

# The History of Hospice Nursing

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## Abstract

The purpose of this study was to look into the history of hospice nursing. Our group worked on an oncology floor and used experience and research to conduct this study. We found information regarding the medieval role of medicine, and the current role of medicine regarding end of life care. One major theme was that end of life care has shifted over time from treatment-focused care to comfort-focused care. As a result of our research we concluded that hospice is a combination of quality end of life care and nursing as an art. While death is inevitable, it is important to reframe the way we look at it in response to an aging and changing human population.

## Introduction

The nursing profession has been caring for the sick for centuries, but in the 20th century a new approach to end of life was initiated. Hospice care aims to provide comfort to the patient and the patient's family at the end of life. The care of the hospice patient needs to be holistic to ensure the success of aggressive symptom control during a patient's last days. The goal of hospice care is to provide a smooth transition as the patient enters into the final phase of their life. Healthcare has started to welcome hospice care as a means of accepting death as a normal process, and is moving away from the need to sustain life with medical interventions.

## Method

Each member of our group is on CB2, Hartford Hospital's oncology/ palliative care floor, which guided our topic selection. To search the literature we simply went through UConn Libraries and searched using CINAHL, PubMed, and Cochrane Library. Some keywords we used were "hospice", "history of hospice", and "hospice nursing" To complete this poster we began by selecting a topic relevant to our capstone location, conducting searches online, and creating a google document so that we could all work on the same powerpoint simultaneously.



## Results

- The medieval physician saw his role as managing death, not curing disease. Dying in a medieval hospital afforded spiritual confidence for the patient since you were just feet away from the celebration of Mass. It was believed your soul bypassed purgatory and ascended directly to Heaven by way of the prayers and liturgy spoken by the priest/celebrant (Rawcliffe, 2011).
- The first houses dedicated to caring for the dying were formed in the 11<sup>th</sup> century during the crusades for travelers who became ill. The term hospice comes from the latin word *hospes*, which means traveling guest or a traveler's host. During the 18<sup>th</sup> and 19<sup>th</sup> centuries hospice and palliative care was further developed by religious organizations. The focus of hospice care changed from caring to travelers to managing patients with multiple diagnoses (Lutz, 2011).
- Early 20th century hospitals presented themselves as places of recovery. Hospitals tried to drastically decrease their mortality rates to achieve social legitimacy and increase public demand. Near death patients were aggressively treated with medications and technologies. The focus on cure had a paradoxical effect. It wasn't until the AIDS epidemic that the focus was shifted to palliative care, which focused on symptom management and a multidisciplinary approach. With the introduction of palliative care, it shifted the focus of care from prolonging suffering to providing comfort and meaning at End of Life (Risse, 2013).
- Hospice nursing started in the United Kingdom by Dr. Cicely Saunders. It wasn't until the 1960s when the movement was brought here to the United States (Hoffman, 2005).
- In 1964, Dr. Elisabeth Kubler-Ross published a book *On Death and Dying*, which introduced the five stages of grief and "new concepts related to patients who were dying." The "10 Principles of Hospice Nursing" developed by Dr. Saunders in 1974 guide the current hospice practice (Szulecki, 2017).
- In 1984, the International Hospice Institute was formed, and was later renamed The International Association for Hospice and Palliative Care (IAHPC). Their vision is "universal access to high-quality palliative care integrated throughout health care systems providing a continuum of care with **disease prevention**, **early diagnosis**, and treatment, to ensure that any patient's or family caregiver's suffering is relieved (Lima & Radbruch, 2018).
- Today, this organization "strives to aid countries' efforts to fashion end-of-life care that addresses their specific needs, respects their customs, and pays heed to their available resources. They have also helped to develop over 10,000 worldwide hospice and palliative services in over 100 countries (Lutz, 2011).

## Conclusions

Hospice care had its origin in Europe during the medieval period when physicians acknowledged the inevitability of death and the need to acknowledge a dying patient's spirituality. A nurse, Florence Wald, Dean of the Yale School of Nursing, founded the U.S. hospice movement, having been inspired by Dame Cicely Saunders of St. Christopher's, London. Thus, the first hospice in the U.S. opened in New Haven, CT in 1974. Modern hospice or palliative care is concerned with the effective relief of intractable pain giving the patient the opportunity to know (about their illness to the extent they wish), plan (estate, etc.) and say good-bye (how and when they wish). Hospice is a philosophy, not a place, and involves interdisciplinary teamwork (physician, nurse, clergy, family, patient, pharmacist, etc.). It is about a shift of focus from quantity of care to quality end-of-life care. Compassion and gentleness are valued tools in the care of a hospice patient by staff who are nurturing and supportive and not afraid to draw close to offer death with dignity and respect for the unique choices of a dying patient and their family.

## Significance

Death and dying is prevalent across all nursing continuums. The care of patients at the end of life is necessary for all nurses to consider. Although this issue can be taboo, it needs to be discussed with all of the healthcare team, patients and their families. It is important to understand that death does not mean a failure of medicine. Nurses should speak to all of their patients about their wishes for end of life care. Education and awareness of end of life is necessary to ensure that all patients are cared for and comfortable throughout the dying process. There is still a lot of work to be done to achieve a culture where all providers are equipped to help their patients through a "good death."

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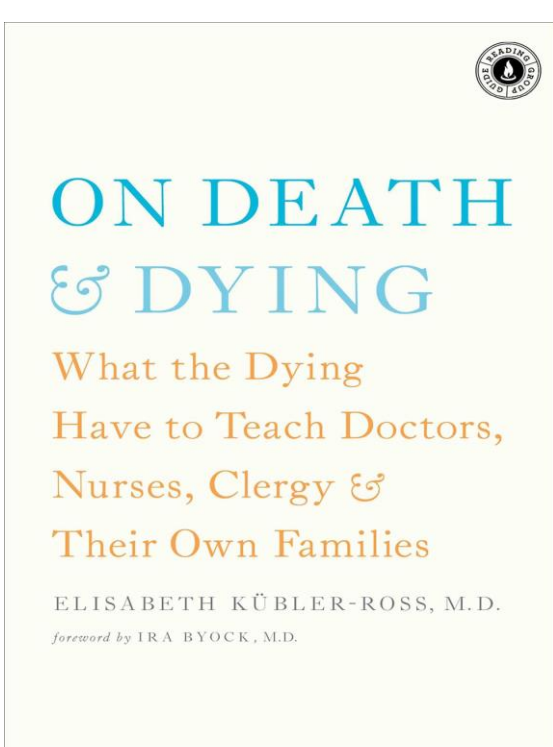
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Figure 1 retrieved from: <https://hartfordhealthcare.org>

Figure 5 retrieved from: <https://www.amazon.com/Grief-Grieving-Finding-Meaning-Through/dp/0743266293>

Figure 6 retrieved from: <https://tappwater.co/us/we-win-even-tapp-water/>

**Figure 5.** Kubler-Ross's book on the stages of grief.



**Figure 6.** Florence Wald was the Dean of Yale School of Nursing and founded Connecticut Hospice, the first American Hospice Program

