



佛教慈濟綜合醫院  
BUDDHIST TZU CHI GENERAL HOSPITAL

# Clinical & Nursing Perspectives in End of Life Care

護理人員在末期病人照護的角色

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————— 死亡 —————>

病人角色

生病角色  
Sick role  
倚賴

死亡角色  
dying role  
獨立、自主

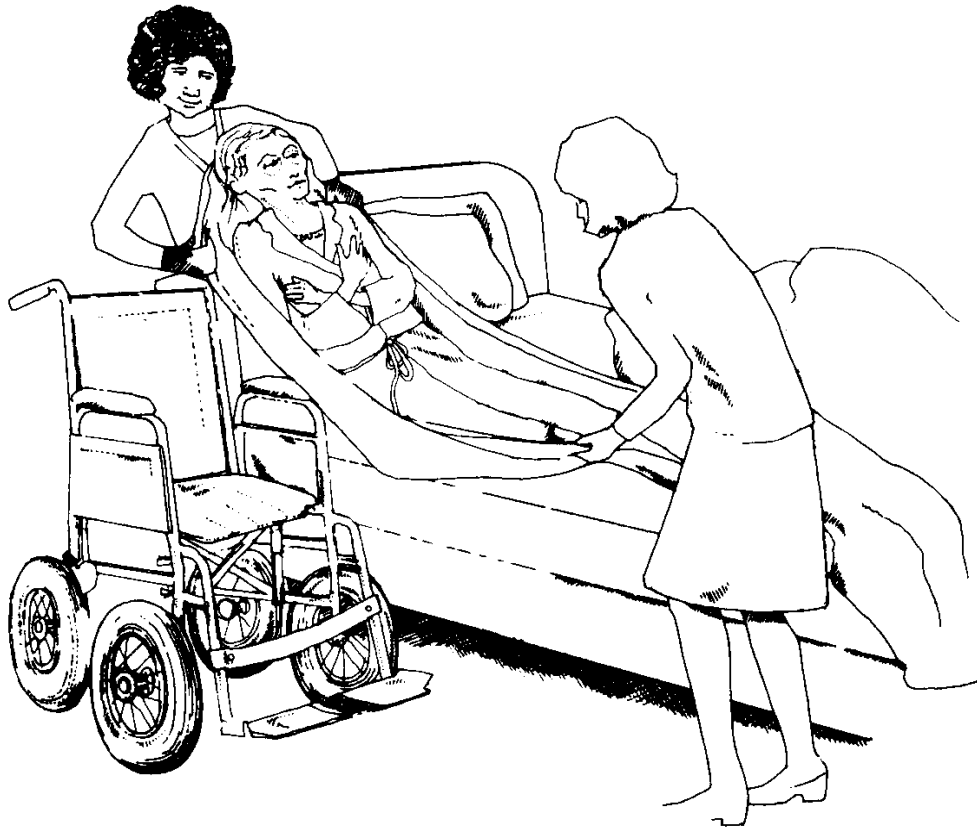
To Cure Sometimes  
To Relieve Often  
To Comfort Always

有時可把疾病治癒，  
大多時可以解除痛苦，  
但永遠可給予病患安慰與支持

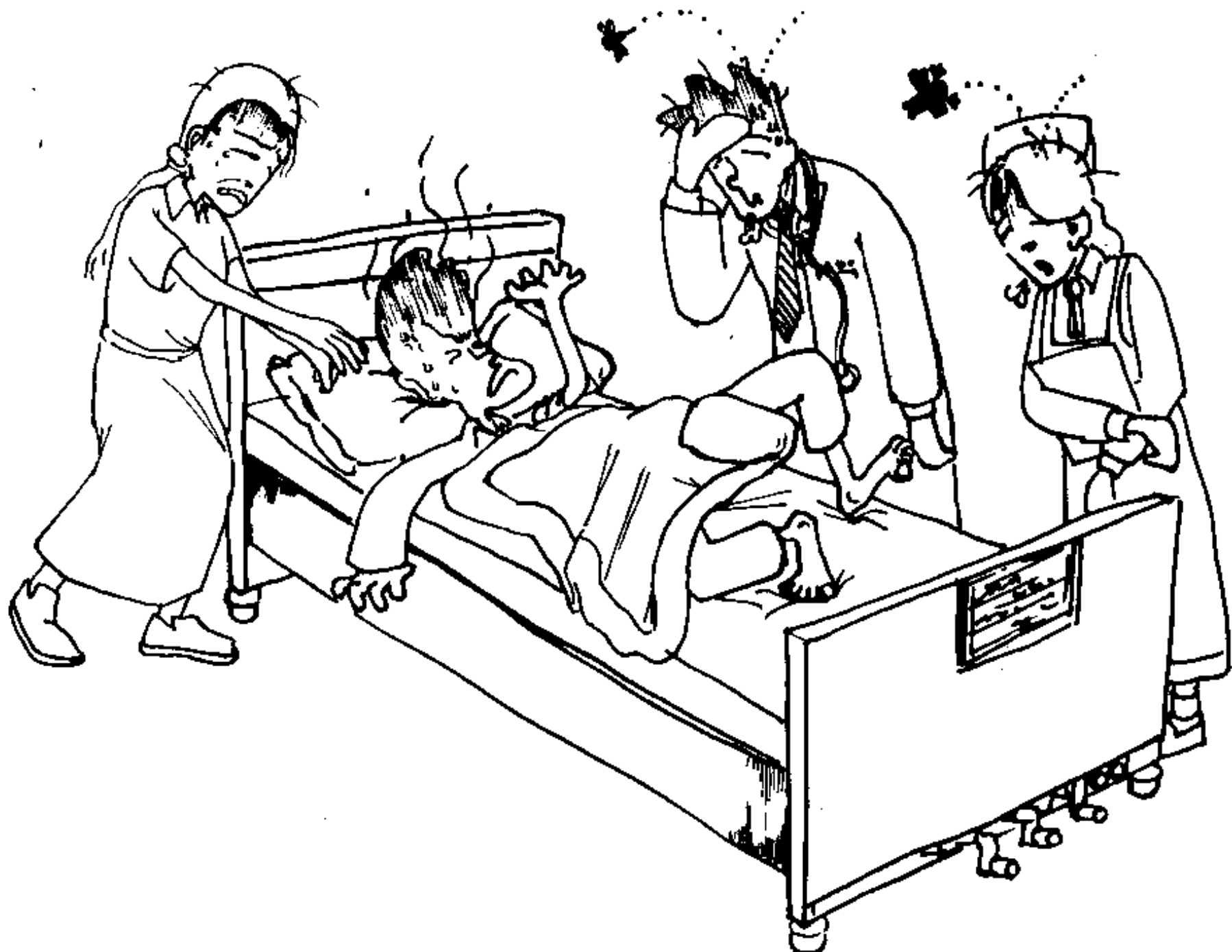
*Hippocrates (5th century)*



## Hospice within nursing homes 在護理之家內之安寧療護



By 2020  
about half of  
all deaths  
are expected  
to occur  
in nursing  
homes.



## 15 competencies for nurses to provide high-quality care EoL care

American Association of Colleges of Nursing [AACN, 1997]

1. Recognize dynamic changes in population demographics, health care economics, and service delivery that necessitate improved professional preparation for end-of-life care.
2. Promote the provision of comfort care to the dying as an active, desirable, and important skill, and an integral component of nursing care.
3. Communicate effectively and compassionately with the patient, family, and health care team members about end-of-life issues.
4. Recognize one's own attitudes, feelings, values, and expectations about death and the individual, cultural, and spiritual diversity existing in these beliefs and customs.
5. Demonstrate respect for the patient's views and wishes during end-of-life care.

6. Collaborate with interdisciplinary team members while implementing the nursing role in end-of-life care.
7. Use scientifically based standardized tools to assess symptoms (e.g., pain, dyspnea, constipation, anxiety, fatigue, nausea/vomiting, and altered cognition) experienced by patients at the end of life.
8. Use data from symptom assessment to plan and intervene in symptom management using state-of-the-art traditional and complementary approaches.
9. Evaluate the impact of traditional, complementary, and technological therapies on patient- centered outcomes.
10. Assess and treat multiple dimensions, including physical, psychological, social and spiritual needs, to improve quality at the end of life.

11. Assist the patient, family, colleagues, and one's self to cope with suffering, grief, loss, and bereavement in end-of-life care.
12. Apply legal and ethical principles in the analysis of complex issues in end-of-life care, recognizing the influence of personal values, professional codes, and patient preferences.
13. Identify barriers and facilitators to patients' and caregivers' effective use of resources.
14. Demonstrate skill at implementing a plan for improved end-of-life care within a dynamic and complex health care delivery system.
15. Apply knowledge gained from palliative care research to end-of-life education and care.



# Palliative care nursing

- “Whole person” philosophy of care
- Patient and family is unit of care
- Relief of suffering and enhancing quality of life :
  - Providing effective pain and symptom management
  - Addressing psychosocial and spiritual needs of the patient and family
  - Incorporating cultural values and attitudes in to the plan of care
  - Supporting those who are experiencing loss, grief and bereavement
  - Promoting ethical and legal decision-making
  - Advocating for personal wishes and preferences
  - Using therapeutic communication skills
  - Facilitating collaborative practice

From: Ferrell & Coyle(2006), Palliative Nursing



## 護理人員在安寧療護的責任 Definition of the nurse in palliative care

Descriptor	Author
●支持性 Supportive	Davies & O' Berle 1990
●持續積極的照顧 ●Intensive caring, collaboration	Dobratz 1990
●建立適當的希望 Fostering hope	Herth 1990
●提供舒適的照顧 Providing comfort	Degner et al 1991
●建立同理的關係 Providing an empathic relationship	Raudonis 1993
●臨床、教學、研究 Clinical, consultative with teaching, leadership and research functions	Webber
●陪伴與協助 Being there and acting on the patient' s behalf	Steeves et al 1994



## Role of the palliative care nurse (General)

- 7 個主要的角色 Seven critical nursing behavior (Degner et al 1991)
  - 在臨終狀況提供適當反應 Responding during the death scene
  - 舒適服務 Providing comfort
  - 對病人的情緒提供適當的反應 Responding to anger
  - 促成個人的成長 Enhancing personal growth
  - 對同儕有良好的互動 Responding to colleagues
  - 增進臨終的品質 Enhancing the quality of life during dying
  - 對家屬的互動 Responding to the family



## 安寧護理人員的四個主要照顧行為

### Four areas of caring behaviors of hospice nurses

- 居家照顧病人家屬的訪問
  - 24小時都可以找到 (accessibility)
  - 有效的溝通 (Effective communication)
  - 臨床能力 (Clinical competence)
  - 非批判的態度 (Non-judgmental attitudes)

Cancer nursing 1991 14(2) 63-70

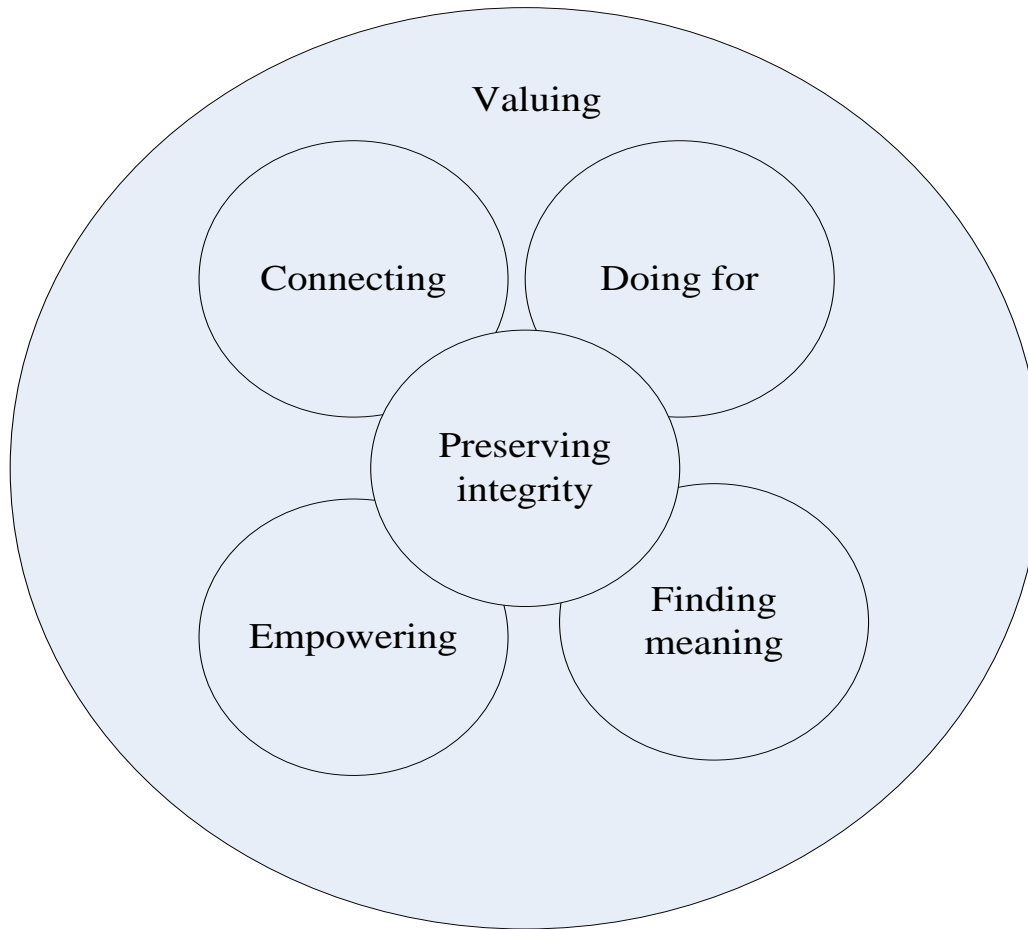
# 病人與護理人員對安寧緩和療護護理人員的看法

- 病人認為最重要的是
  - 護理人員能滿足他們的需求
  - 傾聽
  - 隨時可以找到
- 護理人員認為最重要的是
  - 學識
  - 經驗
  - 舒適照顧



# 安寧療護護理人員的照顧範疇

## Dimension of care (Davies & Oberle 1992)



# 價值觀 Valuing

- 一般的價值觀
  - 對人的基本價值
  - 非主觀的判斷 |
  - 無條件的尊重 (Rogers 1967)
- 個別的價值觀
  - 較個人的主觀
  - 發生在護理人員與病人及家屬已建立相當的關係



# 連接 Connecting

- 護理人員與病人及家屬有較深入的互動，瞭解他們的經驗
- 最重要是建立互信的關係
- 維持與病人的連接：
  - 在有需要時都會出現
  - 付出足夠的時間
  - 分享彼此的生活經驗
  - 自我的認知







# 權能增加 Empowering

- 五個主要的要素

- 促成 Facilitating:

- 鼓勵 Encouraging:

- 情緒疏導 Defusing:

- 引導 Mending:

- 提供資訊 Giving information



## 實際服務 Doing for

- 對病人的實際服務 Taking charge
  - 疼痛及症狀控制
  - 協助安排溝通
  - 協助日常生活照顧
- 團隊計畫 Team planning:
  - 與其他團隊討論



# 生命的意義 Finding meaning

- 焦點放在活著的時候
- 協助病人瞭解他們生病的意義
- 能坦誠與病人討論有關死亡



# 維持個人的完整性 Preserving integrity

- 個人內在的自信
- 維持個人的活力
- 滿足所作的事



“我在人生中及工作中，漸漸發現有那麼多的無力感，最重要的是不要害怕，不要因而退縮，垂死的病人知道我們不是神，他唯一的要求是我們不要把他放棄。

Slowly I learn about the importance of powerlessness. I experience it in my own life and I live with it in my work. The secret is not to be afraid of it - not to run away. The dying know we are not God...All they ask is that we do not desert them”



# 護理人員對安寧緩和療護的三個層次

## - Webber Model 1993 -

<b>Level</b>	<b>Competencies required to assess and plan care</b>	<b>Specialist activity</b>
<b>Level 1 Competencies expected of all registered nurses</b>		
<b>Level 2 Competencies expected of nurses working within the specialty of palliative care</b>		
<b>Level 3 Competencies expected of advanced practitioner</b>		



Level	Competencies required to assess and plan care	Specialist activity
<p>Level 1</p> <p>Competencies expected of all registered nurses</p>	<p>Establish empathy</p> <ul style="list-style-type: none"> <li>■ Listen</li> <li>■ Elicit information</li> <li>■ Give information</li> <li>■ Assess needs, symptoms, psychosocial distress and the impact of thee upon the patient and family</li> <li>■ Recognize situations where referral is required</li> <li>■ Represent patient and family needs to others</li> </ul>	<p>Indirect service</p> <ul style="list-style-type: none"> <li>■ Format and informal teaching</li> <li>■ Consultancy</li> <li>■ Support primary cares in the development and auditing of clinical standards</li> <li>■ Ensure that policies are developed and monitored for use in the clinical environment</li> <li>■ Disseminate research results and promote valid research finding as the basis for practice</li> <li>■ Contribute to the creation of a working climate in which staff feel valued and supported</li> </ul> <p>Direct service</p> <p>There may be many clinical areas where Level1 competencies have not been developed. In such cases the specialist may need to offer limited direct services until the foundation level of expertise has been reached.</p>



<p>Level 2 Competencies expected of nurses working within the specialty of palliative care</p>	<ul style="list-style-type: none"><li>■ Assess patients and families presenting with clearly identified and treatable physical and/or psychological problems and needs</li><li>■ Implement protocols and monitor their effect</li><li>■ When appropriate assist clients to express and explore emotionally distressing feelings</li><li>■ Utilize interventions to prevent physical and psychological problems developing or escalating</li><li>■ Recognize situations and problems requiring referral</li></ul>	<p>Indirect services</p> <ul style="list-style-type: none"><li>■ Consultancy</li><li>■ Formal and informal teaching</li><li>■ Develop and evaluate intervention and protocols to used by primary nurse</li><li>■ Provide support for staff in successful situations</li></ul> <p>Direct service</p> <ul style="list-style-type: none"><li>■ Undertake joint assessment with primary nurses</li><li>■ Assist primary nurses to plan and implement care</li><li>■ Modeling good practice</li><li>■ Accept referrals</li></ul>
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<p>Level 3 Competencies expected of advanced practitioner</p>	<ul style="list-style-type: none"><li>■ Assess, plan and implement interventions for patients experiencing complex or intractable physical symptoms</li><li>■ Assess, plan and implement care for those with multifaceted complex psychological problems</li><li>■ Provide psychological support using a recognized therapeutic framework or model</li><li>■ Seek personal supervision when required</li><li>■ Recognize situations requiring referral</li></ul>	<p>Indirect services</p> <ul style="list-style-type: none"><li>■ Assist with problem definition</li><li>■ Explore approaches to complex problem management</li><li>■ Provide supervision for nurses offering short-term psychological care of patients and families</li><li>■ Provide information about resources available to achieve objectives</li><li>■ Research and refine interventions</li><li>■ Support staff in stressful situations</li></ul> <p>Direct services</p> <ul style="list-style-type: none"><li>■ Accept referrals</li><li>■ Assess degree of complexity of need and problems</li><li>■ Provide ongoing care and support for those with intractable/ multifaceted physical and psychosocial problems</li></ul>
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# End-of-Life Care Nursing Education

# **End-of-Life Nursing Education Consortium (ELNEC)**

ELNEC-Core content is divided into eight modules:

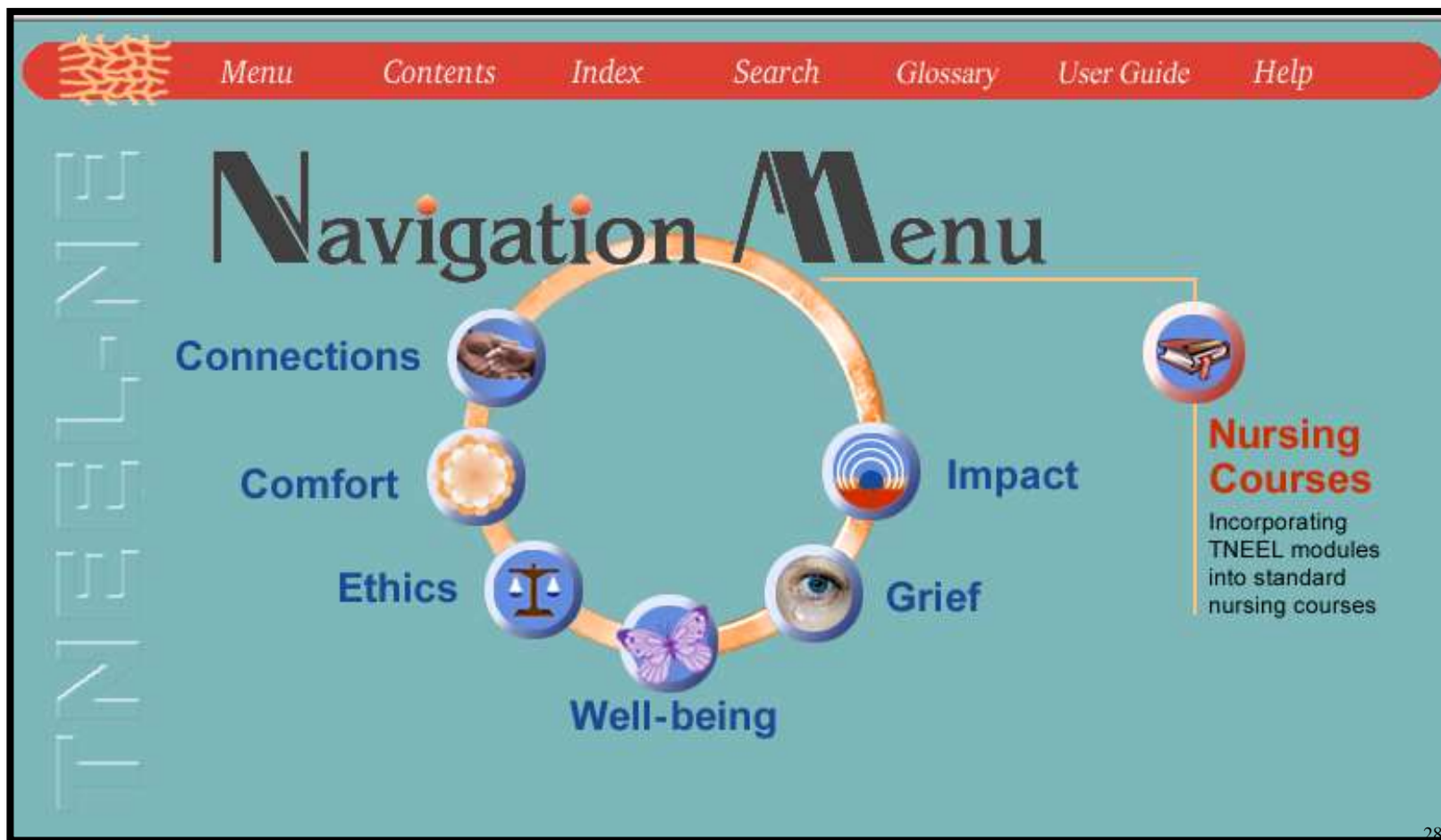
1. Nursing Care at the End of Life
2. Pain Management;
3. Symptom Management
4. Ethical/Legal Issues
5. Cultural Considerations in End-of-Life Care
6. Communication;
7. Loss, Grief, Bereavement
8. Preparation for and Care at the Time of Death.



## TNEEL-NE (USA)

# Toolkit for Nursing Excellence at End of Life Transition

**TNEEL covers six TOPICS related to end-of-life:**





[Menu](#)

[Contents](#)

[Index](#)

[Search](#)

[Glossary](#)

[User Guide](#)

[Help](#)

# Connections

...between professional caregivers, patients and their families.

- **Communication**
- **Patient-Centered Decision Making**
- **Roles and Relationships**



LINKS



[Menu](#)

[Contents](#)

[Index](#)

[Search](#)

[Glossary](#)

[User Guide](#)

[Help](#)

# Comfort

Promote comfort during end-of-life transition through pain and symptom relief.

- [Comfort Goals](#)
- [Pain Mechanisms](#)
- [Pain Assessment](#)
- [Pain Management](#)
- [Symptoms Other Than Pain](#)

目錄



[Menu](#)

[Contents](#)

[Index](#)

[Search](#)

[Glossary](#)

[User Guide](#)

[Help](#)

# Well-being

The psychosocial & spiritual aspects of well-being in people with far-advanced diseases.

- **Psychosocial Care**
- **Suffering**
- **Quality of Life**
- **Hope**
- **Spirituality**
- **Complementary & Alternative Therapies**

WELL-BEING



[Menu](#)

[Contents](#)

[Index](#)

[Search](#)

[Glossary](#)

[User Guide](#)

[Help](#)

# Grief

Understand the experience of loss and grief and approaches to caring for the bereaved.

- **Sociocultural Aspects**
- **Theoretical Perspectives**
- **Anticipatory Grief**
- **Therapeutic Interventions**







[Menu](#)

[Contents](#)

[Index](#)

[Search](#)

[Glossary](#)

[User Guide](#)

[Help](#)

# Impact

...the effect of end-of-life transition on individuals, families and society.

- **Epidemiology**
- **Economics**
- **Service & Delivery Systems**
- **Resource Utilization**





[Menu](#)

[Contents](#)

[Index](#)

[Search](#)

[Glossary](#)

[User Guide](#)

[Help](#)

# Ethics

...the legal & ethical issues surrounding end-of-life care.

- **Healthcare Decision Making**
- **DNR Decisions**
- **Forgoing Medical Therapy**
- **The Nurse's Role**
- **Children: Legal & Ethical Issues**



# Ethics



...the legal & ethical issues surrounding end-of-life care.

## The Nurse's Role

Sarah E. Shannon, PhD, RN

Define the nurse's role in ethical decision making around end of life issues.

## Introduction

- Nurses are perceived as having a crucial **“in-between”** role:
  - The communication line between the patient and physician.
  - The communication line between family and physician.
- We look the nurse’s role at end-of-life as a ***process*** rather than a single decision, a specific moment, or a single interaction.





## Traditional Role: Nurse as Patient Advocate

- For many years, the nurse's role was **“patient advocate” (supporting a patient's interests).**
- Patient advocacy is based principle of **autonomy**:
  - The individual's rights to self-determination, in particular over what happens to one's body.
    - Autonomy vs. justice
    - Autonomy vs. beneficence
- Merely supporting the patient's right to autonomy *does not* resolve the ethical dilemma.
- Patient advocacy implies that an adversary exists.





# The Nurse's Role

Autonomy	An ethical principle that affirms the right of the individual to self-determination, in particular over what happens to his or her physical body.
Beneficence	To act in a way that benefits the patient; in particular, a benefit the patient views as good.
Justice	Fairness, equity; there are many views of what constitutes justice in health care but all struggle to define equitable distribution of health care resources.
Moral distress 道德困境	Knowing what is the right thing to do but being unable to act, usually because of institutional constraints. Similar to moral outrage.
Moral outrage 道德義憤	Knowing what is the right thing to do but being unable to act, usually because of institutional constraints. Similar to moral distress.
Moral uncertainty	Being unsure of what the ethical action, or even the ethical problem, is.
Patient advocate 病人的倡導者	To act on behalf of a patient; to defend the patient's rights, primarily the patient's right to self-determinism in healthcare decision making.





## 台灣安寧緩和護理學會



### 【紅色葉緣-溫馨與平安】

– 在富有愛心與熱忱的護理人員照護下，病人與家屬感受到溫馨

### 【黑色葉面根部-疼痛、苦難】

– 象徵著末期病人與家屬的身、心、靈之整體苦痛。

### 【綠色梗-全人的療癒】

– 緩解生理不適症狀，提供持續性身、心、靈性與社會照護，雖疾病無法治癒，在幽谷伴行下，卻能超越苦難，達到全人的撫慰與療癒。當生命邁入末期臨終，在信任與親善的護病關係中，陪伴著病人及其家屬渡過這最艱難的人生旅程。期願在安寧療護下，病人與家屬均能達到身體、心理、與思想三平安。



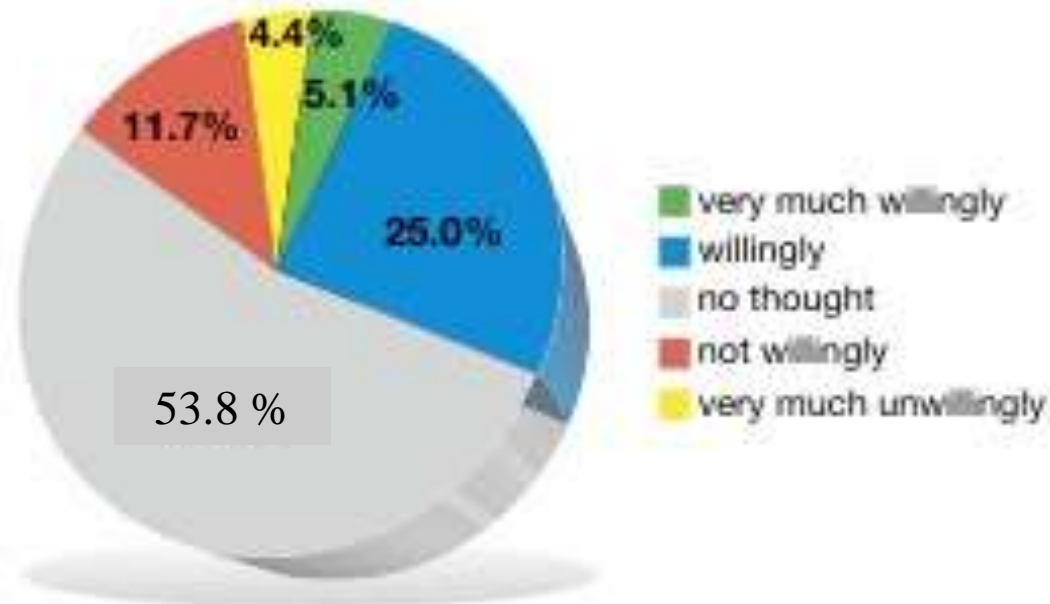
## The development of palliative care nursing in Taiwan

- Taiwan Association of Hospice Palliative Nursing organize training for the palliative nurse specialist in Taiwan.
- Currently there are about 2000 membership and 380 palliative care nurses (PCN) in Taiwan. (by the end of 2012)
- Training for palliative nurse specialist:
- 80-hour training courses, include:
  - Team basic course for palliative care
  - Team common course for palliative care
  - Advanced course
  - Clinical attachment
  - Specialist qualification examination
- Continuing Professional Development (CPD): Nurses need to get at least 20 CPD points each year.



## 一般護理人員轉至安寧照護的意願

**For non-palliative care givers: would consider transfer to palliative care ward? (N=1,308)**

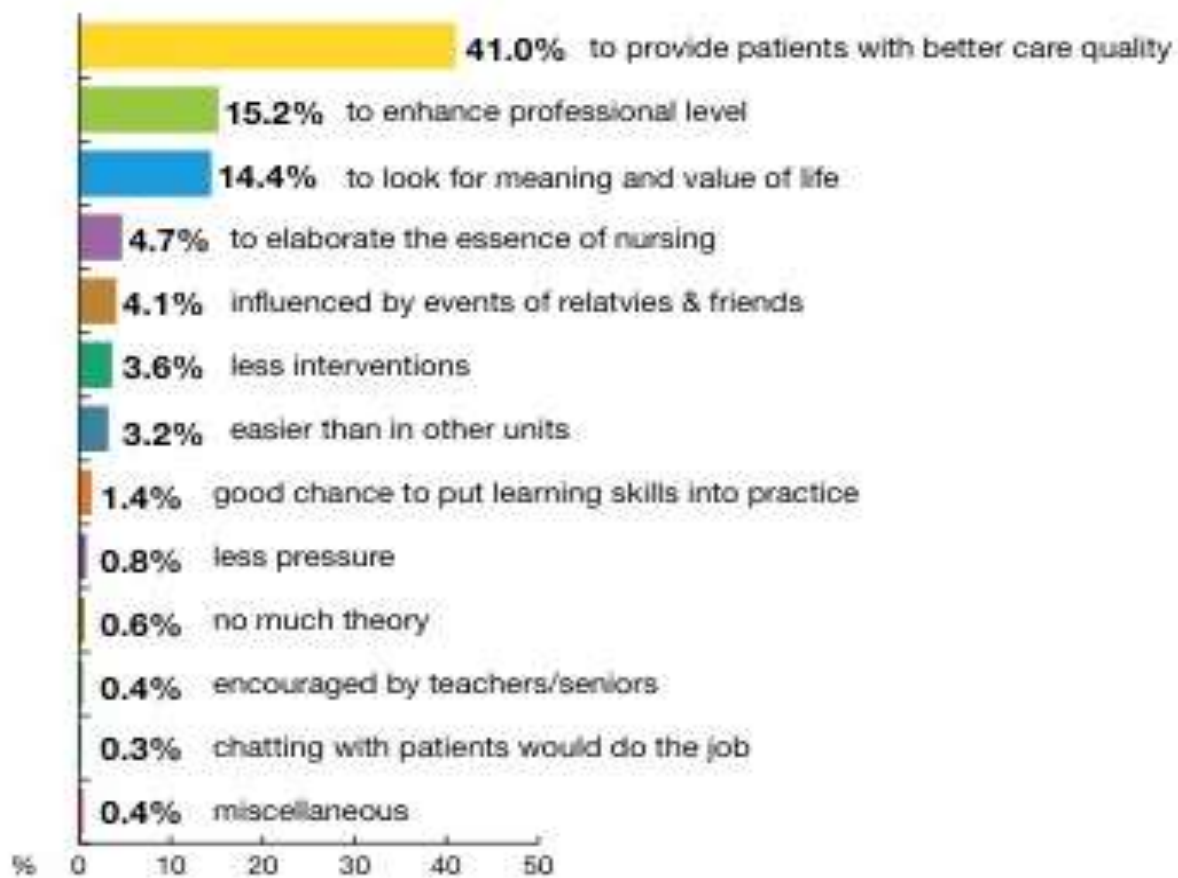




## 選擇至安寧病房服務的原因

Q2

For non-palliative care givers: suitable reasons to transfer to palliative care ward? (N=1,308)

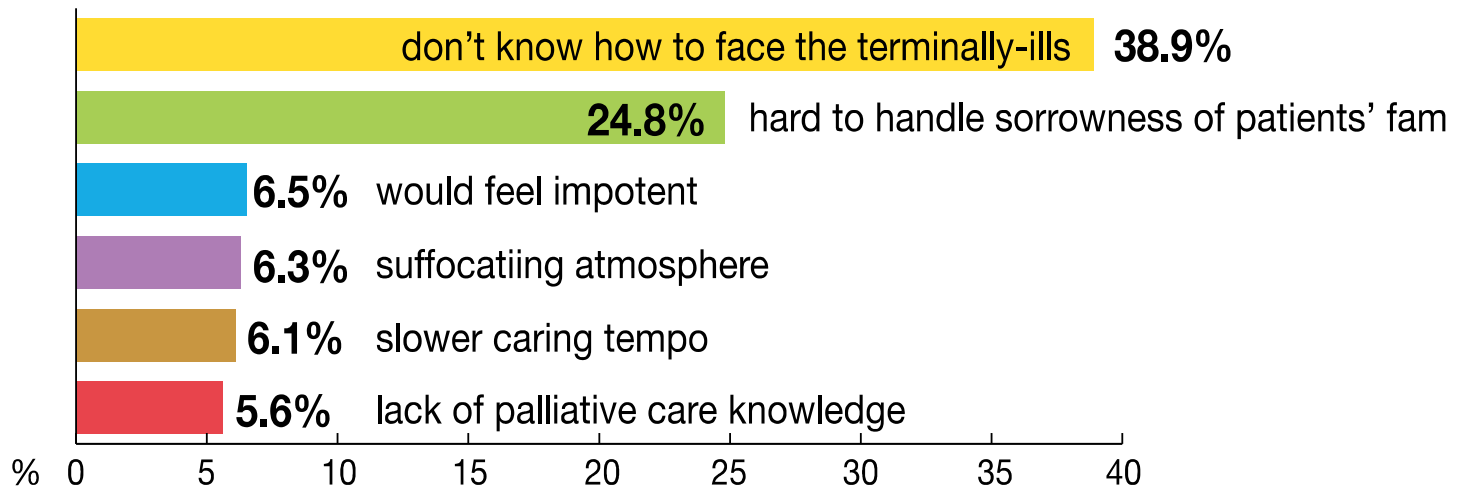




## 不願意至安寧病房服務的原因

Q3

For non-palliative care givers: why not serve in palliative care ward? (N=1,308, multiple choices)

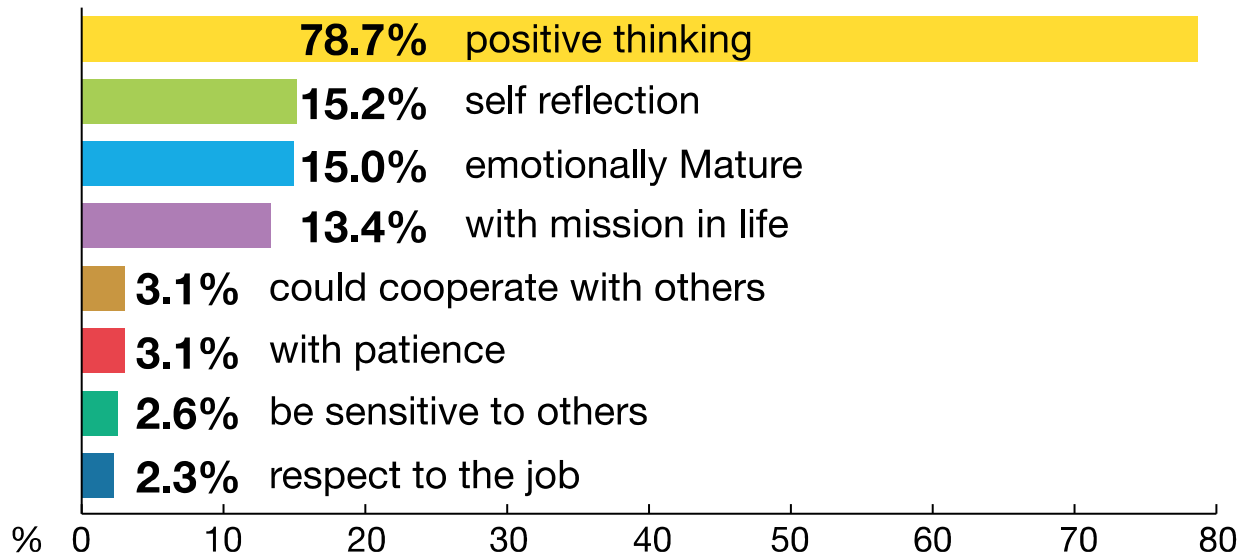




## 一般護理人員認為安寧護理師特質

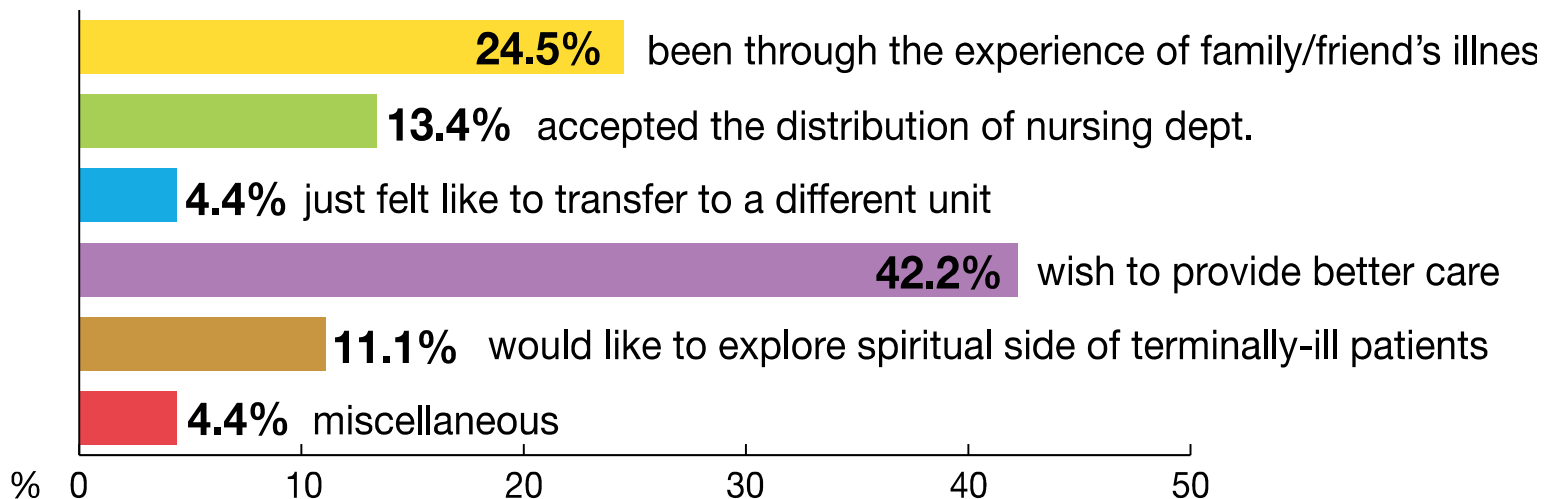
Q4

**For non-palliative care givers: which characteristics should a palliative care nurse own? (N=1,308, multiple choices)**



## 安寧護理人員至安寧病房服務的原因

### 5 For palliative care givers: why serve in the palliative care? (N=45)





# Heart Lou's Hospice

Tzuchi General Hospital

Hualien Taiwan



## 護理人員素質

- 護理長接受英國安寧療護研究所訓練
- 副護理長接受英國安寧療護短期訓練，專精於淋巴水腫
- 四位資深護理師為安寧療護研修中心師資
- 一位資深護理師接受芳香治療國際認證班
- 選派各相關專業人員參加安寧照顧基金會舉辦的安寧療護基礎班、進階班同時協辦東區安寧療護訓練班
- 平均護理工作年資7.3年(含新進人員6.3年)
- 平均安寧工作年資4.6年(含新進人員4.1年)
- 15位護理人員接受安寧療護教育訓練80小時以上並領有證書
- 3位新進護理人員陸續接受訓練中(已有安寧基本訓練，同時接受病房內加強(天使)訓練，亦已安排參加本院十二月辦理之全國進階安寧護理訓練)





## 社區化安寧之國際研討會 (1996)





# 英國臨床安寧照顧指導老師





從正統的西方醫療到另類療法

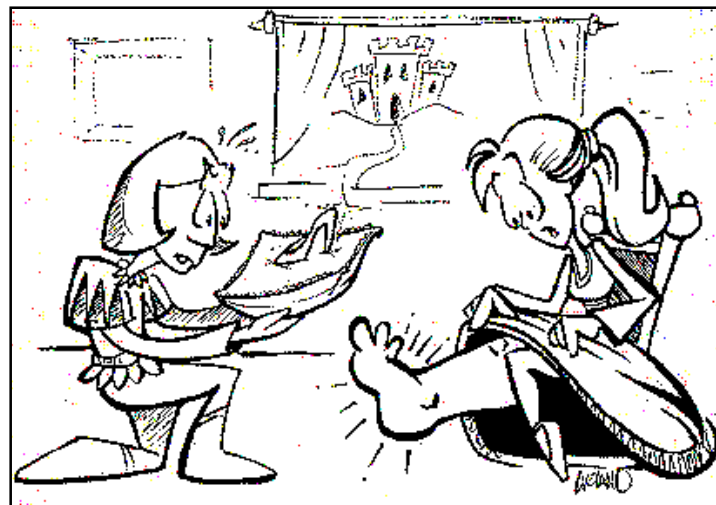
護理人員同時可提供各種的輔助療法 –

## 全人的舒適照顧

- 音樂療法 Music Therapy
- 芳香療法 Aromatherapy
- 藝術療法 Art therapy
- 治療接觸 Therapeutic touch
- ...

## 專科安寧療護護理的次專科

- 淋巴水腫專家
- 芳香治療專家
- 傷口護理專家
- ...



## 對癌症末期病人之影響

### • 心理社會層面

約有70%的病患由於身體形像的改變，而造成心理、社會的問題。

- 功能性傷害：因為肢體的重量、體積或神經病變而產生問題

腫脹的肢體也是他們疾病持續的信號。





# 淋巴水腫專家講授






## 引進末期病患的淋巴水腫治療工作坊





# 傳統徒手淋巴按摩



MASSAGE SEQUENCE:

- 1 neck
- 2 below jaw line
- 3 ear to chin
- 4 ear to top lip
- 5 ear to nose
- 6 below eyes
- 7 above eyes
- 8 forehead.

massage:  
1', 1'', 1''', 1''', 1'  
continue working each number  
1, 2, 3 & then back out to the  
side & back down the neck.





# 困難淋巴水腫- 中國傳統針灸 七星針應用

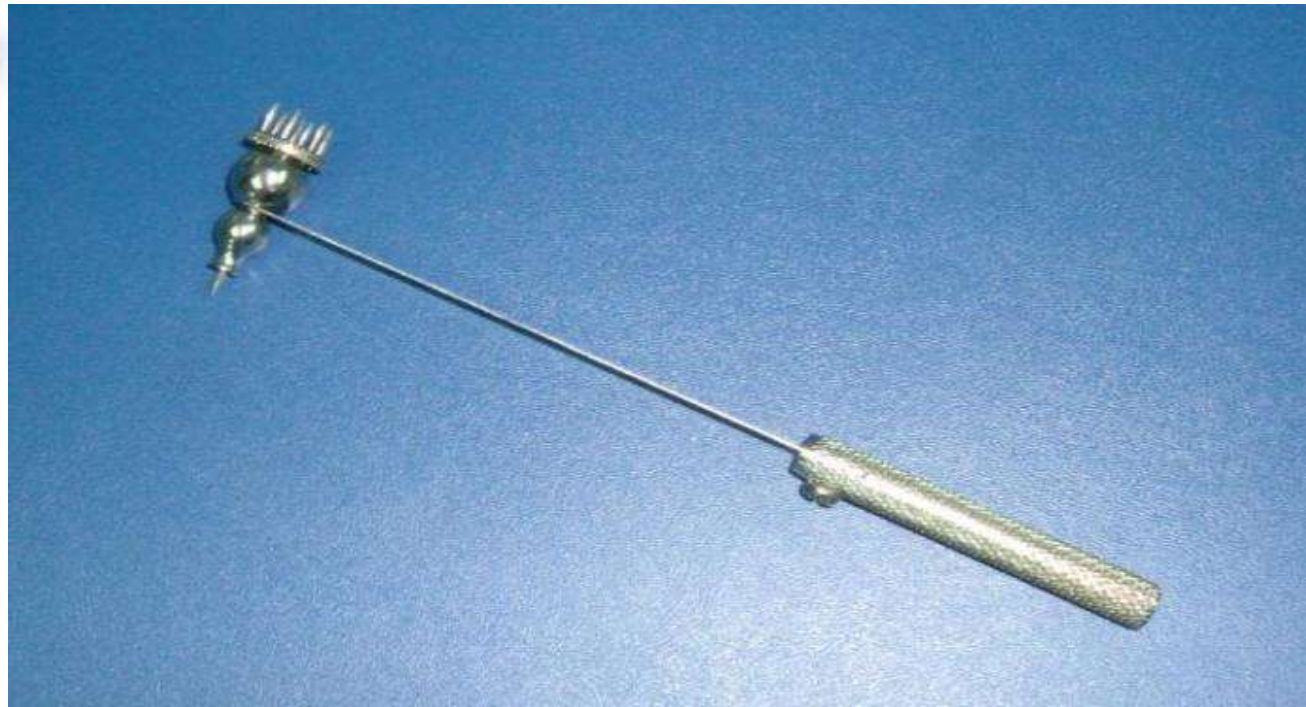
## 39歲的黃先生...

- 因左頸部一壓痛腫塊, 收治入院
- 病史:
  - 脣舌癌接受廣泛切除, 1月左頸部腫塊
- 核磁共振-主要腫瘤位於口腔底部, 並已蔓延到頸部大部份的淋巴結

眼眶水腫, 無法打開眼睛

淋巴按摩





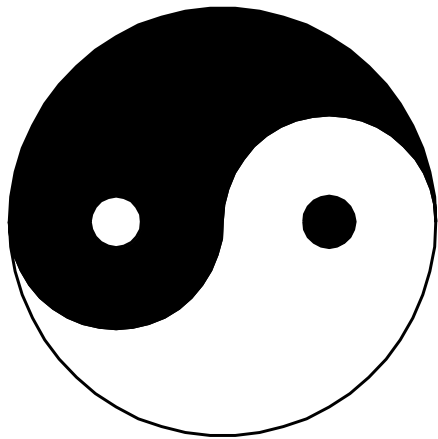
住院期間...96.5.7 會診中醫





佛光慈濟綜合醫院  
BUDDHIST TZU CHI GENERAL HOSPITAL

全國第一個中西醫  
共同照顧的病房





## 引進各類輔助療法

- 藝術療法、芳香療法...-



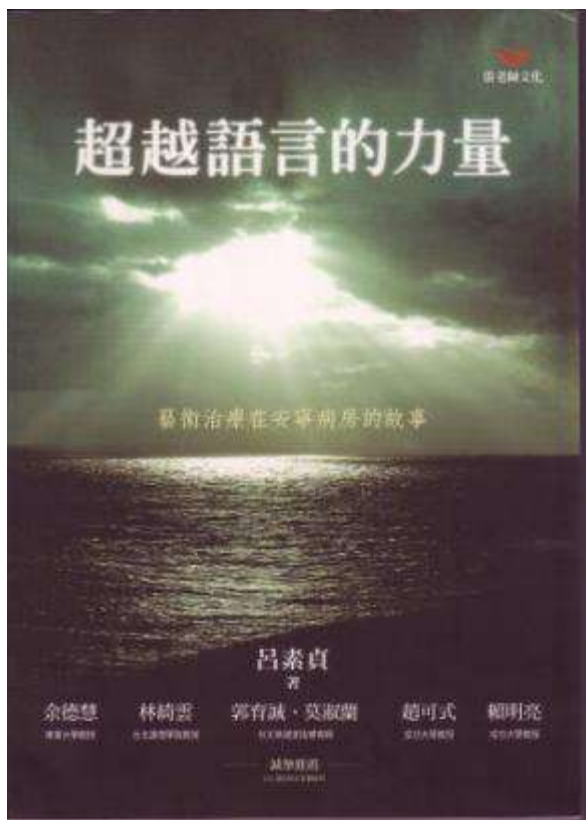


佛光山佛陀紀念館  
BUDDHIST TZU CHI GENERAL HOSPITAL





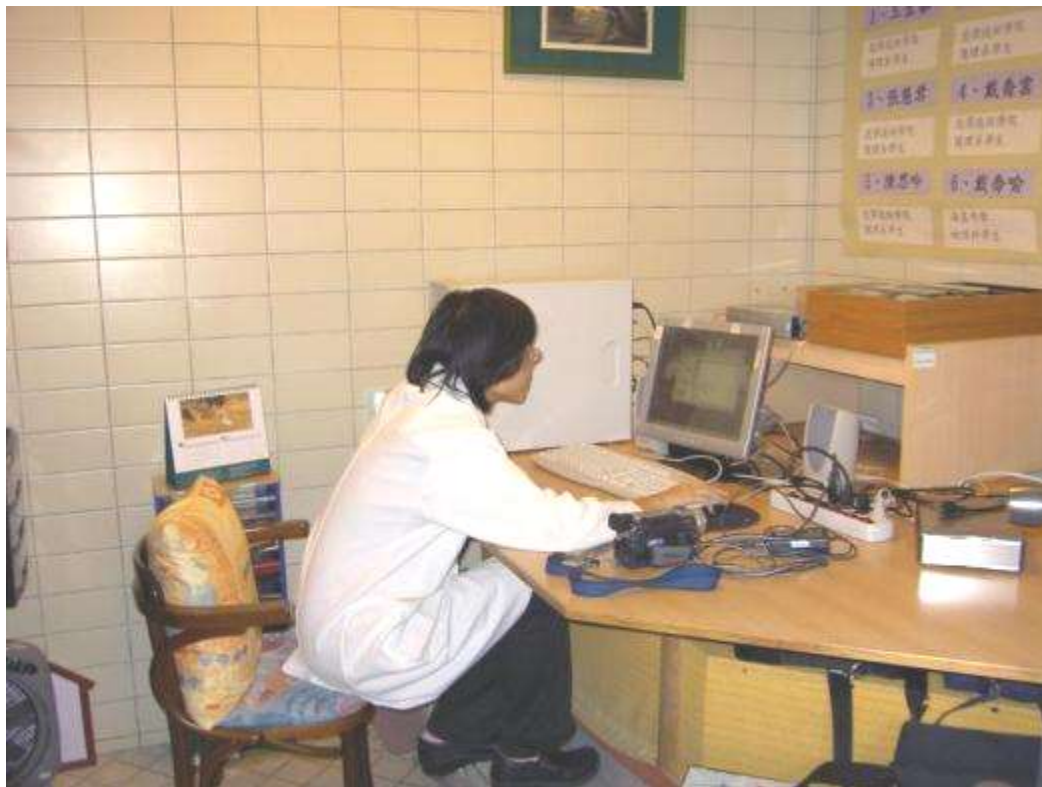
## 藝術療法







# 為病人製作影像





## 影像紀錄

# 為病人製作影像





## 安寧推廣- 安寧影展

項目	92年	93年	94年
安寧療護專業人員繼續教育課程	1171人次 (35場次)	116人次 (5場次)	309人次 (5場次)
社區民眾及志工團體	0 (因SARS)	415人次 (5場次)	595人次 (6場次)



### 微笑走過人生

主辦單位：慈濟慈濟醫管中心

指導單位：花蓮縣教育局

影展時間：

第一場次：九十四年八月二十三日，星期四 晚上19:30-21:30

第二場次：九十四年八月二十四日，星期五 晚上19:30-21:30

影展地點：松園別墅

參加對象：對生死學、生命教育有興趣之社會民眾

報名費：現場繳交，150元/人，全程參與者可獲致謝研討簡章贈送四小時。

第一場次影片：6月25日

【阿媽的墓】

【小明及阿亮】

【無法聽懂媽媽之語】

研討主題：

1. 如何透過臨終病人的故事，對社會大眾做生命教育。
2. 如何和小明及阿亮談死亡。
3. 對青少年的生命教育。

第二場次影片：6月24日

【牽手再來】

【主顧你人樣】

研討主題：

1. 宗教信仰對病人的重要性。
2. 女性如何由重病和臨終。
3. 神職人員在臨終陪伴的角色。
4. 臨終陪伴和心靈成長。

影片及導演資訊：Lynn 攝影師

【阿媽的墓】 導演：蔡志雄

【小明及阿亮】 導演：蔡志雄

【無法聽懂媽媽之語】 導演：蔡志雄

【牽手再來】 導演：蔡志雄

【主顧你人樣】 導演：蔡志雄

【阿媽的墓】 導演：蔡志雄

【小明及阿亮】 導演：蔡志雄

【無法聽懂媽媽之語】 導演：蔡志雄

【牽手再來】 導演：蔡志雄

【主顧你人樣】 導演：蔡志雄

【阿媽的墓】 導演：蔡志雄

【小明及阿亮】 導演：蔡志雄

【無法聽懂媽媽之語】 導演：蔡志雄

【牽手再來】 導演：蔡志雄

【主顧你人樣】 導演：蔡志雄

臨終生命系列影展



## 心蓮影像模式的心理照護

- 心理照護促發者(facilitator)：陪同病人探索未知的“夥伴角色”，而不是全知全能的指導角色
- 心理照護整合者(integrator)：透過對臨終心靈轉換歷程的理解, 協助病人整合心靈成長, 營造病人轉化所需的環境和能量
- 心理照護見證者(witness)：照顧者受惠於病人的呈顯(presence), 有機會一窺生命的實相



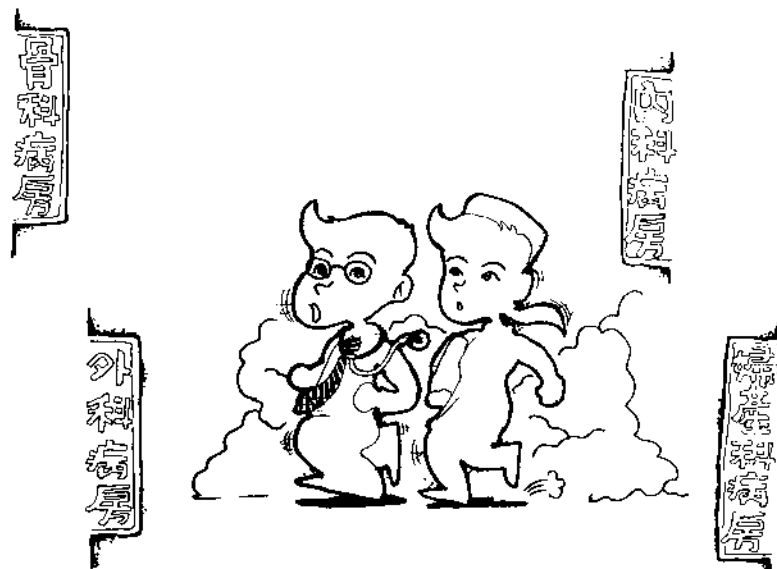
## 安寧團隊一天的開始

醫師從病房會議的主角變為參與  
護理人員的交班主導整個晨會的進行



## 專科安寧療護護理師 - 同時亦是教師

- 安寧緩和療護共同照護 - 協助及指導其他病房工作人員提供安寧緩和療護





# COPE

*C Creativity*                      創意、用心

*O Optimism*                      樂觀、積極

*P Planning*                      計劃、專業

*E Expert information*              請教專家



## 學習教材

全國安寧必條備  
的參考資料



靈性多媒體教材





## 對陪伴最大的挑戰

# Greatest challenge of empathic presence

- 當病人的痛苦引起醫護人員害怕與不安時，仍能繼續的留在病人身旁
- 當傾聽是對病人最適當的處置時，護理人員能拒絕”一定要做點事”的誘惑。

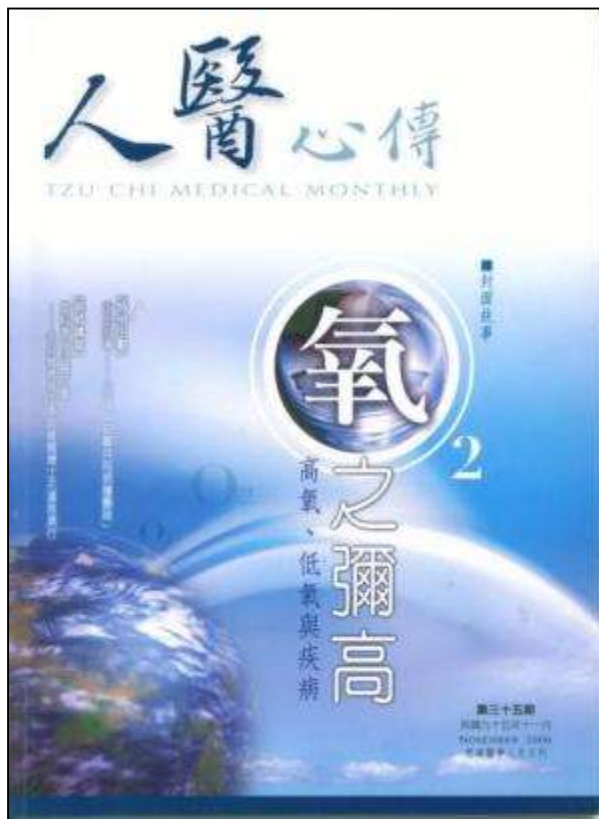
Resisting the almost irresistible need to “do something” when listening is the more appropriate action.

*Don't just do something, sit there!*

不要只要給治療，坐下來!



## 期刊報導





# 自我學習教材

G 161 i n G 11 i n i 1

臨終陪伴與  
顧者心靈成長工作坊  
課程VCD

編者：中國醫藥學院附屬醫院內外科  
編者：2004年10月27日  
師：慈濟醫院中心臨終關懷心理師 石世明

## 心蓮病房 心理靈性閱讀教材使用一覽表

心理師 石世明 編  
2004.03

閱讀材料名稱	適用對象				備註
	家屬	病人	志工	醫療人員	
1.臨終者的需求 《面對死亡－尋性希望》第三章	✓		✓	✓	
2.陪你走一段	✓		✓	✓	
3.心的精進－開啓智慧之門	✓	✓	✓	✓	
4.如何調適與轉換生病的苦惱？	✓	✓	✓	✓	
5.求往生？崑山記事	✓	✓	✓	✓	
6.人在那裡尋求依靠？ 《病床邊溫柔》序言				✓	
7.用愛和慈悲陪伴 《伴您最後一程》第十一章	✓			✓	
8.為他人而活 《伴您最後一程》第十章	✓	✓	✓	✓	
9.貝絲的故事	✓	✓	✓	✓	
10.傑克的故事	✓	✓	✓	✓	
11.充滿愛的回家照顧	✓			✓	
12.阿麗的紀錄	✓			✓	
13.志工訓練所面臨的困難與挑戰				✓	
14.作為臨終關懷的安寧病房				✓	
15.護理人員在臨終陪伴所面臨的困境				✓	
16.對臨終關懷的靈性照顧				✓	
17.Karnofsky Scale				✓	
18.臨終過程四項二元對立之融合				✓	
19.臨終的心靈照顧階段 《在最後一程去》第七章				✓	
20.勇敢地在天上的女孩－給我的最愛小 型	✓		✓	✓	
21.潔咪的故事	✓	✓	✓	✓	
22.看不見不代表不存在	✓	✓	✓	✓	
23.畫圓時間	✓		✓	✓	
24.生命的禮物	✓		✓	✓	

# 臨終心理照顧—花蓮慈濟心蓮模式

石世明<sup>1,2</sup> 邱宗怡<sup>2</sup>

美國丹佛大學臨床心理所<sup>1</sup> 佛教慈濟綜合醫院心蓮病房<sup>2</sup>

## 摘要

本文描述花蓮慈濟醫院心蓮病房所發展的臨終心理照顧模式。首先界定臨終心理照顧的內容與範疇，包括支持性照顧、心理諮商與心靈陪伴。接著介紹經長期臨床心理研究和實務經驗發展出的臨終心理諮商理論和觀念，並說明臨終心理諮商所面臨的特殊處境，最後則簡介根據前述理論與臨終特殊處境而採取的臨終心理照顧實務作法。慈濟醫學 2006; **18(Suppl 4)**:71-78

**關鍵語：**臨終心理照顧，臨終心理諮商，心蓮模式，心靈療癒



# 台灣緩和醫療 遠距個案研討會

本網站建於民國86年11月1日，您是第**03146**位訪客

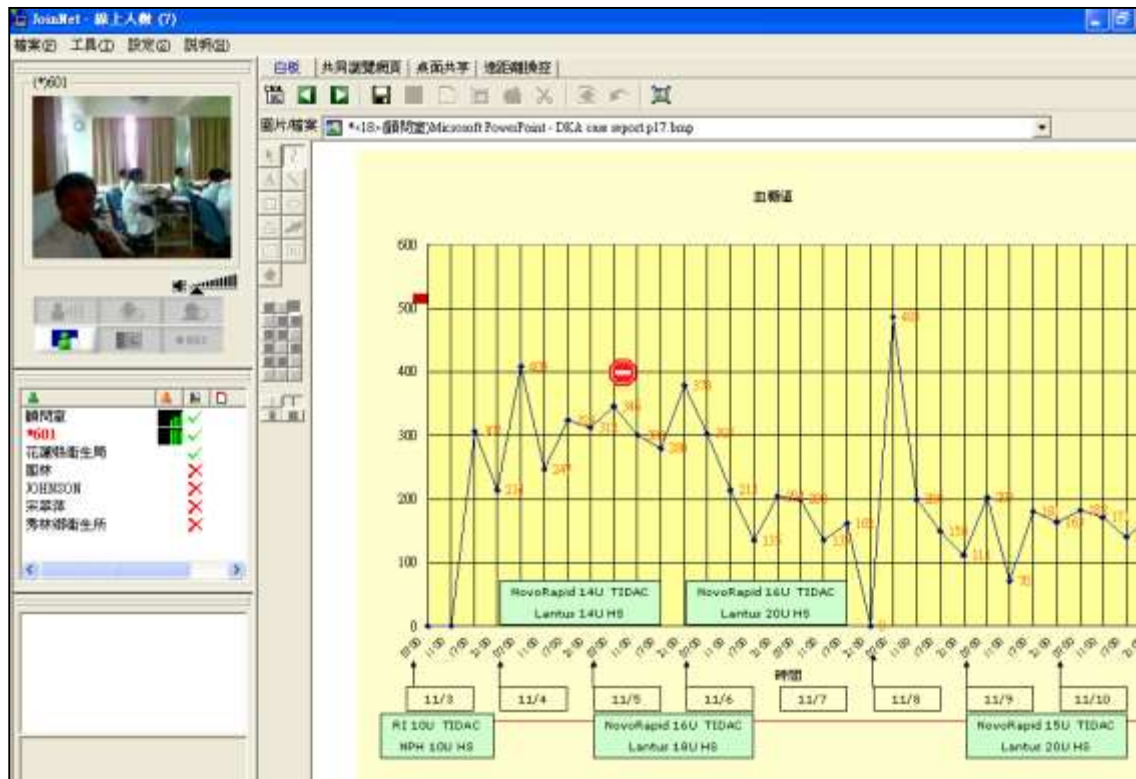
[個案資料](#)   [網路討論區](#)   [錄影記錄](#)

[研究計劃](#)   [聯絡研究人員](#)   [E-mail記錄](#)

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# 全台安寧遠距視訊會議





護理人員在國際研討的發表

安寧夥伴參與國際研討會 - 全台發表最多的團隊





# 活出生命的寬度

## 心蓮病房

*Respect the dignity life –  
The Heart Lotus  
Palliative Care Ward*

中文 / English





# Head Hands and Heart

## HEAD 'what to do'

- 知識
- 臨床能力
- '要做什麼?'

## HANDS 'how to do it'

- 過程、組織
- 制度

## HEART 'why'

- 關心、用心、愛心
- 人性層面-為什麼
- 過去的經驗



# 對的人 在對的位置

## Right person in the right place

- 適合安寧伴行的八個特質
  - 正向思考 ( positive thinking )
  - 情緒成熟, 能自我反省
  - 能與人合作
  - 喜愛學習, 有成長動機
  - 有生命的意義感
  - 對別人的需要敏感
  - 喜悅(pleasant)
  - 敬業, 負責任, 有熱情, 重視工作倫理



From 趙可式



## 神給我們的天賦

接受我們不能改變的事實、  
有勇氣去改變我們能改變的事情、  
有智慧去分辨這兩者的差異。

### **God grant me the serenity**

To accept the things I cannot change,  
The courage to change the things I can,  
And the wisdom to know the difference.

Reinhold Niebuhr



我們無法把生命延長，  
但我們能把活著的每一天充滿了生命。

