

Palliative Care Nursing in Cyprus

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The Cyprus University of Technology (TEPAK) has incorporated an optional palliative care module into its nursing program. This is offered in the third year and has proved to be very popular, partly due to its interactive nature. It includes topics such as communication, breaking bad news, bereavement, loss, death theories and interdisciplinary team work. As of September 2013 a further palliative care module, totalling 24 hours, has been offered to TEPAK post graduate students.

Development of services in PASYKAF and CACS has been driven by patients' needs over the years. PASYKAF, for example, was founded in 1986 by a group of 21 patients who had received medical care abroad and were therefore aware of how much work needed to be done in Cyprus if healthcare services in the cancer domain were to be improved. Today patients play a crucial role on the association's board of directors and members of the interdisciplinary teams are motivated by the need to address issues surrounding quality of life and total pain, whether supportive or palliative in approach [11, 12].

Early referral is preferred so that patients can have full interdisciplinary support from diagnosis to remission or end of life, thus helping to develop a trusting relationship between the patient, his family and members of staff. Nurses usually provide the first point of contact with the patient, assessing his needs and formulating a plan of action with him. A supportive/palliative approach begins immediately, taking into consideration physical, psychological, social and spiritual needs and involving other members of the interdisciplinary team as soon as possible.

There is close cooperation between nurses and psychologists who support patients and their families, either at home, in hospital/hospice or in the organization's offices, where they also facilitate various group sessions. Social workers often receive referrals from the nursing team and have the difficult role of assisting applications for social service benefits which have become increasingly difficult and slow to access. This can be extremely frustrating especially when time is of essence and when extra funds are necessary for quality to be improved at end of life.

A venepuncture clinic relieves the patients' burden of travelling to their oncology unit for a simple blood test and gives nurses an "excuse" to meet patients as early as possible in their disease trajectory. In such a small community it is likely that people will already be familiar with

When caring for dying patients at home in areas where official 24 hour cover is not offered, nurses often feel the need to leave the on-call phone switched on throughout the night in order to provide, at least, telephone support. This is an informal arrangement and is left to the discretion and goodwill of individual nurses. Whilst there is no financial compensation for this, nurses realize the importance of being available to offer advice and reassurance to patients and their families [24] and the ethical rewards can be immeasurable. However, with only limited OOH medical back-up, no emergency drug box facilities and no pathways and guidelines, it is vital that the nurses recognize their limitations and practice safe, anticipatory care, ensuring that any necessary doctor's orders/instructions, drugs and equipment are in place, should the need arise.

Although opioids are officially available to whoever requires them for pain management [25], usage in Cyprus remains low [26]. The 2011 Cyprus Morphine equivalence [ME] consumption was 35 mg/capita, in comparison with the United States figure for the same year which was 750 mg/capita [27]. The

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