published in The Hippocratic Post,
01 February 2018

link to The Hippocratic Post article [1]



In nursing there are many ways of saying goodbye when the therapeutic relationship ends. Some patients bid a cheery goodbye, cherishing their restored health, even prematurely self-discharging; for others, adieu is agony since it is a wrench to leave the ward routine and regain independence. Sometimes the farewell feels forced in the face of escalating bed pressures. Death can be long and drawn out, with repeated goodbyes – or very sudden with no time to say goodbye at all.

Here are the ways that I have been bidden farewell in nursing.

Au revoir/ auf Wiedersehen (Until we meet again; goodbye for the present)

Some patients come back time and again, bidding farewell for just a while. I remember Lance, who often returned for debulking of a tumour; Kelly received intravenous treatment for her Crohn's disease as a day-patient over many months.

Often the follow-up visit is as planned as possible: chemotherapy follows a strict schedule; the patient in the clinical trial will attend planned follow-up visits. Sometimes, though, the reunion between patient and nurse is sudden and unexpected; the 'revoir' and the 'wiedersehen' of the past parting being realised all too soon. I remember Val, cheerily discharged after successful heart surgery with a promise to see us again at her next check-up. Next day, she was re-admitted as an emergency, presenting with an embolus.

Goodbye (God be with ye)

When all has gone well, the nurse and patient bid each other farewell with the understanding that they will probably not meet again. Perhaps the patient has had successful surgery, completed a course of treatment or been given the all-clear. Or maybe it's that they've exhausted the resources of that particular ward and will benefit from treatment in a different environment.

Sometimes it's a bittersweet goodbye – medicine can offer no more – the hospital is replaced by the hospice or the home and comfort, rather than clinical intervention, is the concern.

Gone but not forgotten, though – we nurses often wonder what happened next.

Good riddance

It's not surprising that many patients want rid of the hospital soon after admission: shared rooms with other sick people, endless examinations, intrusive investigations, sleepless nights, dreaded diagnoses and painful procedures are the stuff of nightmares. Several patients that I have nursed have headed for the hills (or the hospital car park) and had to be coaxed back into the ward.

Acceptance, and even appreciation, often follow soon after though, and a caring nurse-patient relationship develops, built on communication and mutual trust. Parting then is not so easy, and the nurse is left feeling rather like Nanny McPhee (star of the screenplay by Emma Thompson), who said, "There is something you should understand about the way I work. When you need me but do not want me, then I must stay. When you want me but no longer need me, then I have to go. It's rather sad, really, but there it is".

Initially seen as public enemy, we nurses often become a trusted friend during the course of an admission – and then we too have to go and it is rather sad.

The long goodbye

I nursed Violet for the sixteen months between it being decided that she was at the end of her life, and her death. Family members often gathered round to say goodbye; we made her last Christmas extra special, only for her to see the next Christmas too. At the end of every shift, I made sure to say goodnight to Violet.

Doctors cannot predict when the end of life is truly near; human resilience is hard to quantify. Oftentimes I have seen a patient rally and raise hopes before breathing their last.

No time to say goodbye

Other times death comes like a thief in the night and there's no time to say goodbye. I took one lady to the theatre for a routine operation and she never returned; another lady used the commode and died from a ruptured aortic aneurysm; other patients pass away peacefully in their sleep.

Hardest of all though is when farewells are forced, or goodbyes not granted, because of bed pressures. I saw one patient waiting to occupy the bed of another breathing her last; the bed manager calling continually to check when the transaction had taken place. One lady was hastily discharged to A&E at a faraway district hospital despite losing consciousness as she left the acute neurosurgical ward; her bed was needed where she was, and the receiving hospital also had none to offer.

I missed saying goodbye to my grandad through misuse of morphine. Whether given as an act of mercy or to relieve bed pressures, I will never know. The dose was so large that it caused a senior doctor to draw breath; grandad was rendered unresponsive; I said goodbye but I don't know whether he heard.

The small, every day goodbyes and the bigger more painful ones both really matter. I want to be good at goodbyes – they help in letting go and letting the patient know that they are valued.

MEDICAL JOURNALISTS' ASSOCIATION

Links
[1] https://www.hippocraticpost.com/ageing/nurses-say-goodbye/