

## Painism model as a way to explore reification attitude toward non-verbal end- stage dementia patient

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**Background:** The fear from and alienation of the non-verbal end stage dementia patients (NVESDP) create unsuitable behaviors. Understanding of pain and suffering is crucial for preserving the patient's individuality and humanity. Therefore, appropriate assessment and treatment of these conditions in NVESDP are fundamental ethical obligations of all health care providers.

**Aims:** To explore the stigmatization and the invisibility status of NVESDP as a byproduct of the difficulties in understanding the uniqueness and the otherness of the pain and suffering of these patients. To highlight the attitudes and strategies used by the professional staff to overcome these difficulties. To identify the gap between existed to advisable performance in assessment of pain and suffering of NVESDP by presenting the painism model measures against the staff evaluations.

**Method:** Ethnographic research was conducted including observations of nursing staff during treatment process of NVESDP by using the painism model and interviews of the staff after that.

**Outcomes:** Study highlights the reification situations and the invisibility status of the non verbal end stage dementia patients and explores the negative attitudes and behaviors of the staff against these patients.

**Discussion:** Awareness to the pain and suffering among NVESDP requires understanding "the otherness" of these patients and the otherness of their pain and suffering.

**Conclusion:** Requirement of reducing pain and suffering in NVESDP will help health professional to engage more respective and effectively with their patients. Such an obligation can be accomplished by using the painism model, thus, indirectly, empowering the nurses and strengthening their expertise.

## Biography

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