



(SHORT COMMUNICATION)



## Nurses' responsibilities for administering medication towards the end of life

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### Abstract

Patients who are nearing the end of their life frequently take numerous drugs. Physicians often are unaware of the significance of assessing a patient's medication's usefulness near the end of their life. The purpose of this study is to learn more about how patients, unpaid caregivers, nurses, and doctors view the role of nurses in managing medication near the end of life. By educating, encouraging, advocating for, and involving all pertinent stakeholders, we discovered that nurses could and should play a significant role in administering medications near the end of life. To improve the administration of drugs to patients nearing the end of their lives, doctors should value nurses' advice. The importance that nurses can play in encouraging patients' interest in drug management at the end of life should be acknowledged by healthcare providers. To fulfil this function, nurses should be strengthened through education and training.

**Keywords:** Decision making; Drug therapy; End-of-life care; Interdisciplinary communication; Interview; Nursing; Palliative care

### 1. Overview

Medication management is one component of palliative care, which aims to improve the quality of life for patients with a life-limiting illness. In palliative care, managing drugs may be complex. Despite all available resources, patients frequently experience a heavy burden of symptoms. Palliative care is made more challenging by its broad scope, which includes a variety of illnesses, recently identified incurable diseases and the terminal stage. Some treatments may have disadvantages that outweigh their benefits at the end of life. PIMs are drugs that need to be reevaluated because of their high risk of side effects because there is evidence of less risky but equally effective alternative therapy because they are prescribed more frequently or for more extended periods than are clinically necessary, or because they are known to interact with other drugs or diseases. This is especially true for medications used for prophylactic or long-term comorbid disorders. It is not always clear when it is best to discontinue using potentially harmful drugs (PIMs). Many PIMs are so utilized well past their effective lifespan. Physicians are generally in charge of pharmacological treatment. However, numerous studies show that it is not a given that physicians evaluate the drugs used by patients with a short life expectancy and that they offer a variety of justifications for why they do not consider deprescribing PIMs. The primary barrier to deprescribing being considered is probably ignorance [1].

Poor prioritization, misunderstanding of the results of ceasing medicine prescriptions, and delaying informing patients that they would soon pass away are among more causes. At the organizational level of health care, there are additional challenges to successful medication management, such as a lack of administrative assistance, a staffing shortage, a lack of time, and difficult-to-access patient medical records. When primary, secondary, and tertiary care are merged, there

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are additional barriers to communication and collaboration between doctors and nurses. Additionally, the hierarchy in place and how doctors and nurses communicate may make it difficult for nurses to share their prescription suggestions openly. Concerns about the role of nurses in the administration of medicine are raised in light of the barriers put up by doctors and the interdisciplinary character of end-of-life care. To provide palliative care and symptom relief, nurses are essential. Nurses' viewpoints on how they perform in palliative care were disclosed in a qualitative systematic meta-synthesis. They feel they impact the coordination, continuity, and patient-centeredness of care and help to meet patients' requirements effectively. The function of nurses in managing drugs in palliative care is not well covered in the literature. Numerous studies show that nurses are crucial in assisting older people with polypharmacy at home or in long-term care facilities. Others highlight their role in providing patients with palliative chemotherapy or medications to take before they pass away. Nurse practitioners, specialty nurses, and general nurses have various degrees of education, which could affect how they manage drugs, according to research by Wilson et al. Prior studies on nurses' participation in palliative care and medication administration have mainly concentrated on their viewpoints. We looked into the views of patients, unpaid caregivers, nurses, and doctors regarding the role of nurses in drug management towards the end of life [2].

In this interview study, we assessed the perspectives of patients, unpaid caregivers, nurses, and doctors regarding the role of nurses in administering medicine to patients near the end of their lives. Based on our findings, we suggest that nurses play a significant role in a patient, informal caregiver, and physician communication and collaboration regarding medicine by informing, motivating, standing up for, and including the other parties. Additionally, nurses contribute to providing adequate pharmaceutical therapy as part of their regular professional responsibilities, notably with their pragmatic outlook [3].

Sekse et al. systematic review emphasizes the unique function of the nurse in palliative care, who holds everything together like a spider in a web. The nurse's role in drug delivery was left out of their description. Our findings suggest that nurses play a substantial role in symptom management and improve patients' quality of life as they approach the end of their lives. Our results are consistent with the abbreviation EEMMA, which stands for assessment, explanation, management, monitoring, and attention to detail [18]. A few examples of specific aspects mentioned by Reid and McCormack that could also be found in our data include a role in evaluating the efficacy of interventions, providing information that is crucial for decision-making, management guided by patients' priorities and goals, care delivery by a cohesive team, and attention to detail in their assessment. Others emphasize the nurse's position as the patient's advocate; in particular, nurses are believed to play a critical role as the doctor's "eyes and ears" and the patient's "spokesperson." Doctors may not pay enough attention to the severity of the symptoms when conversing with their patients due to the various other issues they must address. Patients can discuss their symptoms with nurses more effectively since they spend more time with patients [19]. Using "as needed" or "anticipatory" medications is frequently required to manage symptoms effectively. Since anticipatory drugs are more easily accessible near the end of life, nurses play a crucial role in providing them [4].

Nurses have a unique opportunity to promote good medication management and reduce PIMS since they often engage with patients. They aid in identifying potential long-term effects on symptoms of changes to the medication regimen and acknowledge the shift in therapy goals to a palliative approach. Since nurses participate in the delivery and consumption of medications, they are immediately exposed to the potential burden of polypharmacy. Nurses can see issues with swallowing a pill and notify a doctor that a different prescription or delivery route is required [5].

The degree of involvement of the informal caregiver could not be taken into account in our research. There is a connection between nurses' engagement and that of informal carers, and as a result, this impacts how nurses include, inform, and help informal caregivers. For unpaid caregivers, palliative care at home is more challenging than care obtained at a hospice or hospital. Tjia et al. reached similar conclusions about the interaction between nurses and caregivers at home based on medication discussions during home visits. They recognized individuals in various capacities, including symptom and medication knowledge, as well as interpersonal, organizational, and collaborative skills. They make clear how challenging it is for unofficial caregivers to manage prescriptions at home and how nurses can assist. The status of the nurse as a nurse in this field is made evident in the current literature more so than the involvement of the doctors [6].

Even though the final decision about medication (de)prescription is supposed to be the doctor's responsibility, most participants in our study believed that medication management was a collaborative effort between the patient and informal caregiver, nurse, and doctor. This is in line with Riker and Setter's research on the nurse's role in senior medication management, which discovered that the doctor and nurse should collaborate to get a complete picture of a patient. It is said that a nurse's holistic, multifaceted vision is unique to their field of employment. As was already said,

the nurse's involvement generally promotes the patient's best interests while deciding to get care for palliative chemotherapy [7].

However, some physicians who participated in our survey asserted that nurses' engagement in medication management is negligible or nonexistent. In a poll on physicians' experiences and opinions on medication discontinuation near the end of life, 34% of doctors agreed with the statement that "nurses' thoughts about the withdrawal of medications that are not medically required are significant to me." This might be particularly true when there is a lot of nursing staff turnover, a lack of skilled nurses, and uneven evaluation quality. According to specific doctors who took part in our poll, the nurse's job depends on their education level. This could include several levels of primary nursing education, specialized palliative care training, or a master's degree for nurse practitioners. The impact of knowledge and experience on the nurse's role in the past should be considered in future studies. Our research demonstrates that nurses can make a significant contribution to the optimum medication schedule selection to improve patients' quality of life as they near the end of their lives. Therefore, nurses should be involved in the management of drugs. Healthcare personnel should be aware of nurses' crucial role in giving patients the best care possible as they are nearing the end of their lives [8].

Because the interviews weren't explicitly focused on the nurse's role, we can't be sure that we attained topic saturation, which is why our study comprises a secondary analysis of information from interviews on drug management at the end of life. Only subjects with a predicted life expectancy of fewer than three months were considered in our investigation. Palliative care offers treatment for all patients with life-limiting illnesses, regardless of the expected lifespan. Only a few factors, such as the patient's clinical condition, potential disease- or symptom-focused treatments, and predicted life course, may impact medication management and the nurse's involvement. Furthermore, their social desirability may have influenced the interviewees' responses during the interviews. Finally, this study's tiny sample size precluded us from considering variances in the care setting or the nurse's degree of education [9].

A complex role is played by patients, unofficial carers, medical professionals, and nurses in managing medication in patients with limited lifespans. According to patients, informal caregivers, doctors, and nurses, nurses can and should participate in medication management by educating, supporting, advocating for, and involving the other party. Nurses, an essential intermediary between a doctor and a patient or unofficial caregiver, provide a specific role in the continuity of care and close closeness to the patient. Nurses can contribute to a multidimensional assessment and strategy to further increase patients' involvement in drug management towards the end of life. Doctors should benefit from nurses' advice, even though their level of participation may vary based on their experience and education. This is because doctors might not be aware of the need to reevaluate drug use in patients nearing the end of their lives. To improve the quality of life for patients nearing the end of their lives, nurses should recognize their duty and receive the knowledge and training they need [10].

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## 2. Conclusion

Patients, informal caregivers, doctors, and nurses all have a complex role in managing medication in patients with a short lifespan. Nurses can and should take part in medication management by educating, assisting, advocating for, and involving the other party, according to patients, informal caregivers, doctors, and nurses. A crucial middleman between a doctor and a patient or informal caregiver, nurses play a particular function in the continuity of care and proximity to the patient. To further encourage patients' involvement in medication management at the end of life, nurses can contribute to a multidimensional assessment and strategy. Although nurses' level of participation may vary depending on their experience and education, doctors should benefit from their advice as doctors may not be aware of the need to reevaluate medication usage in patients nearing the end of their lives. Nurses should accept their role in improving the quality of life for patients towards the end of their lives and should be supported through education and training.

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## Compliance with ethical standards

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There are no conflicts of interest declared by the authors.

*Statement of ethical approval*

This evaluation does not require ethical approval because no patient data will be collected. Plagiarism, confidentiality, malfeasance, data falsification and/or falsification, double publishing and/or submission, and duplication are among the ethical problems examined in this study.

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**References**

- [1] Huisman, B. A., Geijteman, E. C., Dees, M. K., Schonewille, N. N., Wieles, M., van Zuylen, L., ... & van der Heide, A. (2020). Role of nurses in medication management at the end of life: a qualitative interview study. *BMC Palliative Care*, 19(1), 1-11.
- [2] Chaudhry SI, Murphy TE, Gahbauer E, Sussman LS, Allore HG, Gill TM. Restricting symptoms in the last year of life: a prospective cohort study. *JAMA Intern Med*. 2013;173(16):1534–40.
- [3] Portz JD, Kutner JS, Blatchford PJ, Ritchie CS. High symptom burden and low functional status in the setting of multimorbidity. *J Am Geriatr Soc*. 2017;65(10):2285–9.
- [4] Gallagher P, Barry P, O'Mahony D. Inappropriate prescribing in the elderly. *J Clin Pharm Ther*. 2007;32(2):113–21.
- [5] Joyce BT, Lau DT. Hospice experiences and approaches to support and assess family caregivers in managing medications for home hospice patients: a providers survey. *Palliat Med*. 2013;27(4):329–38.
- [6] Rieger KL. Discriminating among grounded theory approaches. *Nurs Inq*. 2019;26(1):e12261.
- [7] Geijteman ECT, Huisman BAA, Dees MK, Perez R, van der Rijt CCD, van Zuylen L, et al. Medication discontinuation at the end of life: a questionnaire study on Physicians' experiences and opinions. *J Palliat Med*. 2018;21(8):1166–70.
- [8] Mercadante S, Prestia G, Casuccio A. Nurse-based monitoring and management of breakthrough pain in an acute pain relief and palliative care unit. *Hospital Pract*. 2016;44(4):203–6.
- [9] Bowers B, Redsell SA. A qualitative study of community nurses' decision making around the anticipatory prescribing of end-of-life medications. *J Adv Nurs*. 2017;73(10):2385–94.
- [10] Turner JP, Edwards S, Stanners M, Shakib S, Bell JS. What factors are important for deprescribing in Australian long-term care facilities? Perspectives of residents and health professionals. *BMJ Open*. 2016;6(3):e009781.