“It’s a Tall Order But I’ll Try”: A Qualitative Study on Chinese Nurses’ Cognition and Experience Responding to Cancer Patients’ Requests to Hasten Death

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Abstract

Purpose: The purpose of this study is to understand the cognition and experience of oncology nurses in China when responding to a patient's request to hasten death, to describe the obstacles that prevent their response, and to provide suggestions for dealing with the patient's request.

Methods: Researchers conducted a qualitative study that consisted of open-ended, semi-structured interviews with 18 registered nurses who had more than five years of working experience in the oncology department at a large-scale urban hospital. We analyzed these data for content and themes.

Results: How to deal with patients' requests to hasten death is a problem often encountered and handled by nurses in the Department of Oncology. Nurses have a certain understanding of the patients' requests to hasten death. This study abstracts four themes: 1) the nurses' cognition of the "Accelerate the process of death" ; 2) the methods they use to deal with the patients' requests to hasten death; 3) the obstacles that prevent nurses from fulfilling the patients' requests to hasten death; and 4) their suggestions for improvement.

Conclusion: Nurses have a deep understanding of the real thoughts of patients who make a death request, and they hope to provide the corresponding psychological support and physical care. However, the lack of relevant knowledge, policy support, and cooperation of patients' families are obstacles that prevent them from taking action. Therefore, increasing relevant training for nurses, encouraging multi-department cooperation, and developing standardized nursing processes may lay a foundation for oncology nurses to better undertake and guide such conversations.

1. Introduction

As nurses in the oncology department, we generally think of ourselves as adjunct healers who help patients reduce their pain and who promote their recovery.[1] Yet, some patients' problems have no medical solutions. These patients may express a readiness, willingness, or even a desire to die; they may ask us not to delay their deaths and may even ask us to help them die more quickly.[2]

Cancer has become one of the high incidence diseases in China. In China, 55 people die of cancer every 10 minutes.[3] About 50% of the global cases of gastric cancer, liver cancer, and esophageal cancer come from China.[4] Although there are still significant gaps in China's basic medical conditions compared with developed countries, the five-year survival rate of many malignant tumors, such as breast cancer, thyroid cancer, bladder cancer, and renal cancer, has reached over 50%.[5] At the same time, the process of death has been prolonged and institutionalized (that is, hospice patients get regular and institutionalized treatment in hospitals). Patients suffer more pain and pressure from treatment, including the side effects of radiotherapy and chemotherapy, physical reactions caused by the disease itself, and economic pressure caused by the disease.[6, 7] These problems make patients lose their desire for survival and requests to hasten death. Studies have shown that patients with advanced cancer have considered death due to physical pain, negative emotions, financial pressure of their family etc.[8–10] However, because of

the influence of the Chinese traditional culture, social atmosphere, and medical model, the patient's right to die has not been well-protected in China.[11] Many people dying of cancer do not really know their condition and don't ask whether they have the right to choose the manner of their death, and most of the patients' family members have a negative attitude toward death. They are unwilling to discuss relevant topics with patients and often choose to shift or avoid this discussion. Therefore, it is a common phenomenon in clinics for patients to express their "desire to die" demands to medical personnel, especially nurses.[12] However, when facing the death demands of patients, most clinical nurses do not know how to deal with the situation. They are not fully prepared for the corresponding discussion with the patient. The Royal College of Nursing (RCN) has prepared a guide on how to respond to patients' accelerated death requests to help nurses initiate and conduct these arduous conversations. However, there is still a lack of research on how nurses respond to patients' requests to hasten death in China. This study adopts the method of qualitative research to understand the cognition of cancer nurses concerning the patients' death request and their experience in dealing with it. The study will also analyze the difficulties and resistance that nurses encounter in dealing with such problems—and what support they hope to obtain—to improve the quality of life of cancer patients in China, to protect their right to death, and promote the development of palliative medicine in China.

2. Materials And Methods

2.1. Study Design, Sampling, and Recruitment

We interviewed 18 nurses from the Department of Oncology of a large hospital in Liaoning Province, China. We used purposive sampling to identify potential participants. The nursing manager of the Department of Oncology distributed the recruitment notice of this study to the WeChat group of nurses in the department. The notice contained the researcher's WeChat ID and mobile phone number. Nurses who wanted to participate in this study registered and filled in their personal information by calling and adding WeChat friends. Among the nurses enrolled, the researchers selected 18 respondents by random sampling. Subjects of this study were recruited after obtaining the approval of the ethics committee. The interview began, after the respondents signed the informed consent form.

2.2. Interview Guide

The research team determined the interview outline according to the purpose, and formulated a semi-structured questionnaire, which included the following questions: 1) Have you ever experienced a situation in which patients appealed to you by saying, "I want to die" or by revealing that they sought an accelerated death, such as euthanasia? 2) What kind of patients usually make this appeal? How do you feel when the patient makes this request? 3) What do you think is the real meaning of the patient's death request? How do you judge, and what is the basis for your evaluation? 4) How do you respond to this demand? What is your real reason for doing this? How would you rate your response? 5) Do you need help with the knowledge and skills relevant to the patient's death request? What suggestions do you have for training-related content?

Two trained interviewers conducted all interviews to ensure the consistency of data collection. Each interview lasted for 30–60 minutes. The interviews took place in the staff lounge or a vacant room of the department, which ensured the continuity of the interviews. The researchers made sound recordings and transcripts during the interviews and recorded the expression and body language of the respondents.

2.3. Data Analysis

To ensure the integrity of information, the interviewer transcribed the interview content within 24 hours of the interview. The data were analyzed by the Colaizzi seven-step analysis method, supplemented by NVivo 12.0 software. Using the set method, the two researchers continuously and repeatedly read and analyzed the same written data, then coded the data, compared the results with the original data, and finally formed a theme that reflected the respondents' cognition of the death wish, their coping experience, and their experience with tumor patients.

3. Results

Table 1 shows the basic information of the 18 respondents. Four themes were found: 1) the nurses' cognition of the patients' death wish; 2) the coping style adopted by the nurses when the patients made their death request; 3) obstacles that prevented the nurses' response to the death request; and 4) suggestions on how to deal with the death request.

Table 1
The basic information of 18 respondents

Information code	Age	Education	Title	Position	Experience as a nurse (year)	Experience in the department of oncology (year)	department of oncology
N1	34	BA	RN	None	11	11	Department of Thoracic Oncology
N2	32	BA	RN	None	10	7	Department of Thoracic Oncology
N3	33	BA	RN	None	10	7	Department of digestive system oncology
N4	39	BA	RN	None	16	16	Department of Thoracic Oncology
N5	40	MA	Nurse In charge	Head nurse	22	20	Department of Thoracic Oncology
N6	37	BA	RN	None	15	9	Department of Thoracic Oncology
N7	46	BA	RN	None	25	20	Department of digestive system oncology
N8	38	BA	RN	None	20	15	Department of Thoracic Oncology
N9	39	BA	RN	None	17	16	Department of digestive system oncology
N10	38	BA	RN	None	15	13	Department of digestive system oncology
N11	35	BA	RN	None	11	8	Urological oncology department
Tables							

Information code	Age	Education	Title	Position	Experience as a nurse (year)	Experience in the department of oncology (year)	department of oncology
N12	34	BA	RN	None	11	8	Department of digestive system oncology
N13	30	BA	RN	None	7	7	Department of digestive system oncology
N14	42	MA	Nurse In charge	Head nurse	23	9	Department of Thoracic Oncology
N15	44	BA	RN	None	26	16	Department of gynecological oncology
N16	37	BA	RN	None	17	13	Department of gynecological oncology
N17	39	MA	Nurse In charge	Head nurse	15	15	Department of Thoracic Oncology
N18	40	BA	RN	None	20	16	Department of gynecological oncology
Tables							

3.1 The Cognition of Patients' Death Wish

3.1.1 Be Able to Identify Patients' Requests to Hasten Death

Accurate identification of patients with a desire to die is the basis for taking effective measures. Most of the nurses said they could identify the patient's death wish through the patient's language, expression, and behavior. N3: "Some patients will repeatedly emphasize that they want to go home, which is their way to express that they want to give up treatment." N7: "The character of many patients will change

suddenly. I had a patient who was originally a mild person. During the sixth chemotherapy, I found that she became very grumpy, often said negative words, and didn't seek treatment as actively as before. After asking her family, I learned that she had tried to commit suicide at home."

3.1.2 Insight into the True Meaning of the Patient's Death Wish

1) The death requests of some patients are expressions of physical pain or psychological pressure. N11: "Some patients often express that they want to die, but interestingly, they are very active in their treatment and are willing to take the initiative to discuss their treatment methods and conditions with their doctors." N16: "Some people choose this way of venting because they are worried about the weak effects of the treatment or because of the heavy financial burden of the family and great psychological pressure."

2) The death wish is a temporary expression of one's inability to accept the changes brought by the disease, which frequently occurs in patients who are in the early stages of an illness or have just completed surgery. N5: "I had a breast cancer patient who was very concerned about her appearance. When she came out of the mastectomy, she came to our department with a mental disorder. She always said she wanted to die. She thought beauty was a woman's life. But after three to four months, she was much better." N9: "There was a little girl in our department who had just got permanent colostomy. She often quarreled with her mother and said she was going to die. She couldn't accept herself if she couldn't continue to dance." N13: "I met a patient who was a truck driver before he got sick. After he got sick, he always talked to his family about his desire to die. He felt that it was a shame for him to rely on his wife and parents as a man. His illness made him lose his dignity. He could not accept such a change."

3) Some patients manifest a desire to be honest about death. Such patients are often well educated. N5: "I used to care for an old man. He wrote his will in advance and was happy to discuss his funeral methods with his family. His family also respected his ideas." N13: "There are few such patients. I saw a patient persuading her daughter when I visited the ward. She hoped that her daughter would not let her own work and life be affected by her death."

4) Rethinking life makes some patients want to change their future lifestyle. N2: "Patients sometimes disclose something they once wanted to do; they feel sorry that they can't achieve it in this life, and hope to have a chance in the next life." N8: "A lung cancer patient said that he had been bad to his son, resulting in a bad relationship between his son and him. He hoped his son could forgive him, so he could die without regret."

3.1.3 Inscrutable Conditions

All participants said that they could not always understand the real intention of the Patients' Requests to Hasten Death. N6: "I once cared for a patient. His family decided to hide his real condition from him. One day, he suddenly wanted to give up treatment. I still don't know why." N11: "Some patients have no sense of security, so they express their desire to seek help."

3.2 How Nurses Deal with “Death Desire”

3.2.1 To Help Their Patients Feel More Comfort

Some nurses believe that improving the comfort of patients as much as possible can make their emotions develop in an optimistic direction. N1: “I will pay more attention to the physical symptoms of patients, ask them if they have any physical discomfort, and discuss it with doctors in time.” N3: “I know that chemotherapy drugs will lead to anorexia, vomiting, dizziness, and even changes in their mental state. I tell my patients that if they can’t stand the side effects of chemotherapy, they can communicate with the attending physician in time and change the chemotherapy regimen.” Sometimes nurses would encourage their patients mentally. N9: “I encourage my patients to improve their quality of life, live in the present, and cherish their lives.”

3.2.2 To Divert Patients’ Attention

Some nurses said that they would divert the patients’ attention and prevent them from indulging in the thought about death. N4: “I will try to find some topics that patients may be interested in to divert their attention, make them feel easy and happy.” N15: “I’ll try my best to make the conversation relaxed and happy.”

3.2.3 To Get Help from Psychologists

Some nurses placed their hopes on psychological professionals. N4: “Of course we’ll try our best. If we can’t help, we will seek the help of a professional psychologist.” N5: “We will invite special psychological teachers to conduct psychological counselling for them.” N6: “Our hospital has a psychological team. The head nurse will arrange for members of the psychological team to come to our department to perform psychological counselling for patients.”

3.3 Obstacles to Responding to Patients’ Requests to Hasten Death

3.3.1 Subjective Reasons

1) Moral dilemma. The moral dilemma of nurses refers to the pain or psychological imbalance they feel when individuals know that they should take corrective action, but they can’t do it because of internal or external reasons.[9] N3: “It’s cruel to ask others to make a will or give up treatment. They come to the hospital for treatment. I think it’s cruel to persuade others to give up treatment.” N12: “Some patients become anxious and afraid because they don’t know their real medical condition, It’s immoral to deceive patients, but if I tell them their real condition, these patients may become negative, and their families may accuse me”

2) Nurses have ambiguous feelings about their role. N1: “Our nurses only do nursing and don’t participate in topics pertaining to death. It’s not the nurses who judge the life and death of patients, nor the nurses

who make decisions on treatment. Most decisions and communication are done by doctors.”

3) Insufficient coping ability. N2: “His pain was still not alleviated when he had been receiving radiotherapy. No matter how you persuaded him, it was useless, and we could not alleviate his pain.” N8: “I think that when facing him, I could only conduct psychological counselling through language. I felt helpless.”

3.3.2 Objective Reasons: No Relevant Policy Support

Due to the lack of relevant laws in China and the lack of relevant systems in hospitals. N11: “Euthanasia or something, we don’t have such rights. The law doesn’t allow it. Even if the patient asks, we have to pull him back.” N14 : “I think this is a taboo thing in itself. If you have to say it out loud in the ward, it will affect the patient’s mood. There are so many people in the ward, it’s unrealistic to discuss this topic.”

3.4 Suggestions

3.4.1 To Receive Relevant Training

Most of the respondents were troubled in this situation and said they needed relevant training to help them deal with it correctly. N5: “I think we should carry out various trainings to let us understand the real reason why patients have make such demands and then deal with them symptomatically.” N10: “It seems that this response is spontaneous; there are no norms and standards, and we don’t know how to respond correctly.”

3.4.2 To Get Support from Family Members of Patients

N9: “First of all, if the patient has this demand, we should also conduct psychological counselling for the family members, so that the family members can accept it.” N8: “The related diseases are in the older or elderly, and I think the opinions of the patient’s family members are quite important.”

3.4.3 To Promote Multidisciplinary Cooperation

Nurses do not receive adequate emphasis in China, so patients rely more on doctors. N1: “It’s better to have the participation of doctors, including discussing the patient’s condition with doctors, so that the patient can understand the condition himself. It doesn’t mean that all the conditions are concealed.” N13: “Although many patients are willing to talk about death with us, they are not willing to listen to our suggestions, so it may be easier to involve doctors in the process”

4. Discussion

4.1 Recognize and Attend to the Practical Significance of the Death Wish of Tumor Patients

The increasingly painful life state of the patients makes appeals for death increasingly prominent. It is a common clinical phenomenon for patients to say to the clinical nurses, “I want to die soon” or ask, “Why is euthanasia not allowed?” The results shows that nurses can identify patients’ requests to hasten death, develop insight into the true meaning of their death requests, and believe that the death wishes of cancer patients are essentially an appeal to the quality of life, the dignity, and the significance of existence. This is consistent with the meaning of hospice humanitarianism, that is, to meet the needs of patients in the physical, psychological, social, and spiritual fields and to improve the quality of death.

However, the coping style is mainly negative, which is similar to some relevant research results that show that oncology nurses care about their dying patients and cannot face their deaths calmly for various subjective and objective reasons.[13] Hospice care focuses on patients and families, optimizes the quality of life by predicting and preventing pain when therapy is ineffective, and meets the needs of patients for a dignified death.[14] The essence of a dignified death is an appeal to the right to death, so a refusal to grant the patients’ death request is essentially the neglect of the patients’ right to die. Some researchers believe that euthanasia, the realization of the right to death, is a special form of hospice care. [15–17] The harmonious combination of the two can constitute the best mode of human death. Therefore, understanding and paying attention to the death request of tumor patients is not only the inevitable requirement of hospice care, but also the way to realize the right to die.

4.2 Practical Dilemma of Oncology Nurses When Coping with the Death Requests of Patients with Advanced Cancer

The obstacles that prevent oncology nurses from helping patients who ask them to hasten death are affected by both objective and subjective reasons. The objective reasons include culture, religion, ethics, and even politics.[18] The traditional death concept of loving life and hating death and the priceless perspective of medical ethics require medical staff to prolong the patient’s life at all costs. Any act of terminating life is wrong, but clinical nurses will witness and come into contact with all kinds of trauma and pain of dying patients, resulting in moral dilemmas.[19] Some studies have shown that providing patients with “active nursing” that is groundless or has no therapeutic effect or cannot make patients independent of life support has become the main source of nurses’ moral dilemmas.[20]

This research shows that nurses have problems with symptom control, poor results in alleviating psychological distress, and difficulties in carrying out death education. The reason is that the general environment for hospice care needs to be improved.[21] A WHO report points out that the lack of training of health professionals in the field of palliative care has seriously hindered its development. Therefore, by formulating relevant systems, nursing managers can incorporate hospice care into the core courses of continuing education and training for nurses in oncology departments and carry out publicity and education for volunteers and the public so that the public and medical personnel can understand and pay attention to the death demands of patients with advanced cancer in their effort to respond effectively.

China still lacks relevant policy or legal support for alleviating medical treatment and the right to death, because of the deep-rooted traditional concept of death.[22] We can learn from the practices of other countries, such as Japan, where they have set up special social welfare institutions to help patients with accelerated death needs. These social welfare institutions send professionally trained social workers according to the specific conditions of those who need their help.

4.3 Preparing Clinical Nurses to Effectively Respond to Hasten Death Is an Enlightened Policy

Some studies have shown that based on theoretical training through scenario simulation training and group discussion, helped the nurses to reflect on the meaning of death and life, and cultivate their problem-solving ability to better deal with death in clinical practice.[22] Some studies have also integrated existing hospice care tools to form a toolkit to evaluate the symptoms and severity of hospice patients and the grief of family members to help nurses who have an insufficient death response improve their ability to identify and manage the needs of hospice patients.[23] Therefore, managers should actively provide relevant resources to help clinical nurses improve their hospice care ability by organizing teaching training, scenario simulations, and the integration of tools into a toolkit. Hospice care is a multidisciplinary collaborative practice.

5 Conclusions

In contrast to previous studies, this paper highlights the notion that Chinese oncology nurses have a strong desire to help patients alleviate their suffering and maintain their dignity. They have accumulated some experiences, but they lack the guidance of theoretical knowledge. They encountered serious dilemmas when delivering care because of Chinese cultural sensitivity. It may be of value for governments and hospital leaders to pay more attention and provide specified training programs for Chinese nurses working with dying cancer patients on issues relevant to palliative care skills.

Declarations

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Competing interests

The authors declare that they have no competing interests.

Ethics approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration

and its later amendments or comparable ethical standards. The study was approved by the Ethical Review Committee of Jinzhou Medical University (approval number: JZMU2020001).

consent to participate

Written informed consent was obtained from the respondents.

Consent for publication

A written informed consent was obtained from respondents to publish this paper.

Availability of data and materials

All data generated or analysed during this study are included in this published article.

Authors' contributions

All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by [Zhaoming CAO,Yingchun WANG]. The first draft of the manuscript was written by [Zhaoming CAO] and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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