

# TERMINAL PERIOD NURSING CARE DURING THE TERMINAL PERIOD

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## Abstract

The terminal period is the final stage of life and is characterized by progressive physiological changes associated with the decline of vital functions. Nursing care during this period focuses primarily on maintaining the patient's comfort, dignity, safety, and quality of life while providing appropriate physical, psychological, social, and spiritual support.

**Keywords:** Terminal period, terminal care, nursing care, end-of-life care, palliative care, symptom management, pain management, patient comfort, patient dignity.

## Introduction

The terminal period is the final phase of a person's life, during which progressive deterioration of physiological functions may occur and the goals of care increasingly focus on comfort, dignity, symptom relief, psychological support, communication, and respect for the patient's wishes. Terminal care should not be understood simply as the treatment of physical symptoms. It is a multidisciplinary process involving nurses, physicians, palliative-care specialists, psychologists, social workers, family members, and, where appropriate, spiritual or religious support. The World Health Organization (WHO) describes palliative care as an approach intended to improve the quality of life of patients and families facing life-threatening illness through prevention and relief of suffering and through attention to physical, psychosocial, and spiritual needs.

## MAIN PART

The World Health Organization (WHO) defines palliative care as an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness by preventing and relieving suffering through early identification, assessment, and treatment of pain and other physical, psychosocial, and spiritual problems. WHO emphasizes that palliative care is person-centred and should address the needs and preferences of both patients and their families.

The development of modern palliative care has also been supported by important international policy decisions. On 24 May 2014, the Sixty-Seventh World Health Assembly adopted Resolution WHA67.19, "Strengthening of palliative care as a component of comprehensive care throughout the life course." The resolution recognized palliative care as an important component of comprehensive healthcare and emphasized the importance of pain relief, symptom management, dignity, person-centred care, appropriate medicines, healthcare-professional education, and integration of palliative care into health systems.





The international development of palliative care has been accompanied by a gradual shift from a disease-centred approach toward a patient-centred model. Earlier healthcare systems frequently concentrated primarily on diagnosing and treating disease. Modern palliative care recognizes that patients with advanced disease may require simultaneous attention to physical symptoms, emotional distress, family needs, social circumstances, spiritual concerns, and dignity.

The 2014 WHA67.19 resolution was particularly important because it formally called for palliative care to become part of comprehensive healthcare throughout the life course. The resolution stated that end-of-life care is an important component of palliative care and emphasized that healthcare professionals have an ethical responsibility to alleviate pain and suffering.

In 2018, WHO published *Integrating Palliative Care and Symptom Relief into Primary Health Care: A WHO Guide for Planners, Implementers and Managers*. Published on 16 October 2018, this document emphasized integration of palliative care into primary healthcare, community services, and home-based care. WHO noted that many people requiring palliative care prefer to remain at home and that appropriately trained primary healthcare professionals can respond to many palliative-care needs while referring complex cases to higher levels of care.

In 2019, WHO released its *Guidelines for the Pharmacological and Radiotherapeutic Management of Cancer Pain in Adults and Adolescents*, reinforcing the importance of evidence-based pain management within cancer and palliative care.

In 2021, WHO published *Quality Health Services and Palliative Care: Practical Approaches and Resources to Support Policy, Strategy and Practice*. The document identified quality, safety, people-centredness, timeliness, equity, integration, and efficiency as important dimensions of quality palliative care. It also emphasized compassionate and dignified care as an ethical responsibility of health systems.

These developments have direct implications for nursing practice because nurses are among the healthcare professionals who spend the greatest amount of time directly observing and supporting patients.

Terminal care is an important component of modern nursing practice because patients approaching the end of life require continuous assessment, symptom management, psychological support, dignity-preserving care, and effective communication with family members and healthcare professionals. The World Health Organization defines palliative care as an approach aimed at improving the quality of life of patients and families facing life-threatening illness by preventing and relieving suffering through the early identification, assessment, and treatment of pain and other physical, psychosocial, and spiritual problems. WHO also emphasizes that nurses should receive appropriate palliative-care training because nurses are important members of multidisciplinary teams providing care to patients with serious illness.

The importance of palliative and terminal care has been increasingly recognized internationally. On 24 May 2014, the World Health Assembly adopted Resolution WHA67.19, which called for strengthening palliative care as a component of comprehensive care throughout the life course. This international policy framework emphasized the importance of integrating palliative care into healthcare systems and ensuring access to appropriate symptom relief and support.

In 2021, WHO published *Quality Health Services and Palliative Care: Practical Approaches and Resources to Support Policy, Strategy and Practice*. The publication emphasizes effectiveness,





safety, people-centredness, timeliness, equity, integration, and efficiency as important dimensions of quality palliative care. WHO also describes compassionate, dignified, and people-centred palliative care as an ethical responsibility of health systems.

NICE Guideline NG31, *Care of Dying Adults in the Last Days of Life*, was published on 16 December 2015. The guideline recommends assessing physiological, psychological, social, and spiritual needs, recognizing changes that may indicate the last days of life, establishing individualized care plans, supporting communication, assessing hydration, and managing symptoms according to individual needs.

These international recommendations demonstrate that terminal nursing should not be limited to basic physical care. It should involve systematic clinical assessment, individualized planning, symptom control, communication, family support, and preservation of dignity.

## CONCLUSION

The proposed research demonstrates that terminal nursing care should be investigated as a multidimensional professional process rather than as a collection of isolated nursing procedures. International evidence and guidance from WHO and NICE emphasize the importance of individualized assessment, symptom management, communication, hydration assessment, psychological and spiritual support, family involvement, documentation, and multidisciplinary cooperation.

NICE Guideline NG31, published on 16 December 2015, provides specific recommendations for recognizing when a person may be entering the last days of life, assessing physiological, psychological, social, and spiritual needs, reviewing the patient's condition at least every 24 hours, developing individualized care plans, supporting communication, managing hydration, and treating common symptoms.

WHO's 2021 quality framework similarly emphasizes effectiveness, safety, people-centredness, timeliness, equity, integration, and efficiency as dimensions of high-quality palliative care.

Therefore, an empirical study among nurses can provide valuable evidence about how closely actual terminal nursing practice corresponds to international recommendations. The research should use real questionnaire, interview, observation, or medical-record data for its Results section. Any percentages, sample characteristics, or statistical findings should be entered only after actual data collection; inventing numerical results would make the research scientifically unreliable.

## REFERENCES

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