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# Consolation in Conjunction With Incurable Cancer

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Improvements in medical treatment and increased life expectancy mean more people are enduring incurable chronic diseases. About 20,000 people die each year in Sweden from a variety of cancers and, at some point during the course of their disease progression, most of the patients require palliative care (National Board of Health and Welfare, 2005). Palliative care is care given to patients with symptoms originating from incurable disease or with a progressive disease with short expected survival. Palliative care is an active, comprehensive care model built on a clearly defined philosophy with an aim to create the requirements for quality of life (QOL) when a cure is no longer possible (Beck-Friis & Strang, 2005). Patients suffering from a life-threatening disease are in need of assistance to alleviate their distress.

Being stricken with an incurable disease is a traumatizing experience, and nurses often are the healthcare providers who console suffering patients. Consolation is a natural act and has always been part of care situations. One task of a nurse is to relieve suffering to bring about enhanced well-being. In the relationship between patient and healthcare provider, consolation is sparingly used as an intervention, although, through other care interventions, comfort could presumably be found in the daily interaction between nurse and patient.

The palliative phase at the end of life is generally short, a few months at the most. Psychological well-being in connection with end-of-life care is significant, and a sense of meaning and spiritual well-being is essential (Benzein, Norberg, & Saveman, 2001; Cohen & Leis, 2002; Sahlberg Blom, Ternestedt, & Johansson, 2001). The suffering patient is in need of consolation. Suffering is alien to the patient and is seen as a threat to personal identity, integrity, and communion. Suffering disconnects patients from themselves, other people, the surrounding world, and spiritual meaning (Casell, 1991; Younger, 1995). Consolation is a vague concept within the nursing profession, possibly because consolation is such an everyday concept and such an obvious act that the literature scarcely addresses the topic. Several studies (e.g., Back-Petersson, 2006), however, have

**Purpose/Objectives:** To increase knowledge of what patients with incurable cancer have found consoling during the course of the disease.

**Design:** Descriptive, cross-sectional analysis.

**Setting:** Hospice in western Sweden.

**Sample:** 10 patients (8 women, 2 men) aged 30–90 years.

**Methods:** Data were collected through semistructured interviews and analyzed with the constant comparative method of analysis.

**Findings:** Four categories emerged from the interview data: connection, self-control, affirmation, and acceptance. The core variable of the study was developed and defined as “being seen.” To be seen and, therefore, consoled results from experiencing a sense of connection, self-control, affirmation, and acceptance. To be consoled is a step toward increased well-being. When patients feel their suffering is seen and understood by another person, they are filled with relief.

**Conclusions:** Raising the issue of consolation and what consolation means to the patient is essential. Physical contact is not as important as mental presence. The act of listening is the most important factor when it comes to being seen, and what the nurse communicates is what defines the patient/nurse relationship. Nurses should be clear that they have the time and interest to deal with the patient. In addition, a nurse who is concerned with patients and has the courage to stay with them during difficult situations develops an attitude marked by presence, understanding, and commitment. Creativity, knowledge, and, most of all, courage are needed from the nurse as a caregiver to recognize the patient's need for consolation. Creativity and knowledge are needed to determine what point the patient has reached, and courage is needed to be present with the patient during difficult times. Results show that the caregiver, without having an established long-term relationship with the patient, can still bring consolation to the patient.

**Implications for Nursing:** Creativity, knowledge, and courage are needed to comprehend and accept a patient's need for consolation. By using simple interventions, the nurse can console the patient with little effort. Words become less important when consolation is done through body language.

shown that nurses have little knowledge about consoling incurable patients. The current study increases the knowledge of what patients with incurable cancer have