

People often ask us “How do you do what you do?” “Why? It must be awful seeing death every day”..... I accept that we are a unique band of nurses, its true. We’re deep, emotional creatures. Armed with a common thread of quirky humour and an extensive clinical knowledge of our field. Fiercely supportive of one another. But that neither answers nor explains the “how” or “why” we do what we do. We do what we do because, in my view, there is nothing so humbling or empowering, so exquisite, as being part of a beautiful end of life journey. Not everyone gets the chance to plan for their end of life. Those that do, choose a myriad of paths. Some choose to go down swinging, fighting to the last moment. Some surrender to the powers that be and let it unfold as it will. Some choose the fast train, all action and bright lights and noise, stopping at all stations in a carriage full of others with a similar destination in the hands of a faceless but qualified conductor. Others choose a gentle gondola ride through familiar streets, dim lights, soft music with friends and loved ones at the oars and rudder.... Opening and guiding conversations and helping people with EOL trajectories work out and plan for their own end of life is just incredibly rewarding work. Whatever a person chooses its just the best feeling when they get it!

I’m reminded of a patient in Boreen point. A wonderful woman who was in and out of our sights for several years as her battle with cancer waxed and waned. A spiritual woman who had explored every twist and turn in this mortal coil. She went deep. But inevitably she reached a point in the trajectory of her disease where the end was in sight. Her liver was failing. Her body was saying “I’m done”.....

I arrive at the home with the knowledge that this woman is not long of this world, maybe weeks, maybe days, and she wishes to die at home. Boreen point is remote in regards to swift response health care. You can’t even get bread and milk after 7pm, let alone a doctor. Her daughter and granddaughter have arrived and will ‘stay to the end’. Our patient is at this point mobile, alert and independent in her intimate cares but she is heavily jaundiced with marked ascites.....it wont be long till these blessings of ability to self care will no longer be hers....

I enter the bedroom where our patient is laying in her bed, her daughter and granddaughter at her side and at her feet. I’m struck with an image in my mind of three pale frightened faces peering up from the bottom of a deep dark well. It’s heart breaking. Everyone in the room knows why I’m here. I’m a palliative care nurse. I’m here to talk about dying. And so we do. We talk about symptoms and how we will manage them. We talk about activities of daily living, like washing and toileting, and how we will mangle them. We talk about equipment that will ease the physical burden of care, which Little Haven will provide easily and at no cost next home visit. We talk about medications and how they will ease symptoms and how they will be given. We talk about “paper work” and “getting affairs in order”. We talk about bodily functions and how they will respond to the dying process...and then....we talk about emotions.....love....fear....loss....love.....

I leave the house that day with a list of clinical chores to attend. Equipment, such-as a shower chair, a commode for when toilet trips become too far, over bed table for creating a little micro space of special and essential items, slide sheet for assistance moving mum around the bed as she becomes too weak to make these physical adjustments to comfort herself, a few sundry items that complete a clinical care space in a domestic setting. Faxes and letters to GP for scripts and standing orders in place for safe and appropriate management for anticipated symptom management....

I return the following day. The image of three pale frightened faces peering up from the bottom of a well is gone. Instead I am greeted by the same three faces resolute, bold, despite their fear, to face the inevitable and imminent parting of their matriarch. I am honoured when the granddaughter

voices her gratitude for yesterday's conversations and how they now feel "ready" "prepared" and "able" to give their beloved the death experience she deserves and desires....

I'm struck by an image of a vast calm lake of depths unknown upon which three women float. I am confident that when one fails, as it must, and slip away, the remaining two will eventually strike out towards the shore.

My sister in nursing, Amy, was the Little Haven Nurse that attended the final moments of this particular patient. They played out over a weekend and culminated with the patient gently and graciously passing from this world into the next. Amy attended and sat with the family and held the space as death moved on and grief moved in. She guided the family as they tended their loved ones body for the last time....and she provided the formal documentation required for undertakers to begin their role in end of life business and our patient left her home for the last time. Amy also takes joy in the knowledge that this daughter and granddaughter will sit upon the shore of that great lake and revel in the pride that they richly deserve, calm in the knowledge that they gave their beloved a good death. She died as she wished to die. Calm, comfortable and content in her own home surrounded by loved ones confident that after she passes they will be supported and comforted.

Lisa and Cobi, Little Havens social workers and grief and loss counsellors will sit on that shore with our bereaved clients for as long as they need. Sometimes we nurses return to particular patches of sand where we left our departed clients and we find their loved ones there sifting through sand and pearls with Lisa and Cobi. We'll stay for a while and help sift....and then move along the shoreline and strike out onto that lake and "do what we do". We give people the confidence to choose to die at home.

That is how and why we do what we do.....and it is an honour. Xxx

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March 2019