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The inquiry of family meetings holding by medical teams with terminally cancer patients and their significant others in Taiwan

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Purpose: Family meetings are used to facilitate communication concerning end-of-life issues with patients and their families. The purpose of our study was to obtain preliminary information on the characteristics of family conferences that take place in ward of a hospital. Methods: Qualitative method is adopted and 125 written texts of individual interview during a 24-month period are gualitative content analysis in this study. Results: The study results indicated that there were five types of family meetings such as “truth telling and prognosis”, “palliative care and do-not- resuscitate ”, “the goals of the end-of-life”, “discharge planning and care tips” and “artificial nutrition” to address seventeen issues, including “give an ultimatum and set the bottom line”, “be neutral and ask the significant others to make decisions”, “(th defense against challenges”, “make the claims to the medical authority”, “the fear of making wrong decisions”, “evaded the challenges due to their lack of abilities to make decisions and thus passed the buck to the medical teams”, “the significant others alienated the terminal cancer patients from the medical teams and evaded mutual communications”, “entrusted themselves to the medical teams due to their confidence in the team”, “be concerned about current challenges and looked for consolations”, “left the fate to God and prayed for rest-in-peace”, “sorrowed over their end-of-lives and left no means untried”, “be reluctant to give up, but eventually compromised due to sympathies”, “felt powerless, money is crucial and inevitable”, “sought for medical treatments out of love, even had to be in debt”, “the selection of home- or institution-based care depended on the availability of manpower”, “the pros and cons of intravenous supplements or nasogastric feedings”, “the existence of alternate day fasting diet”. Implications for practice: Further prospective studies that use validated tools to assess the content of the meetings and their impact on alleviating distress in patients and their family are needed.

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