THE PROCESS OF DEATH AND DYING IN NURSING PRACTICE: AN EXPERIENCE REPORT

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ABSTRACT

It is intended to reflect with this experience report on the subject that involves the process of death and dying, from a complex and multidimensional thinking, serving as a warning to institutions of higher education regarding the importance of addressing this in more depth subject in the classroom, especially in nursing, because it is directly with the patient in all stages of life, including this process. The case described is of a young cancer patient who is in the terminal phase of the disease and its relationship with the nursing staff. From this we can see the gap in knowledge of nursing as a science compared to themes addressed here, promoting unprepared professionals disqualifying the care provided.

Keywords: Nursing; Death; Nursing care; Palliative care.
1. INTRODUCTION

Discussing questions of death and dying, for nursing, no doubt, is one of the toughest realities, because despite their best efforts, some of his patients die. Faced with this, experiencing near-death is an experience unique and imbued with enormous emotionally charged\(^1\). Though this reality is immutable, we can play a significant effect on the way in which patients develop this process, about how this happens and on the memories of death designed for families. Death is an old phenomenon in nature however it remains undefined until the present. Except bacteria and some protists elementary, all living beings, both animal and vegetable, are destined to die. Death is therefore a constant and biologically necessary phenomenon\(^2\).

So, talking about death and dying is not an easy task because these words trigger the brain mechanisms that arise in our life references. Accept the fact that our existence as well as the people we love, has an "expiration date" unknown, it is hard. This fear of the unknown makes death a difficult issue to be discussed, confronted and investigated\(^3\). Moreover, this process is complicated because often professionals, even as academic, were not encouraged to think about death and dying\(^4\).

In this context, nursing shows up entirely responsible for the education of patients in relation the possibilities and probabilities of living with the disease as well as provide the necessary support when they realize the decision making process of the possible treatments and the end of the life. So, provide the care for patients who are near death and being present at the time of death can be one of the most rewarding experiences that professional nursing live\(^5\). Thus, the nurses who work in palliative care, should seek through their knowledge, minimize or heal any kind of discomfort that the patient and / or family present\(^6\).

However there isn't a preparation for the precise time of death, and are in the moments before this process we must have subsidies as a nurse. In Brazil, few nursing schools have the theme of death in their curriculum or as optional discipline\(^7\). So, a large part of health professionals working with patients in these conditions are not receiving adequate training and this will adversely impact the care provided to patients who are in terminal stage. In other words, teaching about death and dying is fragmented, flimsy and superficial\(^1\). Put another way, the difficulties of nursing to face the needs of terminal patients are due to lack of proper training\(^7\).
Face that, it is intended to reflect with this experience report on the subject that involves the process of death and dying, from a complex and multidimensional thinking, serving as a warning to institutions of higher education about the importance of treating this subject in more depth in the classroom, especially in nursing, because it is directly with the patient in all stages of life, including this process.

2. METHODOLOGY

Study of type experience report developed from the concerns of the authors in developing the undergraduate program in nursing. These insights were obtained from the theoretical-practical classes and internships experienced during the academy.

3. EXPERIENCE REPORT

During the academic experience of the authors, it could be noticed that several of undergraduate nursing students already have vocational technical course in nursing. However, like all other students, they were wholly unprepared to act against the death process and that some patients had died. Thus, there is a lack of knowledge about the theme and the gap that provides education to future nurses. In order to illustrate the statement, we report a case that the authors have witnessed in their academic practice.

3.1. CASE EXPERIENCED

Cancer patients were male, 40 years, divorced and without children hospitalized at the clinic of a large hospital for palliative care. The same is found to be calm, with limited communicative and aware of their health condition. Accordingly, it was noticed that the nursing staff appeared to be quite distant from the patient, since it was approaching the bed only to perform the necessary procedures. However, these were implemented quickly in order not to provide an opening for dialogue between nurse and client due to fear of possible questions that could be made.

Thus, we see the total disregard for the patient in case of death due to unpreparedness of the total employees. Moreover, the uncertainty academic also felt to act along the same, since that received no specific preparation for the care provided. Thus, we were encouraged by the teacher supervising the stage to perform our tasks for this patient, since it would be extremely important for both our personal and professional experience, and for the welfare of the patient who was at that situation.

Thus, a circle formed by the academic addressed bed of the patient to an initial press to develop a history possible within the constraints of the patient. From this, it was possible to understand the uniqueness and complexity of a human being with no chance of cure
presents. With this, the students were able to provide the patient with a moment of laughter and forgetting the general condition in which it found itself and develop a skilled nursing care, breaking the barriers and pre-established concepts of nursing-service user. The next day, the students returned to that unit and the patient had gone to death, causing an ambiguity of feelings that permeated the feeling of sadness because the person had left and the recognition of quality work done and the certainty that the difference was made.

4. FINAL CONSIDERATIONS

From this experience, we can see the gap that is formed with respect to knowledge about the process of death and dying. This is due to poor preparation of students in undergraduate, resulting in a deficiency in care provided in their future professional practice.

In this regard, we emphasize the importance of academic preparation for conflict situations brought before death. Thus, it is believed that the proper attention to this issue will provide a quality care, so nursing as a science will get a higher profile professional, promoting a service of excellence.

REFERENCES