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Mary Gathoni
Pittsburg State University

Janis Schiefelbein
Pittsburg State University

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The Decision of Families and Hospice Nurses on Use of Oxygen Therapy at End of Life.

Mary Gathoni RN-BSN student, Janis Schiefelbein, RN, PhD
Pittsburg State University



ABSTRACT

Minimal research efforts have focused on why family members make the decision to use oxygen therapy for their loved one at end of life; and the thoughts of hospice nurses who recommend the use of oxygen. A review of literature was undertaken to determine whether the use of oxygen therapy with end of life care in patients increases their comfort. Dyspnea, the sensation of breathlessness or inadequate breathing, is common for patients with end of life illnesses. It occurs when an imbalance exists between the perceived need to breathe and the perceived ability to breathe. It is the “experience” of shortness of breath, and it may or may not be associated with suffering. From the information gathered, it was evident that oxygen therapy is beneficial for patients experiencing hypoxemia. Evidence also supports that oxygen therapy is of disputed value when dyspnea persists, yet blood oxygen concentration remains normal. Despite the evidence that oxygen therapy does not alleviate dyspnea, it continues to be prescribed and administered routinely to end of life patients. It is important to understand the perceptions and experiences of family members who authorize the use of oxygen at end of life for their loved ones and to explore the beliefs of nurses caring for these patients.

CONTACT

Mary Gathoni
Pittsburg State University
Email: mgathoni@gus.pittstate.edu
Phone: 620-762-3852

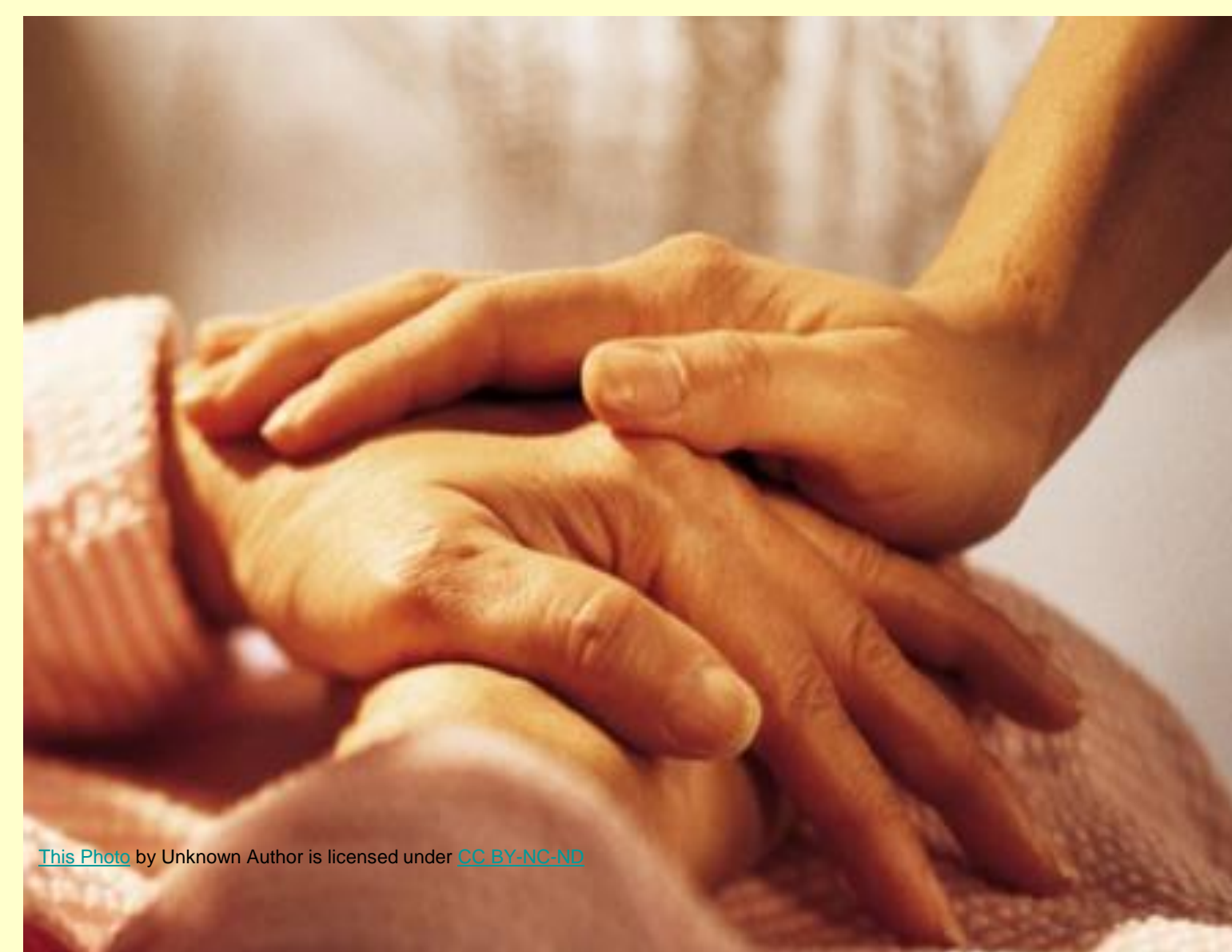
INTRODUCTION

Discussions about death and dying are not common conversations. It is however crucial to discuss matters that pertain to promoting comfort during end of life both for the patient and their family. One such area of discussion is the use of oxygen therapy during end of life and its perceived benefits. In the U.S. more than half a million people die each year from illnesses that produce dyspnea from years to hours before death (Campbell, Dove-Medows & Yorandi, 2012). Many families and nurses believe that the use of oxygen therapy at end of life is a practice endorsed by the medical community. However, this belief is inconsistent with existing evidence-based knowledge concerning the use of oxygen therapy to alleviate dyspnea.

PURPOSE and METHODS

The purpose of the initial literature review was to answer the research question: Does the use of oxygen therapy with end of life care in patients experiencing dyspnea (breathlessness) during the dying process improve their comfort?

A literature review was undertaken on the subject utilizing articles retrieved from peer reviewed journals.



LITERATURE RESULTS

Oxygen therapy is widely prescribed in palliative care (Abernethy et. al. 2010) and is commonly prescribed for dyspnea (Quinn-Lee et. al. 2012).

Despite widespread use of oxygen, a growing tide of evidence suggests that unless given to correct hypoxemia (low blood oxygen concentration), it offers little or no benefit to patients (Kelly & O'Brien, 2015).

According to Quinn-Lee et. al. (2012), the common thought that a breathless patient needs oxygen for comfort may be based on attitudes and beliefs held by practitioners, patients and family members rather than scientific evidence.

Oxygen is classified as a drug and there is unquestioned evidence regarding its use and efficacy in presence of hypoxemia. However, when dyspnea is persistent and blood oxygen level remains normal, it poses a dilemma for healthcare professionals. Health care professionals regard the comfort of patients as prime importance and when this is paired with the notion of empathy and compassion, it overrides any opinions of cautious oxygen use (Kelly & O'Brien, 2015).

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DISCUSSION

Several reasons are cited why oxygen therapy might be initiated at the end of life. Oxygen therapy may be initiated for the sake of the family in an effort to relieve their anxiety over the patient's breathlessness. (Kelly & O'Brien, 2015). Many physician ordered “comfort care” protocols have oxygen on a PRN (as needed) basis. In a survey done by Quinn-Lee, Weggel & Moch (2018), it is reported that 96% of the respondents' facilities had a standard “comfort care” protocol for end of life that offered oxygen regardless of whether patients had breathlessness or not. Unnecessary oxygen therapy has disadvantages such as; Dry nasal passages, epistaxis, airway damage cause by high flow oxygen therapy, may prolong dying process, increased risk for fires in homes that have smokers and great financial cost to the family. High cost approximately \$108/day in an in-patient setting and \$35/day in a home setting (Kelly & O'Brien, 2015). Some alternatives for oxygen therapy have been suggested that are backed by strong scientific evidence. They include: use of table side fans that cool the face and enhance air flow and pharmacological interventions such as use of opioids and benzodiazepines to manage dyspnea

CONCLUSIONS

More research is needed to understand families and nurses use of oxygen therapy at end of life when evidence does not support its use for improving patient comfort. Additional research on alternative interventions to manage dyspnea such as opioids and fan therapy is also recommended based on evidence found in the literature. This student researcher will be implementing a qualitative study to gain an understanding of the decisions and experiences of families and hospice nurses use of oxygen at end of life.

