

## The Necessity of Early Palliative Care in Patients with Severe Coronary Artery Disease: A Reflective Practice

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### ABSTRACT

**Background:** Palliative care aims to improve the quality of life for patients with serious illnesses and their families. It is provided throughout the course of the disease, starting from the initial diagnosis to the grieving phase after the patient's death. Coronary artery disease has been proven to be a major cause of death, making palliative care important. **Purpose:** This study was to reflect the patient's case in order to gain of new insight and perspective.

**Methods:** This article was a critical review of author experience when providing patient nursing care in a hospital. The case was reviewed using reflective practice.

**Results:** Through reflection on the case, it was found that the initiation of palliative care was only carried out when the patient was continuously deteriorating. So that patients and their families do not receive adequate palliative care.

**Conclusion:** Early palliative care has an impact on symptoms, quality of life, and support for patients and their families during the dying process. However, there are obstacles to early palliative care implementation, such as negative stigma, medical professionals who wish to continue giving treatment in hospitals till the end, and a lack of expertise and capability among health workers to deliver palliative care.

**Keywords:** Early Palliative Care; Coronary Artery Disease; Reflective Practice.

## **BACKGROUND**

Palliative care aims to improve the quality of life for patients with serious illnesses and their families by using specific steps to anticipate, treat, and prevent suffering (Schroeder & Lorenz, 2018). The general aim of palliative care is to achieve what is known as a 'good death'. A good death is considered a death with dignity, awareness, peace, adjustment, and acceptance (Robinson et al., 2017). Palliative care is given throughout a series of illnesses or injuries that limit the patient's life, starting from the time the diagnosis of a terminal illness is established and continuing until the bereavement phase experienced by the patient's family and those closest to the patient (Kirkpatrick et al., 2017), so that palliative care is useful to implement.

Data proves that palliative care is still not implemented properly. The World Health Organization (WHO) states that around 40 million people in the world need palliative care each year. However, globally, it is estimated that only 14% of patients who need palliative care receive palliative care (WHO, 2022). In Indonesia, palliative care is still less well known than curative and rehabilitative care. Palliative care focuses on symptom management, providing mental, spiritual, and social support, and grieving preparation for patients and their families. Even though palliative care is very beneficial for patients with critical or terminal illnesses, at the health system level, there are still several obstacles to implementing palliative care and grieving support (Tampubolon et al., 2021).

Obstacles to providing palliative care and grief support include a lack of health workers who understand the concept of palliative care, the absence of palliative care modules in the medical curriculum, which results in only a few doctors being certified in palliative care, and a lack of palliative care education for nurses (Alinda & Maulida, 2022; Tampubolon et al., 2021).

Providing early palliative services that are integrated with treatment programs for patients with critical conditions and terminal illnesses can improve quality of life, increase patient satisfaction with care, and reduce depression. However, referrals to palliative care are usually made at the end of the course of the disease (Caprio, 2016) and have an impact on the unpreparedness of patients and families going through the grieving and loss process. Coronary artery disease is an inflammatory atherosclerotic disease characterized by stable angina, unstable angina, myocardial infarction, or sudden cardiac death. This disease has been proven to be a major cause of death in both developed and developing countries (Malakar et al., 2019). The condition of coronary artery disease, which can cause sudden death makes palliative care important.

In the case of patients with heart disease, palliative care is often neglected. Whereas palliative care may not only relieve symptoms and improve quality of life for patients with heart disease who do not respond to treatment but also support patients and their families during the dying process. Palliative care for patients with heart disease should be continued throughout the end-of-life period. This should be implemented regardless of prognosis and tailored to the needs of the patient (Sobański et al., 2020).

To evaluate critical reviews of actions or treatment cases that have been carried out, reflective practice needs to be carried out. Reflective practice is a method in nursing knowledge development in which nurses conduct critical reviews of what they have done in order to improve their practice in the future. Reflective practice can support critical thinking and problem-solving skills, increase motivation, avoid treatment failures, improve the quality of care that can be provided, and develop sustainable professional practice. Reflective practice is carried out to reflect on patient cases, electives, or other experiences experienced by authors that can add new knowledge and perspectives (Hokanson et al., 2022; Koshy et al., 2017; Murillo-Llorente et al., 2021).

## **OBJECTIVE**

This study was a critical study using reflective practice of the author's experience being part of the nursing care of a patient in a hospital to reflect the patient's case in order to gain of new insight and perspective.

## **METHODS**

The reflective practice method was used to study the case. Reflective practice is carried out to reflect on patient case, which can add new knowledge and perspectives and develop sustainable professional practice (Hokanson et al., 2022; Koshy et al., 2017; Murillo-Llorente et al., 2021). This method consists of 6 stages, namely: 1) explaining the facts and situations that occurred; 2) explaining the author's thoughts and feelings about the cases seen; 3) explaining how those thoughts and feelings occur; 4) analyzing the reasons behind the situation that occurred; 5) explaining the focus that must be repaired or increased; and 6) explaining what happens if the same situation occurs again (Koshy et al., 2017).

## **DISCUSSION**

### **Stage 1 – Case Description**

The first stage of reflective practice begins with a description of the case conditions as follows: Mrs. L, 65 years old, came to the hospital on November 10, 2022 with a loss of consciousness since 9 hours before entering the hospital. The patient was referred from another hospital after experiencing Return of Spontaneous Circulation (ROSC) following a cardiac arrest while unconscious and already intubated. The patient was declared in cardiac arrest at the onset of 30 minutes and was resuscitated for 15 cycles (total adrenaline 2 mg IV), a DC shock of 360 J, and amiodarone 300 mg IV.

The patient was diagnosed with respiratory failure, post-ROSC, coronary artery disease (CAD) post-PCI, anteroceptal NSTEMI, emergency hypertension with acute edema, and type 2 diabetes mellitus. The patient has a history of diabetes mellitus dating back 20 years but does not take medication regularly. The patient has a history of smoking from a young age until now, as much as 2 packs per day. The patient previously had 2 heart attacks in 2018 and 2022. 2 PCI stents were placed, but the patient did not routinely carry out controls.

At the time of assessment, the patient's awareness was in a coma, with a Glasgow Coma Scale E1M2VT value. The patient was attached with an endotracheal tube in PVC

ventilator mode with pressure control of 28, pressure support of 5, PEEP of 8, FiO<sub>2</sub> of 100%, RR setting of 26x/minute, and actual RR of 26x/minute. The patient's oxygen saturation within 5 hours of observation was in the range of 90–92%. The patient's pulse is in the range of 90–115 beats per minute with the help of dobutamine. Systolic pressure was in the range 113–138, and diastolic pressure was in the range 59–63 with the help of norepinephrine. The ECG revealed sinus tachycardia, and radiology revealed cardiomegaly.

Hematological examination showed that the results of hemoglobin, hematocrit, erythrocytes, and leukocytes were below normal values. The results of the blood gas analysis showed partially compensated respiratory acidosis. The blood glucose level was 321 mg/dL, the urea level was 106.4 mg/dL, the potassium level was 5.6 mEq/L, and the calcium ions level was 5.78 mg/dL.

Mrs. L lived alone before becoming ill because she disliked company. But the patient's house is close to her daughter's house, so it's easy to visit. The patient sometimes visits her son, who is in Jakarta, and sometimes her son visits him in Bandung. The ICU room only allows families to visit patients at 5 p.m., so the patient's children take turns coming every day. They deliberately stayed near the hospital for the last 12 days so they could monitor Mrs. L. Based on a study of Mrs. L, the family expects that she can come to her senses. This shows the existence of unrealistic hope in the family. The family received information regarding the condition of Mrs. L from routinely asking the doctor concerned.

Please explain in detail what is the meaning of this paragraph? The patient has not received palliative care. The results of palliative screening obtained a score of 9, with the criteria of severe coronary artery disease, the occurrence of congestive heart failure, the patient's functional status requiring total care assistance, a length of stay without significant progress, a long stay in the ICU, and a poor prognosis. So with the results of the screening, palliative care is needed for both patients and their families. The new doctor in charge will conduct a consultation for palliative care on the 12th day of treatment in the ICU. The doctor also told the family that another examination would be carried out on the patient's heart. According to the family, the doctor said that in the past 2 days, the patient's condition had worsened. During the patient's treatment at the hospital, the family only ever heard glimpses of information about palliative care because the patient's condition continued to get worse. However, based on family narratives, the patient had not received palliative care until the end of his life. When examined, the family said they had prepared for whatever would happen to the patient.

#### Stage 2 – Thoughts And Feelings

As a nursing student, the writer feels that palliative care is still less well known than curative care. This is also a concern of the writer because the writer feel that palliative care is something that is very beneficial for patients and their families, especially at the end of the patient's life. The writer noted several times that the initiation of palliative care was only carried out when the patient's condition with a life-threatening illness was getting worse. Unfortunately, this also happened in the case of Mrs. L.

Mrs. L was diagnosed with CAD following PCI and had a history of two heart attacks. The patient also had a cardiac arrest. This is an indication of the need for palliative care. Palliative care is recognized as essential across the disease spectrum for patients with serious and life-limiting cardiovascular disease. Palliative care in cardiovascular disease plays an important role in determining the scope and timing of medical therapy and in coordinating care aimed at reducing symptoms in line with the patient's wishes, values, and preferences (Sullivan & Kirkpatrick, 2020). Sobański et al., (2020) explained that palliative care dedicated to people with end-stage heart disease must be implemented immediately. Well-organized palliative care may not only relieve symptoms and improve quality of life for people with heart disease who do not respond to treatment but also support patients and their families during the dying process. Palliative care for patients with heart disease should be continued during the final period of life. This should be implemented regardless of prognosis and tailored to the needs of the patient (Sobański et al., 2020). However, in the case of Mrs. L, the doctor in charge of the patient, had just been consulted for palliative care on the 12th day of treatment in the ICU. Palliative care consultations should be carried out more quickly so that patients and their families get palliative care at an early age.

### Stage 3 – Evaluation

Case Mrs. L is not in line with various existing theories regarding palliative care. Where palliative care should be given throughout a series of illnesses, starting from the time the terminal illness is diagnosed and continuing until the bereavement phase. Palliative care should also be implemented regardless of the patient's prognosis (Kirkpatrick et al., 2017; Sobański et al., 2020). However, health workers focus more on curative care and pay less attention to the needs of palliative care for patients and their families. Because the ICU room only allows the family to visit the patient at 5 p.m. every day, the family does not know about the progress of the patient's condition. The patient's family members routinely ask the doctor concerned for information regarding Mrs. L. This is also in accordance with the study of Hafifah & Fithriyah (2018), which states that family members of critical patients need information, assurance, and support, as well as the need to be near the patient. Families need information about whether the patient's condition is stable or unstable. The latest information provided by health care providers regarding the patient's condition is very helpful for families in making realistic decisions regarding treatment options (Hafifah & Fithriyah, 2018). However, this information is difficult to obtain because health professionals have difficulty delivering bad news. Patient and family perceptions of palliative care are often derived from interactions with health care professionals. This shows that the perceptions of patients, families, and caregivers are still lacking, so palliative care cannot meet the needs of patients and families (Caprio, 2016; Tampubolon et al., 2021).

There is unrealistic hope in families where Mrs. L expects Mrs. L to be able to regain consciousness, even though he already knew that his mother was getting worse. This shows that the lack of information provided by health workers regarding the patient's condition and family acceptance has not yet been formed. Acceptance of death is important in providing palliative care. Health workers don't have to agree with family expectations to acknowledge what they value. Patients and families may hope for a cure

that will never occur, but their value to life can be recognized positively (Borneman et al., 2014).

#### Stage 4 – Background And Analysis Of The Situation

During the treatment of Mrs. L at the hospital, the family only got glimpses of information regarding palliative care because the patient's condition continued to get worse. In Caprio (2016), patients and families describe that palliative care carries a negative stigma associated with death and end-of-life care, which triggers fear and avoidance. Negative attitudes towards palliative care among patients and families are often cited by doctors as a reason for late referrals to palliative care services (Caprio, 2016).

According to the literature, the refusal to refer patients to palliative care is due to health professionals' desire to continue providing care in the hospital until the end. Discussion of death is still considered taboo, making palliative care difficult, especially in providing care at the end of life (Tampubolon et al., 2021). The delay in the initiation of palliative care was also explained by Choudhuri, Sharma, & Uppal (2020) by the primary physician's reluctance to initiate palliative care despite acknowledging the futility of treatment. It was also reported that many doctors were reluctant to discuss palliative care until all possible non-palliative treatment options had been exhausted (Choudhuri et al., 2020).

Tampubolon et al. (2021) concluded that patients in Indonesia felt that their needs in many aspects during the palliative period were not met. This is due to the unavailability of national standards regarding care for palliative patients, the lack of palliative care facilities, and a lack of training for nurses on palliative care (Tampubolon et al., 2021). In addition, communication with patients and families can be one of the biggest challenges for palliative care professionals, especially nurses, because communication about diagnosis or prognosis with patients and families is considered a sensitive ethical issue (Hernández-Marrero et al., 2019). Some of these possibilities serve as the impetus for the implementation of early palliative care in patients.

#### Stage 5 – The Focus Needs To Be Fixed

Based on the case of Mrs. L, some things that need attention to be improved are:  
1. Initiation of Palliative Care

In this case, it was found that the initiation of new treatment was carried out in the second week of treatment in the ICU. Whereas the initiation of palliative care is carried out not only for patients who are dying, but also for those with serious illnesses. Palliative care is often equated with end-of-life or terminal care, leading to the misconception that palliative care is only for those in the final stages of life. Palliative care is defined as the treatment and prevention of pain in patients who have a progressive disease or serious injuries but are not necessarily dead (Kirkpatrick et al., 2017). WHO also describes that palliative care requires early identification and assessment, applies early in the course of the disease, and is carried out in conjunction with other therapies intended to prolong life (WHO, 2018), which means palliative care needs to be carried out as early as possible after receiving a diagnosis. Meanwhile, during treatment in the ICU, Mrs. L is more focused on therapy that prolongs life, and

identification of palliative care is not carried out since the initial diagnosis of the disease is enforced.

Multiple diagnoses, a poor prognosis, and a long stay in the ICU without progress should have made Mrs. L and her family receive early palliative care. The study by Ma et al. (2019) in the ICU shows that diverse early palliative care interventions led by experienced physicians certified in palliative care significantly affect code status, hospital referrals, and utilization of medical resources (Ma et al., 2019). An RCT study conducted by Dionne-Odom et al. (2015) showed that early palliative care for caregivers of patients may result in a lower burden of stress and depression and a higher quality of life compared to late palliative care. So that palliative care for caregivers needs to be done as early as possible to maximize the benefits of treatment. However, in another study conducted on patients with severe disease, early palliative care did not show a statistically significant improvement in patients' quality of life or mood (Bakitas et al., 2015).

## 2. Delivering Bad News

One of the causes of delays in the initiation of palliative care is communication when conveying bad news. Health workers face difficulties involving patients and families in communicating goals and priorities related to patient medical decision-making when the patient's condition worsens.

Involving patients and families in difficult communication is an important part of ensuring that patients receive medical care according to their goals and priorities (Baran & Sanders, 2019). However, there are many problems experienced by families when making patient care decisions, such as physiological, psychological, spiritual, social, and cultural problems (Hafifah & Fithriyah, 2018). Although these events can cause psychological distress, providing information or conveying bad news is necessary for patients and families to make decisions (Ichikura et al., 2015).

## 3. The Role of the Nurse

The success of palliative care is supported by the role of nurses as health service providers. The role of nurses in initiating palliative care is still considered lacking. Nurses have a role in palliative care, including providing spiritual guidance for patients, being communicators, facilitators, and providing emotional support to patient families (Enggune et al., 2015). In other cases, the family said they had more discussions with the doctor regarding the patient's condition. Family meetings to discuss palliative care have also not been carried out by nurses. So that the role of the nurse in this case has not been carried out optimally.

The nurse's role is also influenced by the nurse's knowledge of palliative care. This is in line with the research of Siagian & Perjuangannangin (2020) which shows that nurses have a low level of knowledge but have a good attitude towards care (Siagian & Peranginangin, 2020).

### Stage 6 – Action Plans

Palliative care is very important for patients with terminal illnesses who are no longer able to receive curative care (Alinda & Maulida, 2022). Palliative care involves assessing, diagnosing, and treating a person's response to an actual or potentially life-limiting illness. Palliative care requires a dynamic and empathetic relationship with patients and families to reduce suffering (Schroeder & Lorenz, 2018). Through the case of Mrs. L, the author realizes that the importance of early palliative care is still not in line with the care that has been carried out by health workers.

The unavailability of palliative care modules in the medical curriculum means that only a small number of doctors are certified in palliative care. Education regarding palliative care for nurses is also lacking. So this causes a lack of nurse knowledge about palliative care (Tampubolon et al., 2021). Nurses' knowledge and attitudes are needed in providing palliative care in order to increase nurses' understanding of palliative care and to improve the quality of palliative care (Alinda & Maulida, 2022). As a result, a clear curriculum and increased education about palliative care are required in order for it to be implemented optimally.

To increase the initiation of early palliative care, both doctors and nurses need to have a better understanding of palliative care itself. Through increased knowledge, health workers can more easily perform palliative care. The same goes for communication skills. In the literature, Schroeder & Lorenz (2018). explain that the ability to communicate effectively with patients and families is an important skill for every palliative nurse. Palliative nurses must have the ability to explain complex information, because patients and families need clarity about disease progression, drugs, and treatment plans (Schroeder & Lorenz, 2018).

Reflecting on the case of Mrs. L, the authors realize that if early palliative care can be provided to patients and families, then patients and families can have a better separation. Early palliative care is associated with increased positive outcomes at the end of life. Late initiation of palliative care is associated with greater use of curative care, a large influence on organ failure, and poor mortality (Qureshi et al., 2019). Although disease progression and end-of-life care can be difficult for patients and their families, it can also be a time for patients and their loved ones to come together. Palliative care nurses become a conduit for some of life's most intimate moments (Schroeder & Lorenz, 2018).

### CONCLUSION

Palliative care requires early identification and assessment early in the course of illness to serve as a treatment and prevent suffering in patients with progressive disease or serious injury and not only as end-of-life care. In the case of Mrs. L, initiation of early palliative care has not been carried out by health services.

Early palliative care is beneficial not only to the patient but also to the patient's family or caregiver as well as the hospital. Early palliative care affects disease symptoms, quality of life, supports patients and their families during the death process, and utilization of medical resources in the hospital. However, in the implementation of early

palliative care, there are obstacles in implementing it due to several things, such as the negative stigma towards palliative services; talking about death is still considered taboo, health professionals who want to continue to provide care until the end in the hospital, and the lack of knowledge and ability of health workers to perform palliative care.

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