

**Hospice End of Life  
2022 Annual Skill Competency Course**



**Learning Objectives**

- Know the difference between curing and caring.
- Know the goals of end of life care.
- Understand the rights, issues, and decisions of end of life care.
- Know the meaning and purpose of advanced directives.
- Be able to describe his or her role in end of life care.

**End of Life**

There are two ways to view the end of life:

- Curing → Medical model of dying
- Caring → Caring model of dying



**Curing: Medical Model of Dying**

The "medical model" of dying says there comes a time when all possible treatments have been tried and there is nothing left to do that will prevent death. In this view, we must "give up" fighting against death when we have no other choice.

When doctors, nurses, and direct caregivers think this way, they might quit giving good care to a dying person because they feel there is nothing more that can be done. They feel they have lost control because they can't "fix" the problem, and may feel helpless and guilty. These feelings can lead them to avoid the dying person. People at the end of life can sense this in their caregivers, and they may fear being abandoned. This fear increases their loneliness and discomfort.

**Caring: Caring model of Dying**

The "caring model" of dying says the end of life is an important period of an individual's life. During this final phase, curing the problem is no longer possible, and the focus shifts to caring for the person. When caregivers think this way, they concentrate on the many things they can do to make a dying person comfortable, to improve their quality of life, and to provide opportunities for the person to meet his or her final goals.

When caregivers focus on caring, they shift their energies from whether the person will die to how they will die. Helping to relieve pain and other symptoms, giving emotional and spiritual support, and providing family time are all things that caregivers can do for a dying person.



## The Rights of a Dying Person

- An individual has the right to decide how to spend the final phase of his or her life.
- A dying person has the right to refuse treatment, including food and water, and to decide on their level of care or treatment.
- A dying person has the right to relieve pain and suffering, as much as is medically and legally possible.

## The Goals of End of Life Care

Each individual should decide what his or her goals are for the final phase of life. Caregivers can help people identify and achieve these goals. The goals may include things like:

- Personal choices about living, continued personal growth, and things he or she wants to accomplish.
- Relief from pain and other uncomfortable symptoms.
- Relief from emotional and spiritual distress.
- Enrichment of personal and family relationships.
- Transition of individual and family toward death.

## Important Issues and Decisions

Sometimes people with terminal illnesses have to make decisions about how much treatment they want to have and how long they want to prolong their life. Family members may have to make these decisions when the individual is too ill to decide. We must respect and support these decisions even if we do not agree with them.



## Life Sustaining Therapy

A life-sustaining treatment is anything used to maintain one or more physical functions in a terminally ill person. This includes machines that breathe for the person, usually called respirators or ventilators. It also includes feeding someone by artificial means, such as through the veins or through a tube into the stomach. Therapies like this keep a person alive when they can no longer eat, drink, or breathe without this kind of assistance.

## Withholding and Withdrawing Treatment

- Sometimes a terminally ill person or their family may decide to let a doctor start a treatment that will keep the person alive.
- After time, the therapy may not work, or does more harm than good.  
Ex: Feeding someone through their veins or through a stomach tube can cause swelling, choking, difficulty breathing, discomfort, restlessness, nausea, constipation, and increased pain.
- If the life-sustaining treatment is causing this kind of discomfort for a terminally ill person, the person or family may decide that they want to stop the therapy and let the illness take its natural course toward death.
- Stopping a life-sustaining therapy is legally and ethically acceptable. It is also acceptable to not start the therapy at all if the terminally ill person or family decide that the treatment is not in the person's best interest.
- When making these decisions, the benefits of treatment should be compared to the burdens of treatment.



## Do Not Resuscitate

- An order for "do not resuscitate" (DNR) means the person does not want cardiopulmonary resuscitation (CPR) performed if their heart stops and they stop breathing.
- It does not affect anything else about their care.
- An individual with a DNR order may still want every other kind of life-sustaining treatment, such as tube feeding.

## Advance Directives

- Advanced directives are any oral or written instructions that a person has given about future medical care. These instructions are to be used if the person becomes unable to speak for him or herself.
- There are two kinds of advanced directives: a **living will** and a **medical power of attorney**.
- Every state has different rules about advanced directives.
- Federal law requires health care facilities and agencies that receive Medicare or Medicaid funds to inform residents and patients of their right to issue advanced directives.

## Your Role in End of Life Care

Remember two important concepts when caring for someone who is terminally ill:

- Acceptance and relief of suffering through effective care.

Acceptance
<p>The first thing you must do when caring for someone who is at the end of life is to accept the person and the choices they make about how to live and how to die.</p> <p>You must accept their religious beliefs, the values of their culture and ethnic background, and their wishes about what they want to do and whom they want to see. You must accept the person without judging his or her decisions.</p> <p>A terminally ill person will probably know when a caregiver disagrees with his or her choices, and this can cause the person to feel afraid, abandoned, or defensive.</p>

**Relief of Suffering through Effective Care**

Good care can relieve much of the pain and discomfort that a person may experience during a terminal illness. You should always be checking to see if the person is comfortable, and finding ways to improve the comfort level, if necessary. Some things you can do include:

- Position pillows comfortably.
- Moisten lips and mouth.
- Rub lotions on the skin.
- Position body comfortably.
- Provide good oral care.
- Watch for skin breakdown; give skin care.
- Nausea, constipation, anxiety, depression, difficulty breathing, and other symptoms should be reported to your supervisor so they can be treated with medications and other therapies.
- Do not force food or water on someone who doesn't want it. When a person is dying, the need for these things decreases.
- Don't worry about "starving" someone to death if they are dying from a terminal illness. The illness is causing death; death is not caused by the decrease in food and water.
- Giving food and water, only when it is wanted, can allow chemical processes to occur in the body that actually decrease pain and discomfort.
- Forcing food and water on a dying person can greatly increase pain and suffering and cause a more difficult death.



## Adult Protective Services 2022 Annual Competency Course

The purpose of adult protective services is to investigate reports and provide interventions to vulnerable or at-risk seniors who are victims of abuse, neglect, or exploitation. In some states, disabled individuals are also covered under Adult Protective Laws.



An endangered adult is defined as an individual who is incapable, due to various reasons (mental illness, physical incapacities, developmental disability, etc.) to make their own decisions. If a person is deemed capable of making their own decisions, it can be difficult to institute change without the consent or participation of that individual, even when it's in their best interest.



### Adult protective law includes the following points of concern:

- **Abuse:** Any touching (battery) of a person in a rude and insolent manner. Verbally abusing an individual is also a punishable offense.
- **Neglect:** The intentional withholding of essential care or service. Abandonment of an individual is also considered neglect.
- **Exploitation:** The intentional misuse of a person's property, person, or services for financial gain.

## Signs of Physical Abuse

- Frequent injuries such as bruises, burns, broken bones, especially when the explanation of the injury seems unrealistic.
- Multiple bruises in various stages of healing, particularly bruises on inner arms or thighs.
- Chronic or acute physical illness.
- Pain upon being touched.
- Obvious malnutrition and dehydration.
- Loss of bowel and bladder control.
- Many medicine bottles in sight; seems sleepy, sedated.
- Appears frightened or withdrawn.
- Never leaves the house; never allowed to have visitors.
- Never mentions family or friends.
- Confined to a chair or bed.
- Locked in a room or tied up.
- Clothes inappropriate for the weather.
- Controls what elders do and who they see.
- Denies access to phone or mail



## Signs of Sexual Abuse

- Evidence of sexually transmitted disease.
- Irritation or injuries to the mouth, genitals, or anus.
- Upset when changed or bathed.
- Fearful of a particular person.
- Loss of bowel and bladder control.
- Caregiver forces elder to watch pornography.
- Caregiver forces sex acts.



**Signs of Emotional and Psychological Abuse**

- Isolated from family and friends.
- Sudden dramatic change in behavior: appears withdrawn, depressed, and hesitant to talk openly.
- Caregivers won't let victims speak for themselves.
- Caregiver scolds, insults, threatens, and calls victim names.
- Trembling and clinging.
- Fearful, hopeless, and anxious.
- Lack of eye contact.

**Signs of Financial Abuse**

- Unusual activity in bank accounts; sudden large withdrawals and expenditures that are not consistent with past financial history.
- Use of Automated Teller Machines (ATM) when the person has no history of using ATMs or cannot walk or get to an ATM.
- A recent Will, when the person seems incapable of writing a Will.
- Rights signed away on legal papers without understanding what the papers mean.
- Unpaid bills, such as house payment, rent, taxes, or utilities.
- Lack of food, clothing, or personal supplies.
- Title to home signed over in exchange for a promise of "lifelong care".
- Missing personal belongings such as art, silverware, jewelry, or TV.
- Change in spending patterns.
- Caregiver abuses a power of attorney or guardianship.



## Signs of Neglect

- Obvious malnutrition or dehydration.
- Dirty, uncombed hair and offensive body odor.
- Torn and dirty clothes, inappropriate for the weather.
- Unshaven.
- Hoarding.
- Lack of glasses, dentures, or hearing aid.
- Lack of medical care.
- Apparent weight loss.
- Bedsores.
- Recent suffering or loss of spouse, family members, or close friends.
- Exterior or interior of the home in poor repair.
- Filthy living environment, strong odors.
- Little or no food in the refrigerator, or decayed and moldy food.
- Many pets or animals who appear neglected.
- Garbage or litter; excessive alcohol containers.
- Unkempt lawn or walks.
- Mail or newspapers not taken in.
- Takes or denies access to items needed for daily living.
- Refuses transportation.
- Denies food, heat, care, or medication.
- Does not follow medical recommendations.

Guidelines are established for employees, including volunteers and contract staff, to identify and report alleged or suspected abuse, neglect, and or exploitation.

**Refer to Administrative Policy 33.72: Abuse, Neglect and Exploitation.**

**You have completed the reading for 2022 Annual Skill Competency Education. Please complete the Annual Competency Course Exam.**