and spiritual dimensions of the patients, families and caregivers with the primary goal are to enhance the quality of life for both patients and families. To make the patient died peacefully. The dignity As well as taking care of the family and relatives of the patient. (Bereavement Care) (European Association for Palliative Care, WHO) The patient passed away peacefully as possible. The team together comprising a multidisciplinary team of physicians, nurses, pharmacists, social workers, psychologists, counseling, spiritual, volunteer doctors, residents, and their families, which they can play an important role in patient care together. Sri- Vieng has said, "... the patients and doctors do not recognize palliative care patients will suffer the agony of life and were treated to no avail. And burdened with enormous health costs. If Thailand is to take over the health system here. I think the public would bankrupt soon ... " (interview: March 30, 2017), so the nurse. Or health Need a change in attitude. Knowledge and skills in interdisciplinary patient care. Integration of knowledge of many. Its use in patients with end-stage and must have a science of

managing the symptoms effectively. This is at the heart of care. Including near death need to be managed with medication, pain, dyspnea, confusion or other symptoms. The science that are needed by each patient. In order to achieve the ultimate goal is to bring patients and their relatives to accept death. And a peaceful death by natural means or death (Good death) itself.

The goal of holistic personal care for the nursing profession is to relieve suffering, physical, mental, social and spiritual. So that patients have a better quality of life to the end. Best suited to the patient and family at the situation. The physical illness that usually affects linked to psychological. Social and spiritual particularly chronic illnesses exhausted the remedies or stages.

According to the view of the science of modern medicine. Therefore, if such a person does not receive the correct care. Appropriate health personnel It makes the patients suffered death, so healthcare personnel. It has to be understood Performance evaluation the problems the needs of patients and their relatives. As well as managed care or appropriate in all dimensions of a holistic approach. Effective Besides relieving the suffering of patients already. Also, need to provide relief to the people around you. Patients with relatives or in every dimension.

**Objectives**

1. To study the needs of patients, palliative and end of life care in Nangrong hospital, Buriram province

2. Findings to synthesize the knowledge of patient care, palliative, and end of life care.



**Methodology**

1. Choose a specific area of study Nangrong hospital Buriram province.

2. Samples the good conscious patients on palliative and end of life care were 150 persons and the registered nurses were 20 persons.

3. The period October 2016- September 2017.

4. Using in-depth interviews individually. The focus group participant of the patient.

4.1 Data Collection Logging inpatient medical records. Recording Photography Motion movies.

4.2 Data Analysis Classification Information Then the discussion on the Theory of principles of Orem (Orem, 2001).

**Results**

The findings were:

1. Patient factors

1.1 Physical symptoms suffering:

1.1.1 Pain, found 70 percent were divided into two pains. 1) The pain of tissue destruction or inflammation and 2) pain as a result of the clinical condition of the system. CNS and the late Mrs. Kate Wadi patients with breast cancer. Metastatic said "…Also, it would have died without pain. We will pray with consciousness. Not to worry about the pain caused by physical ... "(Interview: December 27 , 201 6) and Mr. Boontung, Patients with end-stage cancer, gallbladder said, "... I wish to die a painless and quiet to think about spiritual matters, but good. Happy with death ... " (Interview: November 12 , 2016). Therefore, patients should be cared for properly managing the physical suffering, in line with the study of Sri-Vieng prosperous currency that "... the treatment of pain in patients with end-stage. Using the principles of the World Health Organization to painkillers following. And painless way (noninvasive) before eating, such as (by mouth) and the time (by the clock), there is no size limit. But to assess the monitoring of selected species and size with violence is not on the stage of the disease and as a

painkiller in the same ineffective in high doses, it should be administered in higher should not be stacked. Types at the same time and when the pain better, it scaled down the violence. When pain is a continuous need for medication to control the symptoms of the schedule (around the clock), but when the pain occurs occasionally. (Breakthrough pain) was added to the drug quickly rushed to diet. Current medications for the pain caused by the mechanism. Before dying, the patient should be dealt with pain before. For patients Die in peace ..." (Sri-Vieng Phirotkul, 2011).

1.1.2 Gastrointestinal symptoms such as nausea are symptoms that The patient feels. Abdominal discomforts have difficulties swallowing saliva very dizzy. Body Temperature Changes and rapid pulse, vomiting, symptoms that are tied to the contraction of the stomach, which would squeeze out juice and food in the stomach to flow back up to the mouth. Perhaps no food out or constipation is a common problem in patients with end-stage. The patient received pain medication. And other causes, such as eating a low-fiber diet, drinking less water next to the bed or sleep paralysis. Most of the patients are faced with symptoms of gastrointestinal those who need guidance on appropriate management. Mrs. Anong, a patient with Colon cancer said that "... much like nausea, vomiting enough nurses to help with small pieces of lemon. Nausea was gone making it more comfortable to sleep ... " (Interview: November 12 , 2 0 1 6). And Mr.Mongkol, Patients with end-stage liver cancer has commented that "... distension, flatulence, very important not defecate for five days. It is very uncomfortable but the doctor, the nurse visited laxative. Physic Garden anus to defecate going belly up, it's not good ... "(April 2 , 2017).



1.1.3 Respiratory symptoms such as labored breathing and respiration. Dyspnea feeling that is felt breathing racers. Breathing or not filled like choking or breathing heavy is the most common symptom in patients with end-stage. Because the disease spreads the problem could be from found in lung function is abnormal or not. The incidence of dyspnea was the very first. Symptoms of respiratory discomfort. Most patients and relatives are very worried. Upon returning home, be prepared to an oxygen tank at home. And found to have problems with the cost of preparing the relatively high price. Mr.Prachoom, late-stage lung cancer patients say that "... afraid to return home and be very dyspnea. Until I die Relatives need to prepare an oxygen tank at home. Dyspnea disappeared Then you come to the hospital ... " (November 2, 2016) and Mr.Cha-on, patients with primary liver cancer spread to the lungs and lymph nodes, said, "... I do not suffer. Do not dyspnea Do not worry about dyspnea. I will concentrate on the breath. Then out of breath The invocation input - oh my ... " (September 12, 2017).

1.1.4 Behavioral or physical symptoms such as swelling of the organs. (Lymphedema) behavior, agitation, spasms, wheezing crackles. Be fidgety symptoms that indicate discomfort to patients who have seen the show. In both groups, communicate with care and do not feel so care must be observant. To recognize and manage the symptoms interfere with it.

1.2 Syndrome suffers from mental depression, anxiety, denial, ignorance about the disease of drug and families concerned. Evaluation of Patients the assessment of the mental health department to see the reaction to the illness of the patient daily to plan the medical treatment. But do not necessarily meet all the people. And perhaps reverse symptoms in the past already. Depending on the circumstances And the factors that affect the patient. And may result in the patient not the same, not the same, some may deny the truth to life. Some do not like the term does not include any bargain, but sadly away. In cases of mental health could very well accept the reality faster. These reactions and mental impairment may be reversible, as the patient was already aware of the diagnosis. But a slump is more like walking may not come back angry. New or depression the theory is comprehensive and very flexible. In each different context to the story. Therefore, care should be evaluated daily. And observant Consistent wit,h, ,Somchit said that ,"... the psychological distress of patients in this stage. The expression of each one totally different... " (Nhoochareonkul, 2011).

1.3 Syndrome suffering social the impact on patients and their families, the study found.

1.3.1 The role of the patient in the family, including a son, a husband, a father, a mother or wife as a main income. Or is the embodiment of love, because it is only child's favorite character, etc. These will affect the mental state of a family member. Or the capacity to handle such issues.

1.3.2 Love affiliations with family members of patients: assessment of the range. The search for spiritual needs. Reduce guilt in mind. Helps the patient and family to see. The beauty of life even though they have lost their loved ones. The patient's family prepared to face the illness of the patient, loss and separation occurred.

1.3.3 The caregivers, Lack caregivers the othe f family members all have burdens. In the meantime, terminally ill patients often prefer to stay at home. In this environment, the Surrounded by loved ones The synergy between the three parties, it must be done with subtlety.

1.3.4 Housing and environment determine the availability of getting patients home or sometimes a team in need of a family misunderstanding.

1.3.5 Social networks and social support. Social networking is the study of the relationship of the individual with the environment. Coa NSA listing Family or relatives, neighbors, friends, work, or school, agency or organization. Or religious groups finding a social network of patients and their families. Keep in mind that patients receive the love and attention to value has been recognized by the social network. Social support can affect the mental, emotional. span both the giving and receiving of individual families. Social networking is another important part. Volunteers to help patients, such as patients themselves. Or volunteer groups such benefit.



1.3.6 Family needs Family is important to most people. Family to influence the thinking and decision making. Sometimes patients have a family who makes the decisions. In regards to their illness. Meanwhile, family relationships may create embarrassment for the patient. If the needs of patients and families in opposite directions. There are conflicts between family members who sought to influence the minds of patients and other members of the family. And you can make people feel as well as maintenance. Will care for terminally ill patients, most of the objectives. They talk about the disease, stage of disease and treatment plans to help patients and families make informed decisions and improve the quality of life of patients and their families. The Talking Provide information Patients and relatives are constantly present. Patients and relatives awareness and understanding of the disease, disease stage, medical plans. Prognosis No point in the conflict between staff and patients' relatives. To meet the needs of patients and their families. Including counseling in a state of grief, loss, and separation.

1.4 The spiritual dimension of suffering symptoms such as fear of death, fear of pain before death. Dead go caregiver should have the skills to communicate to patients and families. Accepted fact of life Accepted and seen as a natural part of life. The relationship is related. Nothing is permanent. Death is something that is very natural. Good health is just one of the steps. The developments of a good life than you are. Death is not to be avoided or managed, but it is something that everyone should consider. This implied that death is not something separate from life. The aim of the Dead To free oneself from clinging. If the patient does not have released something unresolved. Or prepare to die Patients may fear death unbowed. As Phra Phisal Whistle said, "... Death is frightening for people living not the dead. Or does it Aptaieaadabhnga But it's not scary for those who are well prepared though. Known to have died sooner. But instead, prepare in advance. Most people choose to Aptaieaadabhnga is when death comes. Say it again but today, let's have fun or money before. The result is that when death appeared before you. The panicked cry exacted unbowed negotiated deferment deny relegated help. But by then it's hard to help someone. Prepare one the result was just so ... " (Interview: March 29, 2017). Consistent with Sri-viang said "... palliative care to an end of life. Must have the following four principles: 1) Understanding Communication (Communications) 2) to deal

with the disease (Disease Management) 3) Maintenance physical symptoms (Symptoms Control) 4) care, mental, social, spiritual (Psycho-social-spiritual care) communication understanding (communications) to the patient and the family decided to include the diagnosis. Prognosis treatment with targeted therapies (Goal clarification) planned in advance about the treatment of the end of life (Advance care planning means the process of communication between doctors, nurses, patients, and their relatives. About patient care in the future. Especially in the last phase of the illness. Patients are often unable to make or communicate their needs now. It is necessary to be prepared for in advance) ... "(Sri-viang Phirotkul, 2011). And in accordance with the Kubler-Ross (1992) has described the response to the death. And stage of life of the general public into five maturity levels refused to negotiate a long-term period of anger, grief, and acceptance. Each phase can occur at any time without the need for sorting. Or maybe back in time for the terminally ill to die with palliative care needs spiritually significant. To rely on the mind If a nurse or caregiver must relieve suffering in the physical dimension dimensional social dimension of mental patients out. So that patients will not have time at the end of life care, spiritual dimension. It also found that what people fear most is dying. Neglect the isolated and need someone who understands and next. When a patient needs the individual patient may have feelings and needs are different. People close to the patient the opportunity to express their feelings and needs. By talking and a good listener. And should follow the needs of the dying. This includes the need for its preservation. The demand should be assessed before it is due to the patient despite ends on factors or underlying any. If a decision based on emotion, it's probably not a real need. It should slow down before practice and should allow the prop to mind. Then talk Search the needs of patients in the spiritual dimension makes patients' confidence. Recognizing that death is a normal process of life. Accept death as a natural way Patients who were prepared to die first. The mechanism should be dead by nature properly. And understand the process of death by natural means. By the way, it must Norn is dissipating religious beliefs of the patient. As well as practicing breathing before death. It found that most patients have died, attend to the family's or leader's sound. And breathing rhythm in line with guidance. The death is not the death unbowed. Patients will gradually out of breath and breathing softly as shown in figure 1.





**Figure 1** Shows special skills and them belief ceremony.

2. Human factors found that:

2.1 Staff can use the skills of science, technology or medicine. Can Reduce the physical suffering well, but 8 0 percent of all sizes psychological dimension. Social and spiritual the back of the issues that need cooperation clients. And other skills To assist in

patient care issues nurses must have the skills to communicate with patients and their families. There is a deep listening skill to capture a sense of the needs of patients and their families. To help those suffering mental, social and spiritual dimensions accurately with patients and families.

2.2 Interdisciplinary skills were integrated into remedies such as psychological knowledge. The communication skills of religious rituals, massage and other legal things that are very important in today's society in which Kim Tosapak, registered nurses have said. *" ...In addition to drug use or diet for the treatment of patients already. Also used to massage the abdomen to help elderly patients to help patients with bowel movement with it...."* (Interview: July 12, 2016) *Consistent* with Somruthai Gawmani registered nurses have said that *"... I took my patients to pray ..."* (Interview: July 1 2 , 2016) and Parichat Tongtidram, the Public Health officer has said that. *"... Some patients taking singing. Listen to the music he likes He passed away peacefully death ... "* (Interview: July 1 2 , 2016) . Therefore, alternative care team should have the knowledge and skills to enhance the effectiveness of modern medicine, but the study results only. Although there is no scientific proof. According to international standards which established the current contribution. But people are used to maintaining and restoring health as well. Things to take into consideration in the selection of alternative medicine have to be truly understood. And medical information has to be careful because these choices are not clear, such as pot roast, salt massage, herbal compress balls (massage therapy), acupuncture, Aromatherapy Treatment (Aroma therapy) Music therapy, treatments with humor (Humor therapy), healing imagery (imagery) to divert attention. (Distraction), Yoga, the use of pet therapy (Pet-therapy), hydrotherapy, prayer, Hypnotic therapy, biological response (Biofeedback), training Relaxation (Relaxing training), self-help groups, grouping to educate and support (Educative and Supportive), Art therapy (Art therapy), Medicine Thailand. (Thai-traditional medicine), eating herbs (Herbal medicine) and Chi-Gong as shown in figure 2.





**Figure 2** Show special skills: purse lip respiration technique, pressure elastic bandage, and foot massage.

2. The synthesis of knowledge of patient care, palliative and end are intended to alleviate the suffering of the four physical suffering. Suffered mental Suffering social and spiritual suffering. The deal will be effective orachieve a goal requires a multidisciplinary

team. And various elements The researcher wrote the framework of inpatient palliative and end as figure 3.

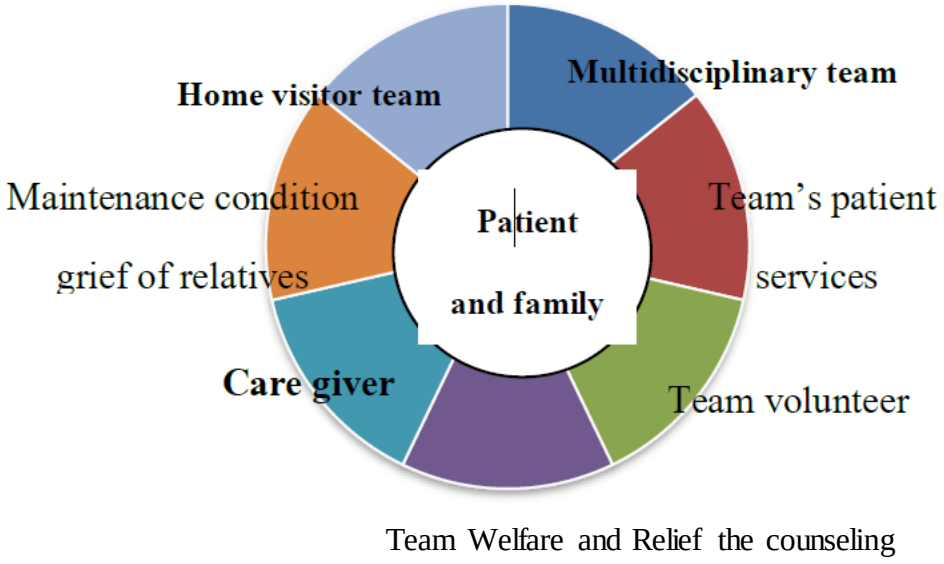





**Figure 3** diagrams explaining the term palliative care for patients with the following elements.

1. Multidisciplinary team involved in the care of patients and their families. Patient Care in Palliative and end of life care should the professions related to patient care and their families. So that a comprehensive, holistic care.

2. Team's patient services such as health care services in hospitals, Community Hospital, and Hospital health district.

3. Team volunteer or volunteers to join activities with patients and families.

4. Team Welfare and Relief the counseling for patients and their families, as well as evaluating the economic conditions of each family to be assisted by social workers, private foundation or organization involved.

5. The team doctor, family Assess the mental state of the child or guardian of terminally ill patients that have an impact on stress, depression, loss of social role. The loss of revenue absences.

6. Maintenance condition grief of relatives and family after a patient died. The team doctor, family.

7. The home team continued to monitor patients at home. The team doctor, family.

In conclusion, in patients with the end, stage palliative and will perform it. Consists of a team that has the knowledge and communication skills or perfect continuity with the transfer of knowledge are current. Consistent with the culture and way of life of patients and their families. Under the judgment in the selection of patients and their families is important. The team personnel or palliative care and end up as a contributor to the patients and their relatives to decide. And they have need opioids, equipment support, Social support and Human resources and training for good quality of life and good death at home.

## Conclusion

Patient care in palliative care and end of life care, the administrator must have the expertise and professionalism. Also requires other skills to support patients and their relatives. Cared covers physical, mental, social and spiritual dimensions also need to work with the collaboration of multidisciplinary. The design relies on the care of patients and their families. Patients with end-stage of life are about to come, the majority of patients recognize their own and try to deal with themselves. Despite not speaking most say they want to go home. Under feel like home. There are many needs of patients, we do not know. And we think the hospital will be equipped with better care. A person with knowledge can help patients better. Patients would not be able to handle themselves in a state that is in a critical period of life like that. Cousin was not sure how to decide. End of life care is no set formula, but a holistic life. Holistic context the state of the disease and the treatment economy of understanding about the nature of life and death. The basic belief, culture, and tradition are important. Consciousness and intelligence to blend a perfect fit according to the situation, which has changed forever. Case studies of patients will allow us to see ways to take care of each context. The lessons learned from experience to have a concrete knowledge more clearly. And management must be present at all times.

**Suggestion**

Recommendations to the palliative care team.

1. Develop a knowledge and medical technology in the treatment continued.
2. Should an agency serving patients in central, regional or community.
3. Guidelines for the care of terminally ill patients end. Gathered knowledge from texts and documents. Removing direct experience Combined with culture Faith communities and the performance of Personnel caring for patients in the hospital. To get the style of patient care in the appropriate context of Thailand.
4. Palliative care services should be formatted to fit the culture and living conditions. The overall theme of the service. Community-based palliative care in the home is a model that is appropriate, especially in rural areas. This is because we have a tradition of home care providers, patients, and relatives who often live close together.
5. Pull organizations and community involvement. Should have the right to health systems research. The system provides a national following. The drive system of palliative care into the health system of the country will have a budget to stimulate the operating system.



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