OP 34

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Conceptual model of communication in palliative care

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Communications are rather seen as an undividable factor of the whole social, economic, and cultural context, than as some separate system or field. With its global character, throughout implementation of integrated models, theories, skills and procedures, it pervades all activities and serves like a transmitter of cultural values with a main and deciding role in founding better communication in social structures. A good communication has vital significance for managing a successful healthcare and health therapies. Communicational skills or communicational competence is a speaker's skill to use his vocabulary in diverse and flexible way, adjusting it to communicational and social needs one faces throughout the life." (*Berruto, 1994*). The purpose is to emphasize the significance and peculiarity of the communication in palliative care through theoretical and analytic approach: analytical – synthetic method, abstractive method, and modeling method. Presented model is *Projected conceptual and interactive communicational model (Kekus D, 2009)*, which encompasses dimensions of summary and relationships throughout the following elements: process, outcome and expectations. Projected conceptual interactive communicational model is specially presented. It is combined with a model of interpersonal communication, which contains six elements: individually situational context, aim, interfering processes, response, feedback, and perception. A great significance of individual and situational process stands out, referring to personal characteristics of a communicator and to description of the situational surroundings, which gives a contextual background of the communication. The actual interaction between people leads to changes in one's knowledge, believes, attitudes and behavior (which is the base for any educational activity and supporting intervention in healthcare). During the development of a new conceptual model in both health and palliative care – the process begins with the research of the consumers' needs, with precise definitions and specifications of consumers' requirements, which is the system of functional questionnaires helping us to better satisfy all consumers' needs. It is presented through the phases where each one influences the upcoming one. The following issues are being transferred from the suggested conceptual model into the process of communication: previous experience, expectations, and the organization, which influences the patients' votes for the expectations vs. realization. The outcome vote presents new assumptions in the continuity of the health care. "Communication" as a health sector, unfortunately, does not exist in our health system as category, but for sure takes part in the quality of given health care, at least in the quantities in which it offers some benefits to the patients making them consider it important. Exact measuring of the feelings and satisfaction of patients during their visits to the physician, the time spent in hospital, medical procedure, home care and the whole experience with medical care, is a big challenge and opens further discussions and various questions.

Key words: Communciation; Palliative Care; Models, Psychological; Professional-Patient Relations; Interpersonal Relations; Needs Assessment; Consumer Satisfaction

OP 35

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Hospice philosophy

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„Why to be afraid of death, while we are here – the death is non-existent, and when it comes – we are gone"- Socrates

Crucial crossroads of every man is necessarily burdened by the thought of the inevitable death. People always, in a new way, ask numerous and significant questions related to moral postulates and spiritual values. A man's resistance to awareness of inevitability and the finality of the biological death has lasted and dominated since the time of rationalism and the abstract rationalization. Thus, through millennia, a mystic salvation exit from the unacceptable situation has been created. Every cured patient adds something to our sense of self-respect. Unfortunately, that is not the case with a patient that is dying. Dealing with death creates serious discomfort in many people. This statement is substantiated by the fact that there is not enough expert literature on the subject of death or dying, which points out the difficulties and the necessity of elaboration of this topic. Death is a natural and necessary mechanism of individual discontinuity within the continuum of regeneration. Our attitude towards a dying person is, primarily, a moral and civilizational matter, through which, the level of collective and individual consciousness and culture is mirrored. The patients in their terminal phase deserve support and necessary care in the last days of their lives. The number of hospices is getting bigger every day in the developed countries. Experiences of the modern society are increasingly getting present in our country and are becoming the reality. One of the imposing imperatives of the process of the ongoing transition is the adequate care and support to dying persons. A primary goal of presentation of hospices in our surroundings stresses the necessity of development of our awareness on the needs of the hospice. A maximal professional competence, extreme responsibility, highly developed awareness on seriousness and complexity of such a task, as well as moral quality, is the basic postulates for establishment of the hospice philosophy in our region.

Key words: Neoplasms; Terminal Care; Hospice Care

OP 36

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Health care of the patients on central nervous system palliative radio-therapy treatment

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About 40% of intracranial neoplasms are metastases often developed from tumors of the lungs, breast cancer, renal cancer, colon cancer, and melanoma. Intracranial neoplasms are diagnosed by computerized axial tomography (CAT) or magnetic resonance imaging (MRI) examination of endocranium. Their clinical manifestation is neurological and rarely psychical. Headache, nausea, vomiting, confusion, and lethargy appear due to increased intracranial pressure. Treatment option is surgery followed by radiotherapy, or radiotherapy alone. In our study we used health care files and medical records. We separate health care diagnosis and collaborative problems and the role of the nurse in symptom identification and specific intervention practicing in order to improve the quality of life for the patients on central nervous system palliative treatment. Changed cerebral tissue perfusion, selfcare deficit, changed thinking process, anxiety, emotional tension, injury possibility, conscious disorder, epilepsy stroke - all these symptoms should be avoid or mitigated.

Key words: Brain Neoplasms; Neoplasm Metastasis; Diagnosis; Nurse`s Role; Surgery; Radiotherapy; Palliative Care

OP 37

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Educating patients and families about proper nutrition for nausea and vomiting as side effects of chemotherapy-nursing interventions

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Nausea and vomiting are among the most unpleasant side effect of chemotherapy. Nausea and vomiting after chemotherapy may be acute and delayed. Acute occurs in the first 24 hours during chemotherapy, while delayed is the one that occurs after 24 hours of completed chemotherapy. Sometimes when patients expect to feel worse, they begin to experience symptoms before treatment and it is called anticipatory nausea and vomiting. Regardless of the use of premedication containing antinauseants, side effects occur because patients feel different intensity of symptoms. By giving tips on proper nutrition the nurse can help patients to prevent and reduce unpleasant adverse effects of chemotherapy. EONS recommendations also give advice what to avoid in preventing unwanted effects. The aim of this paper was to present recommendations on proper nutrition for nausea and vomiting as adverse effects of chemotherapy. Inadequate nutrition may aggravate nausea and vomiting after chemotherapy. The role of nurses is reflected in the education of cancer patients and their families about adequate nutrition. Thus patients feel better, have no fear of chemotherapy and the treatment is more successful.

Key words: Antineoplastic Agents; Nausea; Vomiting; Nutrition; Food; Patient Education as Topic; Nurse`s Role

PP 38

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Nursing in palliative care: What is the role of a nurse in a hospice team?

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The nurse's role in palliative care is to promote the quality of life for the patients and their family members during the course of the patient's illness. The place of nurses in a palliative care setting is alongside the patients and their families wherever that may be. Nurses who have undergone specific training and education in this field are the most valuable and effective members within the palliative care team. They can achieve their goals in two ways, either directly or indirectly. Direct role: assessment of a patient's symptoms and needs, solving the problems in accordance to the assessment and being present whenever nursing care is needed. This implies the best quality of nursing care, administration of prescribed drugs for symptom control as well as control of side effects and psychological support for patients and their families. Indirect role: education of other health care professionals, volunteers and patients and their family members. Having a nurse who has good knowledge and skills contributes greatly to the challenges faced by the patients and their family at the most difficult time. A nurse helps their patients to live with dignity in their last days, which is the main goal of palliative care.

Key words: Palliative Care; Patient Care Team; Nurse`s Role; Patients; Quality of Life

PP 39

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Bringing back a smile to our patients

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High quality palliative care involves good symptom control, psychosocial care, and spiritual support for patients and their families. This can only be achieved through effective communication between a palliative care nurse on one side and patients and their families on the other as well as among the other members of the multiprofessional palliative care team. Communication is an exchange of information, ideas, thoughts, and feelings. Communication objectives are: collecting valid information, establishing a good relationship with patients and their families, and forming an agreement considering a patient's further treatment. For successful communication, it is absolutely necessary for the nurse to be properly trained and educated in communicative skills, capable of following relevant guidelines and has an ability to recognize other signs and signals within communication. Being able to successfully understand physical, psychological and spiritual problems is when actually start to give real help in symptom control and improve the wellbeing of a patient with terminal disease. This is the only way we can bring a smile back to our patients` faces and give them the opportunity to make the most of the time they have left with their families in the best possible way.

Key words: Palliative Care; Communication; Professional-Patient Relations; Quality of Life