Nurses’ Perceptions and Experiences With End-of-Life Communication and Care

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Serious life-threatening illnesses, and to their families. Palliative care more broadly is offered to patients facing serious life-threatening illnesses, and to their families. Palliative care is a specific benefit provided by many insurers, both public and private, and it requires a formal referral by a licensed healthcare provider (NHPCO, 2010). Palliative care more broadly is offered to patients facing serious life-threatening illnesses, and to their families. Hospice care has been available to terminally ill patients and their families since 1982. However, only 39% of deaths occur in hospice facilities (National Hospice and Palliative Care Organization [NHPCO], 2009, 2010). Lack of communication and lack of hospice care usage result in many patients at EOL and their families being unable to experience a “good death.”

Conceptual clarity is necessary when considering EOL communications and care. EOL care encompasses care delivered in an unspecified period close to a patient’s death (Coyle, 2005). Hospice care specifically aims to ameliorate suffering that may focus on physical, spiritual, psychological, and practical concerns of dying patients and their family members; symptom management is a domain within hospice care. Hospice care is a specific benefit provided by many insurers, both public and private, and it requires a formal referral by a licensed healthcare provider (NHPCO, 2010). Palliative care more broadly is offered to patients facing serious life-threatening illnesses, and to their families.