

Palliative Care Nursing: Quality Care to the End of Life. Marianne LaPorte Matzo*, Deborah Witt Sherman*, Editors. New York: Springer Publishing Company, 2001, 545 pages, \$59.95.





Palliative Care Nursing is a timely contribution to the growing body of nursing literature concerning palliative and end-of-life care. Editors Matzo and Sherman compiled this book to provide "the essential information to achieve

best practices in palliative care nursing." The book may be used in undergraduate and graduate nursing curricula, and the content also is applicable to practicing nurses and educators. Organized according to the 1998 American Association of Colleges of Nursing competency standards, each chapter of the text builds on one or more of the 15 standards and concludes with a summary table of an "education plan" that addresses the requisite knowledge, attitudes, and skills to achieve specific behavioral outcomes for undergraduate and graduate nurses. Tables include teaching and learning strategies to enable integration of the chapter content into nursing

The editors organized the text to "emphasize the importance of a holistic perspective and an understanding of the patient and family as individuals with diverse spiritual and cultural needs and expectations." Consistent with this statement, Matzo and Sherman placed the content related to spiritual, cultural, and social concerns toward the beginning of the text. The more familiar discussion of physical aspects of palliative care is placed at the end of the book because the editors believed that physical interventions emanate from and are linked inextricably to assessment and intervention in the psychological, spiritual, and social domains.

The story of "Candy," a 42-year-old married mother of two who is diagnosed with stage III ovarian cancer begins and unites the four major sections of the book. That the editors chose to tell the story of a patient whose demographics so closely match those of many practicing nurses is noteworthy-Candy also is a nurse. Matzo and Sherman's assertion that the nurse caring for seriously ill and dying patients must examine his or her own beliefs, expectations, values, and fears concerning death is mirrored in Candy's story, one that surely will strike home for many readers and stimulate reflection about living and dying.

Part I includes chapters on spiritually and culturally competent palliative care and holistic integrative therapies. The first chapter places the meaning of illness and suffering into a spiritual and cultural context and includes information about various traditions. The chapter also emphasizes the issue of caregiver strain—for both families and nurses and provides practical suggestions for caregiver assessment and support, as well as personal reflection and healing. Likewise, the chapter on holistic therapies reviews the application of various noninvasive healing modalities for patients, their families, and nurses themselves.

The four chapters in Part II address death and society, the nurse's role in interdisciplinary palliative care, ethical issues, and legal considerations. The discussion of death and society effectively sketches the broader social issues concerning end-of-life care, structural barriers to improving care, and the need for sweeping social change. Although the chapter addressing interdisciplinary care stresses nurses' pivotal leadership roles, the chapter and its table detailing team roles emphasizes the advanced practice role. An expanded depiction of the undergraduate "primary" unit or the homecare or hospice nurse role on the interdisciplinary team would be useful to undergraduate students and nurses. The chapter about ethics contains a clear and concise overview of ethical theory, including an introduction to the less familiar decisional theory based on caring. As the application of a decision model is specified as an undergraduate outcome, this chapter would be strengthened by demonstrating how nurses can apply the featured decision-making framework to selected ethical problems in palliative care. A chapter on legal issues contains a comprehensive discussion of advanced directives (ADs), with particular attention to noncompletion of ADs and the cultural bias of autonomy assumptions.

Part III contains chapters devoted to communication, caring for families, and loss, suffering, bereavement, and grief. The communication chapter is especially valuable, as it provides both a theoretical basis and concrete examples of how to build and maintain a therapeutic relationship in the presence of sensitive issues and distressing news.

Part IV concludes the text with chapters regarding symptom management, pain management, and perideath nursing care. The symptom management chapter addresses common symptoms and offers a comprehensive table of medications used to treat various symptoms. The pain management chapter is current and concise and includes the use of adjuvant and nonpharmacologic approaches; pain management in special populations (e.g., substance abusers, patients with impaired communication, children), also is discussed.

Palliative Care Nursing is a comprehensive, well-written text that is as appropriate for practicing nurses as it is for undergraduate and graduate nursing students. The tables within and at the end of each chapter complement rather than repeat the text. The editors have paid particular attention to aspects of caring for the dying that have been neglected in nurs-

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ing education: holistic integrative therapies, communication, caring for families, and perideath nursing care. Every chapter builds on previous material; the leadership role of the nurse is a clear and consistent theme.

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Hospice Care for Children (2nd ed.). Ann Armstrong-Dailey, Sarah Zarbock. New York: Oxford University Press, 2001, 416 pages, \$45.

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Hospice Care for Children is intended to provide up-to-date and comprehensive information to anyone who is involved in the care of dying children. This book does not target any specific subspecialty in medicine but is appli-

cable for any healthcare provider caring for children who are dying. The special needs of the pediatric population and their families during the latter part of a disease process and prior to death, as well as several different models of care, are addressed. Issues in clinical management and solutions related to these physical and psychosocial issues also are discussed.

Children's understanding of death is explained in detail. Valuable information in this text, such as specifics in pediatric hospice nursing, neonatal death, and the care of children with HIV or AIDS, may not be addressed in any other reference.

The text includes information regarding support systems for bereaved parents, siblings, volunteers, and hospice staff members and offers suggestions for assisting in their grieving. Problems that families experience after the death of a child also are highlighted. The authors pay particular attention to the details of parental issues, stress on the family, and sibling response to death and grieving. Spiritual issues are addressed for anyone who has been involved with a child who has died. Therapeutic play and creative arts with the help of a child-life specialist are discussed. School programs are mentioned, along with interventions targeting students who need an opportunity to cope with their grief. The third and final section of the book deals with professionals learning from professionals, palliative care in an inpatient hospital setting, end-of-life ethical decisions, incorporating children in adult hospice programs, and death-related literature for children and adolescents. This last section provides a great deal of information about some of the matters that must be considered before attempting to open a pediatric hospice or incorporating pediatrics into an adult hospice. Ethical issues and legal implications are discussed regarding pain control, do-not-resuscitate orders, and when to forgo life-sustaining treatment. Various literature is reviewed, and information about other references, including authors, contents, costs, and how to order, is listed.

Armstrong-Dailey and Zarbock have covered every imaginable topic in pediatric hospice care and have written an excellent resource that can be used for any inpatient setting that cares for dying children. Several useful tables in the book offer problems and solutions that may occur in the care of dying children. This book is easy to read; however, do not expect to read it in its entirety in one day. Although it is a bit lengthy, readers will want to read every page closely as the book is packed with useful information.

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VIDEO

Ready or Not: Exploring End-Of-Life Issues. Sherborn, MA: Aquarius Healthcare Videos, 2001, 35 minutes, \$195.



Ready or Not: Exploring End-of-Life Issues describes a program at Harvard Medical School that exposes first-year medical students to individuals with life-threatening illnesses. Each student is paired with a patient with an advanced ill-

ness. The student spends time with the patient and is coached and supported to develop a relationship with the individual over time. Without the barrier of a white coat or stethoscope, the students visit patients in their own homes or outdoor settings. Patients discuss various aspects of their illnesses and issues about facing the end of their lives. The students often struggle to say the right thing, and their own feelings and vulnerabilities are evident. The faculty advisors are interviewed, and they review important principles and communication approaches to the audience. The patients and their families share poignant moments of facing terminal illness.

This Harvard program, "Living with Life-Threatening Illness," was started in 1993 with funding from a Robert Wood Johnson Foundation grant and Project Death in America. One physician who participated in the program recalled his motivation to participate after seeing other physicians talk of losing interest in patients when the treatment plan changes to "just comfort care." The program is a model for enhancing communication skills and helping physicians to see patients as individuals.

This video is an effective tool for demonstrating the ways that patients and families cope with life-threatening illnesses. Although most of the video focuses on the program at Harvard, it has enough information on effective communication strategies to make it a useful teaching tool for nurses. This video does focus on physician training, but a nurse also is interviewed; the principles reviewed certainly can be applied to all professionals. The strengths of this video are the patient and family vignettes that are thought provoking and touching and the honesty and openness of the students who struggle with their fears and insecurities in developing relationships with their dying patients. Nurses and nursing students could benefit from observing different communication approaches that can be effective with very ill patients and, more importantly, face their own vulnerability and fears in caring for the dying.

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Other Books

Help Me Say Goodbye: Activities for Helping Kids Cope When a Special Person Dies. Janis Silverman. Minneapolis, MN: Fairview Press, 1999, 32 pages, \$9.95, soft cover.

Help Me Say Goodbye is an art therapy and activity book for families with young children who are planning to visit a friend or family member who is dying or who are coping with the loss of a loved one. It walks children through a visit with a terminally ill person, helping them think about what they can say and do and how to deal with their feelings. Children and families may use all or part of this workbook to draw or write about their feelings.

Death Without Denial, Grief Without Apology. Barbara K. Roberts. Troutdale,
OR: New Sage Press, Inc., 2002, 116 pages,
\$12, soft cover.

Death Without Denial chronicles former Oregon Governor Barbara K. Roberts' experiences during the last years of her husband's life as he battled lung cancer.

This guidebook explores the personal and societal issues surrounding death and grief. Written for individuals facing death and those who must grieve after a death has occurred, Roberts offers support to those who feel the need to abandon the silence that too often accompanies impending death.

Contents include 12 chapters, which address issues such as cultural denial of death, hospice, facing death, and grieving into healing.