



A Nursing and Philosophical Study on Hospice Caring

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Abstract

The importance of the concept of hospice caring on nursing and philosophical study has been highlighted as ways of preserving human dignity and on the deathbed have emerged as major social issues. This study is a qualitative research process of a philosophical research approach. First, the concept of five stages of death of Kubler Ross, the founder of life and death, was used. Second, this study used the concept of death of Nietzsche, a philosopher of life who valued life on earth as a world of becoming rather than being. Third, this study tried to apply the philosophical concept of the religious philosopher Stein to hospice care. Hospice philosophical exploration is necessary as a holistic concept of the finite human being, viewed from both the nursing and philosophical aspects. The need for research on hospice care in a general ward is raised even if it is somewhat cumbersome to eliminate the hospice ward. The hospice ward is a place where the end of life is decided and reality, so from the perspective of the dying patient, it can be negative rather than positive.

Index Terms

Human, Hospice, Caring, Nursing, Philosophy

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I. INTRODUCTION

Hospice allows dying patients to accept their own death and live as comfortable as possible in the hope of an objective life. Death is a part of life's activity and is the last event that human beings have on earth. The main physical signs at death are loss of muscle tone, decreased blood circulation, changes in breathing patterns, and sensory impairment. Loss of muscle tone makes it difficult to speak, sagging facial muscles, dysphagia, decreased nausea response, and decreased sphincter control, leading to urinary and fecal incontinence [1-4]. Facing death well is ultimately living a good part of life. The importance of the concept of hospice and philosophical review has been highlighted as ways of preserving human dignity and on the deathbed have emerged as major social issues.

No one has a solid understanding of the nature of death. All we can say with certainty is that we are absolutely certain that we will die. Death is real, and can never be avoided. The only certainty of what will happen in the future is death [5].

Hospice aims to provide holistic and holistic care that combines physical life-sustaining treatment and spiritual treatment. Not only the dying patient, but the whole family is regarded as a unit of care. People and caregivers on the deathbed experience grief, fear, and physical, emotional, and mental hardships during the process leading up to death. A close friend or caregiver of a dying person deeply reflects on their own death. The concept of hospice enhances the quality of life of terminally ill patients until the end of their life, and prepares for family separation and bereavement. This concept requires philosophical consideration in that death is regarded as an unsolvable phenomenon and recognized as an extremely determined fact.

Hospice is the act of lovingly caring for terminally ill patients and their families who are about to die. It helps the patient to live peacefully at the end of their lives while maintaining human dignity and high quality of life for the rest of their lives. It is the holistic care of physical, emotional, social and spiritual. It is also a holistic continuous care aimed at alleviating the pain and sorrow of the bereaved family. Through a holistic approach to life and death, it is intended to organize a life of human dignity. It maximizes the quality of life of dying patients within the limits of their quantitative life [6]. With 1 in 4 people dying from cancer today, how should members of our society "accept" patients who are about to die? Furthermore, rather than just mentioning the 'acceptance' of the patient's final acceptance of their own death, we should all consider together how to 'accept' a patient who is about to die as a hospice.

The criteria for determining death depend on how you define death. According to the definition of death, the criteria for determining medical death have

changed. Traditionally, the criteria for death have been respiratory arrest, cardiac arrest, and dilatation of the copper light and loss of the light reflex. With the recent development of medicine, even if the brain function is stopped, a method to prolong vital signs such as breathing or heartbeat with the help of a ventilator has been developed, raising the problem of brain death [1,3] (Table 1). This is also an area that should be considered philosophically.

It raises the following issues : First, how do you minimize pain and live a comfortable death without abetting human dignity? Second, how can I keep the dignity of the last human being and not burden the remaining family and acquaintances? Third, is it possible to grant an optional right to a meaningless suspension of medical treatment and a decent death by oneself? Through this study, an attempt was made to provide basic data on the need for an integrated study of nursing and philosophical approaches to hospice.

II. METHOD

This study is a qualitative research process of a philosophical research approach. It examines the literature, examines the conceptual meaning, raises problems and presents answers to questions, and suggests the implications of these answers [7]. In order to apply philosophical inquiry as a research methodology for hospice care, the researchers analyzed the basic nursing concept of hospice. Also, a researcher who studied philosophy at the undergraduate level while majoring in Nursing attempted a philosophical inquiry convergence between Nursing and Philosophy. The significance of this study is that it attempted to study hospice care by integrating nursing and philosophical care.

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III. RESULTS AND DISCUSSION

The word hospice is derived from the Latin word *hospes*. It refers to 'inexperienced in something' or 'first-timer', the role of a guest or host, and even strangers and strangers. The adjective 'hospitalis' means 'hospitable to guests' and the noun 'hospitalitas' means 'treating guests well' or 'hospitable'. Hospice is a public facility that implements programs that focus on providing palliative and intellectual services in the form of physical, psychological and spiritual nursing

care for the dying and their families [8]. In hospice, it is important to 'nursing (time)' to take care of pilgrims or the sick, and to 'stay (space)' so that they can rest comfortably. In other words, in hospice, accommodation and nursing for pilgrims and the infirm are the most important factors above all, so we consider this concept of 'accommodation (space)' and 'nursing (time)' as a basic category of philosophy based on human existence. It is intended to reinterpret from the concepts of 'time' and 'space', and argues that this is a 'hospice philosophy' [9]. The hospice philosophy presents the human existence, the phenomenon of life, and the dignity of such life. He asserts that the most important themes of hospice activity are human beings, human lives, and that human existence is the central axis of human life. In hospice, the element of 'relationship (attitude)' between the nursing hospice and the patient receiving care based on the basic crimes of 'nursing (time)' to take care of pilgrims or the sick and 'accommodation (space)' to allow them to rest. It is intended to reinterpret on the basis of human existence by adding. Humans have a homing instinct to return to the place where they were born.

Kubler Ross, the founder of the science of life and death, argued that "the last five stages of a dying patient's response to death are acceptance"[10-12]. This is the stage where the time for the final rest comes. When entering the acceptance stage, the patient wants to be alone and is often not in the mood to talk even when someone visits, but nevertheless, when he feels that his/her feelings about to die are being accepted by the caregiver, family, or people around him, the patient becomes a caregiver. Or it can have a surprising effect on communication with people around you [10]. Caregivers should consider the effects of death on terminally ill people and their families. It is necessary to consider what kind of perception and attitude humans have toward death.

Nietzsche argued that the invitation to rational death should be consciously and consciously preempted, not as an unpleasant demon seeking like a death thief. The invitation to rational death can be understood as meaning to prepare for death at every moment. It can be a terrible thing to die without any preparation, just as you lived your life without any preparation. A rational death is always a complete death, a timely death and a free death. Preempting death and setting yourself up in the face of death can serve as an opportunity for reflection and decision. It is a philosophical invitation to organize life and prepare for death so that when we die we do not fall into grief or remorse and we do not become trapped in ourselves [5]. He tried to pursue the *Übermensch* image of the best life as a human until the moment of death. A rational death is a valuable opportunity for an individual to reconcile with his entire life. This is an opportunity to calmly reconsider everything you do

while maintaining a clear state of consciousness. You can finish tasks you haven't fully finished, and consciously organize your relationships. It is also an opportunity for an individual to face their own death alive at the last hour. In such a death, the individual can also make his last moments meaningful [5]. As a philosopher of positive life, Nietzsche argued for a rational death that humans can decide and choose for themselves. In conclusion, Nietzsche held that life was entirely the responsibility of the individual who lived it.

Table 1. PHYSICAL SIGNS THAT DEATH IS NEARING

Loss of muscle strength
-Relaxation of facial muscles
-Difficulty speaking
-Gradual loss of vomiting reflux
-Reduced gastrointestinal function
-Continued nausea and vomiting
-Gas ache, bloating, stool retardation
-Incontinence due to sphincter muscle loss
- Increased Physical Weakness
Change of physical cycle
-Loss of sensory
-Spots on the limbs and cyanosis
-Started becoming cold from the feet to hands, ears and nose, it make skin cold
Change of vital sign
-Weak and reduced pulse
-Low blood pressure
-Fast, weak, irregular or abnormally slow breathing
Loss of Sensory
-Blurred vision
-Loss of appetite and smell

In Stein's philosophy of religion, he argued for the foundation of hospice philosophy through the spirituality of love and emptiness. In terms of anthropology, it was considered that the death of a human cannot be equated with the death of an object due to the issue of human dignity. In the metaphysical aspect of human freedom, spirit, and will, that is, human dynamics, death and dying are distinguished. The metaphysical perspective of death is presented by reinterpreting the process of death that the dying patient must accept as a 'process' called 'dying'. In the aspect of religious philosophy, the relationship of how we should accept patients on the verge of death was examined through the spirituality of love and

emptiness. Human cannot exist alone, and he can discover his self through his neighbors. In other words, human beings have a relationship with 'you' through their neighbors and at the same time with 'me'. It is 'love' that promotes relationships with neighbors who are so close. Such love may be one of the noblest human natures. Love itself can have the meaning of being an ethical practice because of its fundamental goodness and warm consideration and tolerance for others [13]. As a religious human and philosopher, Stein emphasized relational love with people even in death.

In order to better understand the spiritual problems of the dying patient and to help them with their spiritual well-being, it is necessary for the caregiver to recognize the spiritual aspect and maintain their own spiritual well-being first. This kind of spiritual nursing, which helps to reduce and overcome the spiritual pain experienced by the dying patient as much as possible, and to maintain and improve the state of spiritual well-being by satisfying the spiritual needs, is the core of hospice [14]. It is the removal of meaning from the spiritual that emphasizes eternity and immortality, the root of the problem of suffering of modern people, both finite and eternal beings. It is thought that many nursing and philosophical discussions should be continued on ethical and legal measures such as the decision of the end of life and treatment extension, organ donation, and autopsy.

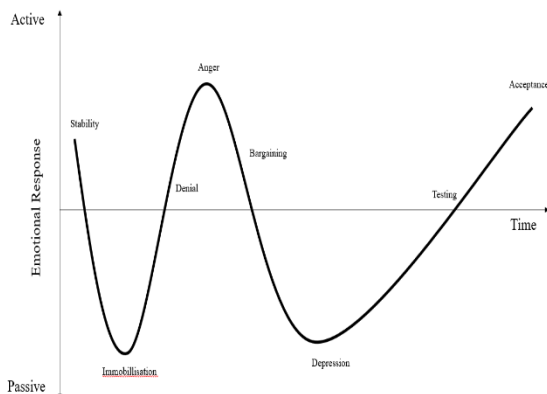


Fig. 1. Elizabeth Kubler-Ross's curve model of death [12]

IV. CONCLUSION

Modern medical care operates a separate hospice ward. In such a hospice ward, complex human emotions such as separation, sadness, and anguish, based on the premise of death, are laid on the bottom of the paved high-speed, and sometimes you see them

moving with a big wave. This is truly difficult for a human being to handle alone, so he seeks the spiritual help of a religious person. Although these measures may temporarily reduce emotions, it is difficult to ultimately resolve them. The moment we face death, our hope in reality is cut off because we say goodbye to the present life we share and breathe. From the patient's point of view, it seems that peace and quality of life are improved. This is because quality of life is extremely subjective, so there are times when you don't want to take away that hope when a hospice ward is created. The lack of therapeutic hope means that modern medicine cannot cure it. In fact, who knows what kind of drugs will be made tomorrow and what scientific discoveries will be made? It is always necessary to pay attention to whether the hospice ward is managing end-of-life patients differently from the original motive. Hospice ward management should always be careful not to go exclusively to the views of caregivers and medical staff. It is also necessary to seek diversity of thought to recognize and provide what the dying patient truly wants. In this regard, more nursing and philosophical studies are needed. Quality of life is based on survival. The need for research on hospice care in a general ward is raised even if it is somewhat cumbersome to eliminate the hospice ward. The hospice ward is a place where the end of life is decided and reality, so from the perspective of the dying patient, it can be negative rather than positive.

It is considered that a systematic study of the hospice philosophical search for the finite human being is necessary in the convergence of nursing and philosophical aspects. Discussion of these ethical and legal measures is suggested for future research.

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