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## A fresh perspective on the art of palliative nursing

It was Leonardo da Vinci who once said that artists see things of which others may only 'catch a glimpse'. There is no doubt that the practice of palliative nursing is both an art and science. Much has been written in the past about the Hippocratic and Asklepiian paradigms of care - the need for a relationship through which care is delivered alongside science and rigour. The founder of the modern hospice movement, Cicely Saunders, recognised the value of such paradigms, and understood their inter-relationship as a means to ensure that people whose condition could not be cured received a high quality of care, as well as support with any complex ethical issues that may arise. Her work and vision of holistic care sought to draw both together (Council of Europe, 2008).

Nurses know that the relational aspects of their work, the connection with those for whom they care, is vital to the quality of the overall experience, not only for patients, families and carers, but also for themselves and their clinical colleagues. Palliative care, at its best, draws on the essence of nursing, its presence offering an opportunity for authentic engagement and the focusing of attention on what is most important to each individual. It is, as one senior nurse wrote powerfully, 'the personhood of the nurse meeting the personhood of the patient that matters most' (Horton, 2020).

Importantly, if da Vinci's insights are applied here, we need to ask what do others understand about the art of palliative nursing and what do we, as palliative nurses, see? What do we know that others do not? How do we help in situations where others would falter? Perhaps this is at the heart of an important, but often unvoiced question - what remains unique about what we offer within the wider multi-disciplinary team? If we recognise what we offer as valuable then how do we hone it, and how do we ensure that our interventions are maximised to benefit both the experience of the dying person, and the memories of loved ones?

That said, we are challenged when we seek to describe the art of palliative nursing, as this is akin to describing one of da Vinci's paintings; the sum will always be more than its individual parts. An image seen from afar may seem instantly recognisable, while close-up it appears as random brushstrokes.. That does not mean that we should not try of course, especially when palliative nurses are not always recognised for their expertise; or when others are only able to 'glimpse' what we do from afar.

A new model of nursing for people at the end of life, reflective of contemporary opportunities and challenges, has been generated at St Christopher's Hospice to illuminate the nursing contribution and its different elements (Richardson and Cooper, 2020). Aptly named the Lantern Model, it provides guidance to nurses about how to practice their art and integrate it with the science of palliative care to achieve the outcomes that we know are important to patients and their families. Nurses across the UK and around the world who have engaged in the model have welcomed the chance to re-explore aspects of their work; in addition to having been reminded of the reasons why they were drawn into the profession and why they have chosen to continue to engage with people who are dying, as well as those who face the pain of grief.

They recognise the profundity of loss, so well described by Joan Didion (2005): 'a single person is missing for you, and the whole world is empty'. What nurses offer in response to loss will inevitably have an impact on them as individuals. The Lantern Model reminds them of the personal prerequisites they bring, that transforms help from transactional into a relational intervention, ensures that employing organisations support their nursing staff, and in turn enhances their efforts to continue to engage in this challenging work.

This is important. Fears have recently been voiced that the art of nursing care is at risk of being lost, while the emphasis on science and rigour, often articulated as a medical approach, will come to dominate (Horton, 2020). Perhaps the components of expert palliative nursing can only be fully understood by those who engage in, or experience, such care up close? This includes the artists themselves (nurses) and those witnessing their work (patients and loved ones). More concerning perhaps, is that nurses themselves may have ceased to recognise or articulate their unique offer. In this situation, the Lantern Model offers a vehicle through which to re-engage with what we do that has the most impact. Positioning our interventions as a form of social, as well as individual, benefit provides a platform from which people can judge our worth when they reflect on the best (or sadly sometimes the worst) examples of palliative nursing.

Of course, there is always much more to explore and many more questions to be posed as we reaffirm the art of palliative nursing. We also need to remain open to critique and avoid assuming that we have nothing more to learn, or that we cannot improve on what we do, or expand our roles even further. This applies to all nurses involved in palliative care nursing whether as practitioners, educators or researchers. Importantly, however, we need the time and opportunity to do so.

The new Centre for Awareness and Response to End of life (CARE) facility at St Christopher's Hospice in London offers a space to ask these questions and, hopefully, to find answers about palliative care nursing and its contribution in a new light. CARE recognises both the infinite value of palliative nursing, as well as its contemporary vulnerability and, in the context of current healthcare challenges, seeks innovative solutions to strengthen its profile. More information is available regarding the Lantern Model and other upcoming engagement, as well as learning opportunities for all nurses with an interest in palliative care via our website (St Christopher's Hospice, 2022).

If you share our concern about taking a fresh perspective on the art of palliative nursing, then we invite you to reflect on the words of a senior nurse reflecting on a lifetime of caring for dying or bereaved people: 'In face of their mortality our patients and those who love them, need more than our drug formulas and outcome measures. They need our very essence to be alongside them in the fullness and richness of the last phase of life as well as the suffering and terror' (Horton, 2022).

We now extend an invitation to join us in our journey with CARE to re-explore, enhance, and celebrate palliative nursing artistry in all its vivid richness.

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Council of Europe. Medical decisions in end of life situations and the ethical implications of the available options. 2008. <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168039e8e2> (accessed 5 April 2022)

Didion J. The year of magical thinking. 1st edn. New York: Alfred A. Knopf; 2005

Horton S. The personhood of the palliative care nurse. 2020. [https://www.stchristophers.org.uk/learning\\_hub/the-personhood-of-the-palliative-care-nurse/](https://www.stchristophers.org.uk/learning_hub/the-personhood-of-the-palliative-care-nurse/) (accessed 5 April 2022)

Richardson H, Cooper M. Introducing the Lantern Model: a contemporary model of nursing for people at the end of life. 2020. <https://www.stchristophers.org.uk/lanternmodel> (accessed 5 April 2022)

St Christopher's Hospice. Advancing contemporary nursing at the end of life. 2022. <https://www.stchristophers.org.uk/advancing-contemporary-nursing/> (accessed 5 April 2022)