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Integrative Literature Review Nursing Interventions Aimed at the Family of the Person in End of Life Under Palliative Sedation.

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Abstract

Objective: Identify in the literature the nursing interventions aimed at the family of terminal patients at the time of the decision-taking concerning palliative sedation.
Method: An integrative revision of the literature using the electronic research platform EBSCOhost. The research was conducted on the 5th October 2014, establishing as research limiters, publications of the last five years, which were available in full text. The research was based on 19 publications, of which, after the submission of the inclusion and exclusion criteria, resulted on 9 publications.
Results: Of the nursing interventions, the ones that were more recurrent in the literature were connected with supporting/ comforting the family, considering their complex needs, involving them in the decision-taking in the beginning of the palliative sedation and in the active care during this process, promoting teaching during care and preparing them for the death process.
Conclusions: It`s possible to verify the need for further studies on this issue, essentially on what concerns the nurses, as applying these interventions to the family could prevent the occurrence of pathological mourning.

Key-words: Nursing interventions; Family; Decision-making; Palliative sedation; End of life.

Introduction

Dying results of our condition as finite and mortal beings, being a natural consequence of living, but, sometimes, it arises in such a sudden way that the person is not really aware of it. Nowadays, this sudden death seems to be the most wanted, due to the fact of being interpreted as causing less suffering, but there are also those who wish to "live" it, in the sense of preparing themselves for its inevitability. Therefore, it is in these situations of an announced death, in which the sick person and his family experience weeks and months of great suffering and pain. Pain is not only physical but also psychological. It's a pain that turns into suffering (Pacheco, 2014). The mitigation of anguishing symptoms; the promotion of healthcare assistance to terminally ill patients; the preparation of the body after death; and the caring of the grieving family members, have provided highly relevance nursing interventions, this is due to the hospice modern movement, in the late twentieth century, which led to a reconceptualization of care (Magalhães, 2009). Nurses are challenged every day in a constant quest for scientific knowledge in order to implement one evidence-based practice. Regarding this, I intend to make an integrative literature review, known as one of the research methods used in evidence-based practice, so it allows the annexation of evidence in clinical practice (Mendes et al., 2008).

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The main objective of this review aimed to the relational sphere, towards the identification of nursing interventions described in the literature that become crucial and that contribute to the care of the terminal patients family, upon decision of making palliative sedation, recognizing the impact of this event in the family/significant other, since they accompany the client in this process of transition, experiencing the same processes also of transition in their own lives. Then, the conceptual framework is developed, in order to clarify the main concepts. Thereafter, there is the methodological study description; its results and discussion; and, finally, the main conclusions.

Conceptual Background

It is important to clarify the concepts that comprise the object of this review, since it allows a better understanding of the results. It stands as main concepts: "end of life/terminal patients", "palliative sedation", "significant family or significant other", "nursing interventions" and "decision-making". The situations that are of more concern are clearly those in which the end of life lasts for a long time, because they carry more suffering to the person and the family. When a person is facing end of life, their own thoughts about it are quite peculiar, different from what they were when the person was considered healthy. A succession of multiple feelings of loss, anxiety, fear, hence the need for personalized care, focused on multiple aspects of being, that address not only the physical, but also psychological, social and cultural issues. Meeting these needs is so specific, as the uniqueness of the person and his family. It should always be kept in mind that the way a person faces the proximity of his death is exclusive, because it depends on several factors, including their personality, their previous capacity to face obstacles, the family support, the relationship established with health professionals and the understanding of the prognosis. Thus the attitudes of the terminally ill, described theoretically, not always occur in practice, since each responds differently, that is, every person has their own time, so that different stages may not be present in all patients, or can appear in a different order (Pacheco, 2014). When it concerns the care of terminal patients, Cicely Saunders (2013) states that these patients need to feel compassion and not just efficiency, thus reinforcing the need to learn what a person actually feels when suffering such pain. Being capable of understanding what it feels like when we are sick, when we become aware of our finitude, involves learning to feel "with" the patients and not feel "like" them, this is the thing to do if we really want to provide them with solid support.

The accomplishment of palliative sedation has as goal, inducing a decrease of consciousness to terminal patients, through the deliberate administration of drugs in appropriate doses and combinations, aiming to the control and relief of refractory symptoms, that do not respond to any other measures available for this purpose, and with implicit, explicit or delegated consent (Pereira, 2014; Lacerda et al, 2014;.Barbosa, 2010; Cherny & Radbruch, 2009). According to Nunes&Rego (2010), sedation is a medical intervention, which goal is the relief symptoms, but the target of our interest goes beyond the sedation, concurrently aims to "palliate" (mitigate) that, according to the International Classification for Practice Nursing (CIPE) version 2 (2011, p 98), means "manage: provide comfort and pain management for people with terminal illness through physical, emotional, psychological and spiritual support". In turn, the "palliative action," according to Direção-Geral daSaúde (2005, p. 6), means "any therapeutical measure without curative intent, is an integral part of professional practice, whatever the disease or stage." Palliative sedation is used for symptomatic control and is not related to the decreasing survival rate of patients (Lacerda et al, 2014; Nogueira et al, 2012.). According Twycross (2001), the clinical experience indicates that those to which the pain is relieved tend to live longer when compared with those who continuously live with severe non-remitting pain. The following criteria should be considered in the implementation of palliative sedation, "intentionality, proportionality, autonomy in decision making and premature death anticipation" (Barbosa, 2010, p.741). According to the same author, palliative sedation has three fundamental characteristics that should always be taken into account, namely the "temporality" that may be (permanent or intermittent); the "objective" if it is based in (the physical symptom control and / or psychological); and the "intensity", in that case, it can be superficial (the person is conscious) and deep (the person is unconscious). It assumes multiple modes, including "mild" or "dee p", "primary" or "secondary" and "intermittent" or "continuous" (Barbosa, 2010, p.742; Nunes & Rego, 2010). The most common symptoms for the use of palliative sedation are agitation, delirium, dyspnea, pain and convulsions. Certain emergency situation, such massive bleeding, asphyxia, severe terminal dyspnea or uncontrollable pain can also be indicative for the use of palliative sedation (Cherny & Radbruch, 2009).

According to the European Association for Palliative Care drugs used in palliative sedation are benzodiazepines (midazolam, lorazepam and flunitrazepam), neuroleptics / antipsychotics (levomepromazine, chlorpromazine), barbiturates (phenobarbital) and general anesthetic (propofol), not checking the latter in our clinical practice(Cherny & Radbruch, 2009). In our society, family has always played a central role in the socialization and development of its members, since ever, the subject sought the necessary support to overcome the various crises that he was facing throughout his life in the family, because, regardless of its structure, it is the family who he calls up for restoring its equilibrium (Guard et al., 2010). The family can be understood as a "group: social unity or whole panel of people connected by consanguinity, affinity, emotional or legal relationships, being the unit or the whole considered as a system that is greater than the sum of its parts" (CIPE, 2011, p.115). On the other hand, Vieira (2009, p.83) highlights the significant other as "those who assume the responsibility of caring for the most dependent, children and / or sick and elderly, whether to play a parental roles or in the informal provision of care."The family is the one who best and most deeply and intimately knows the patient, so its inclusion in care is of valuable importance. Despite all the exhaustion that taking care might bring, being there for the family member terminal patients it is of vital importance to him, referring to this as a unique and rewarding time, contributing to the development of spiritual and personal growth of the caregiver (Guarda et al., 2010). Just thinking of hospitalization, it is a generator of anguish, pain and suffering for the family, but those feelings are further exacerbated, for example, when there are barriers to communication with the family, which is what often happens when they start sedation, since it decreases awareness. If, on one hand, they are at peace by seeing less excitement and suffering of his familiar, on the other hand they struggle to communicate with him. Therefore, health professionals are responsible for the encouragement of the family to remain with the customer as an opportunity of reconciliation, outstanding problem solving, and the expression of feelings of gratitude and farewell can be critical to overcome the mourning phase.

The entire process of rapprochement to death is shrouded in great suffering, therefore what the family needs is support to adapt to the new reality and be able to offer support to the patient. However, this support should not cease when the person dies, but show the necessary openness for them to call in a health professional, in order to be heard when expressing their feelings (Pacheco, 2014). Nursing interventions aim to enable families to an effective care to the person terminal patients which includes three key actions: clarify possible doubts of the family members; provide them with necessary and relevant information; and provide them with all the support and help they need. These actions are the establishment of an honest and true helping relationship and involve establishing effective communication (Pereira, 2010). Regarding the interventions of nurses, they are the materialization of the act of the nurse and, as we described in paragraph 1 of Article 78 of Código Deontológico do Enfermeiro (CDE), should be guided by the "defense of freedom and human dignity and nurses", adding, in Article 87 of the same Act, that by accompanying the patient in different stages of end of life, the nurse must defend and promote the right of the patient to choose the people who want to join him in his final stage of life and respect the manifestations of loss expressed by the terminally ill and their family (Ordem dos Enfermeiros, 2012).

As stated in Meleis (2010), the nurses must assume themselves as enablers in the transitions in which the client and his family go through, making them aware of the need to develop coping mechanisms. Therefore, the team should allow and encourage family members to stay with the person and sleeping in the same space; promoting privacy and a cozy place; encouraging the placement of personal objects which are familiar and are loaded with symbolism. The team should provide regular and updated information about all clinical situations, in particular, treatment plan changes, prognosis, as well as prepare them for the moment of death, letting them know what to expect in the dying process. Families need tranquility, emotional support that should be a constant throughout the internment. The moments before death arrives, it should be given to the family the opportunity to express all their sadness, discuss any unanswered questions, and validate all their contributions during hospitalization (Cherny & Radbruch, 2009; Nogueira et al, 2012.). The contribution and importance of the health team must be pointed out, especially the nursing team, in the inclusion of the family when taking palliative sedation decision, there is, however, still a long way to wander by the team, since family involvement It is not as active as intended. During the decision making process, it is important for the nurses to recognize the principles, values and how they are embodied in the ethical and legal standpoint, enabling the appropriateness of the acts as similar as possible. According to Deodato (2008, p.29), the decision making is a "key component of the professional autonomy of the nurse, which allows him to give effectiveness to the professional acts", seeing the decision-making "as an expression of professional autonomy."

Barbosa &Neto (2010) mentions that one of the assumptions of clinical decision making in terminal patients goes through the primary goal of palliative care, which is to prevent and properly handle the undesirable symptoms, thereby lessening the suffering of the patient and not increasing it based on the unquestionable respect for human life. It adds the development of technical skills in the various areas of intervention which support palliative care, as well as knowledge and integration of ethical principles in decision model and truly working in an interdisciplinary team.

Methods

Then, there is the description of the main methodological steps that guided the grounding of this review, consisting of six stages, Mendes et al., (2008). So, the goal of this study was defined, with the formulation of the next issue research: "Which are the nursing interventions headed to the terminal patients family, when taking palliative sedation decision?"

Afterward, the electronic research platform EBSCOhost- Research Databases was used, to which databases of production and scientific research in the area of Health Sciences are indexed. The following database has been selected: CINAHL® WithFullText the MEDLINE® WithFullText and Nursing & Allied Health Collection: Comprehensive Edition. Using its own database, the search descriptors were identified according to the keywords of that particular research question, correspondingly, "end of life/terminal patients", "palliative sedation", "family", "nursing interventions" and "decision making". Terms were transcribed to the corresponding descriptors of every database, as mentioned above, namely CINAHL® Headings, and MESH SUBJECTS. With the selection of these terms, the boolean operators were conjugated, in order to find the best evidence to answer the opening question, ensuing in the following boolean formula: Nursing interventions OR Nurses attitudes OR Nurses OR Nursing OR Evidence-Based Nursing) AND (Family OR Caregivers OR Families) AND (Sedation OR Conscious Sedation OR Terminal sedation) AND (Decision making) AND (Palliative Care OR Terminal Ill OR Terminal Care). The research was carried out on October 5, 2014. We identified the search limits, considering the articles in the past 5 years (between 2008 and October 2014) and only those that were available in complete text. Selection and exclusion criteria have also been defined. So, the families of terminal patients who took the decision of having palliative sedation; and terminal patients who decided the same, were included as inclusion criteria. As eligible for this type of interventions, those that identified themselves as nursing interventions; and in the kind of results, the identification of nursing interventions to the family when taking palliative sedation in terminal patients, excluding families of people who are not terminal, and terminal patients who have not taken the decision to palliative sedation. Other professionals were excluded from these interventions.

Results

After selecting the electronic bibliographic database; identifying the major search descriptors, and according to the terms of the investigation; and joining the boolean operators, the search in the mentioned database was carried out, applying the search limits, obtaining 8 articles in CINAHL® WithFullText, 6 articles in MEDLINE® WithFullText, and 5 articles in Nursing & Allied Health Collection: Comprehensive Edition, a total of 19 articles. Of the 19 selected articles, 4 were the same, and only 15 were considered potentially relevant. Given the reduced number of articles found for this study, a critical reading of the title of the 15 articles took place, not having excluded any article. After reading the summary, based on the exclusion criteria, 6 articles were excluded remaining a total of 9 articles, which were included in the integrative literature review. In order to ease the analysis and interpretation of the results, the data has been schematized in tables. In Table 1, it was made a descriptions of the main characteristics of the studies, and in Table 2, the nursing interventions found and grouped according to the concepts described in the axis of the "Classification of Shares" of the ICNP® Version 2 in alphabetical order and the possible sources to which they are attached, in the analysis of the selected articles.

Study	Title	Authors	Review	Year	Methods	Objective	Sample
E1	*Day-to-day care in palliative sedation: Survey of nurses' experiences with decision-making and performance.*	Jimmy J. Arevalo; Judith A. Rietjens, Siebe J. Swart; Roberto S.G.M. Perez; A.Van Der Heide	International Journal of Nursing Studies	2013	Transverse Cross Study - Quantitative Study	To describe the experience of nurses in decision-making and performing continuous palliative sedation in terminal patients.	277 nurses who responded and returned the questionnaires with a total population of 576 nurses from various institutions ofNetherlands.
E2	*Terminal delirium.*	John Robinson	Australian Journal of Cancer Nursing	2011	Two case studies	To identify the causal factors that enhance the *delirium* and analyze the appropriate management in people with terminal *delirium*.	Two ill people with terminal *delirium*
E3	*Palliative sedation: a focus group study on the experiences of relatives.*	Bruinsma, S.; Rietjens, J.; Van der Heide, A.	JournalOfPalliative Medicine	2013	Qualitative study with interview	To analyze the experiences of families with palliative sedation and get to know the evaluation of the positive and negative elements in palliative sedation.	14 Relatives of terminal patients receiving palliative sedation until death in the Netherlands.
E4	*Norwegian nurses' thoughts and feelings regarding the ethics of palliative sedation.*	Venke Gran S.; Miller J.	International Journal Of Palliative Nursing	2008	Qualitative, descriptive and exploratory study with questionnaire	To analyze whether the Norwegian nurses should face or not deep palliative sedation as an ethical problem.	73 Nurses with three different working conditions in Norway.
E5	*Similarities and differences between continuous sedation until death and euthanasia - professional caregivers' attitudes and experiences: a focus group study.*	Anquinet L.;Raus K.; Sterckx S.; Smets T.; Deliens L.; Rietjens J.A.	Palliative Medicine	2013	Qualitative with interview to focal groups	To analyze the perceptions of professional caregivers regarding the similarities and differences between continuous sedation (to death) and euthanasia.	21 Professional Caregivers: Split into 4 focus groups: 2 groups of doctors with four elements each (8 doctors) and 2 nurses groups (1 to 4 and one with 9 elements) (13 nurses).
E6	*Continuous Deep Sedation Until Death in Nursing Home Residents with Dementia: A Case Series.*	Anquinet, Livia; Rietjens, Judith A.C.; Vandervoort, An; van der Steen, Jenny T.; Vander Stichele, Robert; Deliens, Luc; Van den Block, Lieve	Journal of the American Geriatrics Society	2013	Qualitative and Quantitative: Retrospective epidemiological study completed with case analysis.	To describe the characteristics of the previous decision-making process for continuous deep palliative sedation until death of the residents of a nursing home who die with dementia and analyze this practice according to the characteristics that reflect the recommendations of guidelines for palliative sedation.	20 Elderly people with dementia; in 69 analyzed nursing homes, 11 of 117 elderly people with dementia died with palliative sedation as well as 9 of the 64 seniors with advanced dementia.
E7	*Palliative sedation at home in the Netherlands: a nationwide survey among nurses*	Brinkkemper T; Klinkenberg M.; Deliens L.; Eliel M.; Rietjens J.A.; Zuurmond W.W.; Perez R.S.	JournalOfAdvancedNursing	2011	Quantitativestudywithquestionnaire	To evaluate experiences of nurses involved in palliative sedation with home sick terminal patients after being given a medical prescription for palliative sedation.	201 nurses responded to the national questionnaire sent to 387 nurses in Netherlands.
E8	*Relieving existential suffering through palliative sedation: discussion of an uneasy practice.*	Bruce, Anne; Boston, Patricia	Journalof AdvancedNursing	2011	Literaturereview	To discuss the use of palliative sedation as a response to intractable existential suffering (not responding to treatment).	Review of the articles published between 1996 and December 2009 (Not identified how many articles constituted the review sample).
E9	*Developing policy, standard orders, and quality-assurance monitoring for palliative sedation therapy.*	Ghafoor, Virginia L.; Silus, Lauren S.	Jornal Americano de Saúde-SystemPharmacy	2011	Literature review for research guidelines	To describe the development of a policy that outlines standardized consensus on the evidence, whether the monitoring and management of therapy in palliative sedation.	4 scientificpapers

Potential "nursing focus"	"Action"	Nursing Interventions
Anguish Communication Comfort Coping Grief Fear Decision making process Stress Suffering	**Support / Comfort**	**Support the family (E1, E3, E4, E8)** **Support the suffering of the family (E2, E4, E8)** **Emotional support to the family (E4, E8)** **Support the family to demystify thoughts and feelings about palliative sedation (E4)** **Help the family in the interpretation of the suffering of terminal patients (E4)**
	Answer	**Meet the complex needs of the family (E2, E3, E4, E8)** **Taking care of the terminal patients family (E1, E8)** **Accompany the family during the process of end of life (E3)**
	Evaluate	**Meet the family's needs (E3)**
	Involve	**Involve the family in decision making at the beginning of palliative sedation (E1, E3, E4, E6, E7)** **Involve the family in the active care of the terminal patients (E1, E2, E4, E9)**
	Listen	**Listen the family, enabling doubt clarifying moments (E3)**
	Encourage	**Encourage the family to express their feelings of love and caring for the terminal patients (E4)**
	Inform	**Inform about the condition of the terminal patients (E2, E3, E4, E7, E8)** **Inform about symptoms of the terminal patients (E2, E4, E6)** **Inform the family about what to expect in the course of palliative sedation (E6, E7)** **Inform about the purpose and procedures during palliative sedation (E7, E9)** **Inform about the aspects of the terminal patients (E3)** **Explain pathophysiological process of disease progression and the symptoms that will be immersing (E2)** **Inform and enlighten the family about the desires of the terminal patients (E5)** **Inform and clarify with family the prognosis of the terminal patients (E1)** **Inform and clarify the moment of palliative sedation indication (E1)** **Explain objectively the information (E3, E7, E8)** **Inform changes in treatment (E2)**
	Prepare	**Prepare the family for the death process (E2, E4)**
	Promote	**Promote education in the care of the terminal patients (E2, E4, E7, E9)** **Promote communication between the sick person and the family (E4, E7)** **Promote family acceptance for palliative sedation (E2)** **Promote a comfortable and serene environment (E3)** **Promote family comfort (E4)**

Then, we carry on with the analysis and discussion of the nursing interventions that were identified in the selected articles for this integrative review.

Discussion

The nursing interventions aim at an action in response to a nursing diagnosis in order to generate a result of Nursing. Having in mind the International Classification for Nursing Practice, in version 2 described by the International Classification for Nursing Practice, in 2010, a "nursing intervention is composed of concepts contained in the axes of Action Rating" (CIPE, 2011, p. 16). Thus, these nursing interventions were incorporated in accordance with the concepts defined in the axis of Action Classification, and were identified the main nursing spots from where the nursing diagnoses can appear and these interventions can produce a result of Nursing. So, it was important to group them in a systematic way in order to facilitate the analysis and discussion of the results. In nursing, taking care of terminal patients is important, not only to involve itself with the sick person, but also the family members who, as well, experience a crisis and a transition process, to whom an intentional process of support should be directed, communication and monitoring the decision-making process for palliative sedation until the death of their family member (Cherny & Radbruch, 2009). From the results of reading and analyzing the selected articles, throughout a rigorous methodological component, emerged the main nursing interventions that aimed at the caring of the family when taking decision for palliative sedation of the person terminal patients. Meaning, intervene in before, during and after the decision-making for palliative sedation, to the extent that it is unthinkable to intervene only at the time of decision making, for the family's needs are not exhausted after such decision.

Therefore, the level of the action support/comfort, according to Arevalo et al., (2013) and Bruinsma et al., (2013), families need support. According to Venke Gran & Miller (2008) and Bruce & Boston (2011), besides the support, it is important that the nurses intervene at the family distress level. Similarly, Robinson (2011) and Bruce & Boston (2011) refer the support at an emotional level. Subscribing also Venke Gran & Miller (2008).

The last one also adds the need to intervene on demystifying palliative sedation, also referring to the need of helping the family in the interpretation of the suffering of the terminal patient. These nursing interventions meet what Lawson (2011) states, which is what interventions in the care for the family should be, reiterating the importance of psychosocial support, and support terminal patients, since it is an extremely distressing time for the family. Also Twycross (2001) considers the support to the family a part of palliative care. Pacheco (2014) sees the nurse as the most requested member, in order to clarify questions and provide emotional support to the family. On the other hand, and what concerns the action answer, Robinson (2011), VenkeGran& Miller (2008), Bruce & Boston (2011) and Bruinsma et al., (2013), mention the importance of meeting the complex needs of the family. The latter author also says that the nurse must accompany the family during the process of end of life and should also intervene. According to Arevalo et al., (2013) and Bruce & Boston (2011), besides the care of sick person, it is necessary to take care of the family simultaneously. This care, for Bruinsma et al. (2013), is to understand the needs of the family. Guarda et al., (2010) reinforce the above described interventions, as it states that health professionals should assess the real needs of families so that they can intervene. To Pereira (2010) only after a review of the difficulties and needs of the family is than possible to direct the care crucial to them. It is worth mentioning that the nursing interventions were more present in the studies, namely involving the family in the active care of the terminal patients. This inclusion leads to a reduction of stress by the family, idea highlighted by the authors Arevalo et al., (2013), Robinson (2011), Ghafoor&Silus (2011) and VenkeGran& Miller (2008). The latter adds the need to involve the family in the decision making at the beginning of palliative sedation as exposes Arevalo et al., (2013), Anquinet et al., (2013b), Brinkkemper et al., (2011) and Bruinsma et al., (2013). The last author also alerts to the need for the nurse to intervene at the level of listening the family, allowing moments of clarification. As for family involvement in decision making of palliative sedation, there are several authors and studies who support that, namely Cherny & Radbruch (2009);Nogueira et al, (2012) and Swart et al., (2014).

Pereira (2010) advocates the inclusion of family members in the taking care of terminal patients, and that this inclusion should embrace clarifying any questions the family may have, providing them with information that seems to be the most important, and supporting them with what they consider having more difficulty. For interventions which intend to inform, it can be seen as the biggest action field, in a way that there are different levels of intervention. However, according to some authors, they aim at the same goals, which are the reduction of stress, suffering and anguish of the family. Thus, for Bruinsma et al., (2013); Venke Gran & Miller (2008); Brinkkemper et al., (2011); Bruce & Boston (2011) and Robinson (2011), the nurse must intervene to report on the state of the terminal patients. The latter adds the need to explain the path physiological process of the disease progression and symptoms that will emerge, as well as to inform them about the changes in the treatment and the symptoms that may arise in the terminal patients. These interventions help families to understand the suffering of people and enable them to take care of them. As for the latter intervention, the one that warns the family for signs, also Venke Gran& Miller (2008); Anquinet (2013b) highlight them. Regarding these interventions, Cherny & Radbruch (2009) and Nogueira et al., (2012) are excellent in ensuring that nurses should provide regular and updated information, dealing with all the clinical situation of the person, as well as the changes that may arise from the therapeutic plan. In turn, Bruinsma et al., (2013) refer the need of the family to have access to information, regarding the aspects of the welfare of the sick person, and the need of sharing information in a more objective way, also Bruce & Boston (2011) and Brinkkemper et al., (2011) support this intervention. These, such as Anquinet et al., (2013b), add the need of informing the family about what to expect in the course of palliative sedation. Still, Brinkkemper et al., (2011) and Ghafoor & Silus (2011) reiterate the need to inform about the purpose and procedures in the course of palliative sedation, also there is the necessity to clarify the moment of palliative sedation indication, as well as inform about the prognosis of the person. Asquint et al., (2013a) mention that the nurse must inform and enlighten the family of the desire of the terminal patients. It should be reminded that Robinson (2011) and Venke Gran & Miller (2008) defend the need of nurses to prepare the family for the process of death.

The latter even mentions that the family should be encouraged to express their feelings of love and caring for the terminal patients (through touching, hand holding, speaking in an usual way, as when the person was conscious). Also, Cherny & Radbruch (2009) consider that all conditions must be prepared for the moment of death, and it is important for nurses to be involved with the family, preparing them for the moment of death, informing them of what to expect in this process while still allowing the opportunity to express all their sadness.

Last but not least, the action to promote, which embraces a range of interventions. Robinson (2011) reports the need to intervene in the promotion of family acceptance for palliative sedation, adding, as referred Ghafoor & Silus (2011); VenkeGran& Miller (2008) and Brinkkemper et al., (2011), the need to promote education in how to take care of the person, as well as the need to promote communication between the sick person and his family. VenkeGran& Miller (2008), add the importance of intervening in the promotion of family comfort; and Bruinsma et al., (2013) also defend the promotion of a comfortable and serene atmosphere.

Conflicts of Interest and Ethical Considerations

It should be acknowledged that in this work there were no conflicts of interest. It is necessary to clarify that throughout this essay, the authors were identified in order to use their work as a scientific support, carrying out their referrals as a way to do justice to the intellectual property of the same.

Conclusions

After analyzing the results of the study of this integrative literature review, it can be considered that there is little research on the nursing interventions directed to the terminal patient's family, when taking palliative sedation decision. Decision making for palliative sedation is more scrutinized in countries where euthanasia is legalized and especially in the Netherlands. The nursing interventions identified in this review, meaning, in taking care of the family when deciding for palliative sedation on terminal patients, intended on informing about the state of the terminal patients, involving it in the decision making at the beginning of palliative sedation and active care to the terminal patients, promoting education in taking care and also meeting the complex needs of the family, supporting them in the whole process. It´s worth noticing, that it emerges the need for nurses to develop further studies about the real needs of families who go through these complex processes of caring of their family members when facing terminal diseases. So, knowing and intervening in the main needs felt by the terminal patients and the family, who lack a reflected systemic and systematic nursing intervention, which will, surely, pull out real benefits for health, not only just to improve the quality of the provided nursing care, but also in the prevention of occurring pathological mourning, by promoting nursing care that aim to the excellence in professional practice.

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