A NOTE ABOUT ENDNOTES
To the Editor:

I wondered, did the editors of this journal title the last article Endnotes as a way of simply ending the issue? Or, did they realize that their readers bear witness to the “endnotes” of people’s lives every day? It is what gerontological nursing is all about—helping people at the end of life find comfort and peace so their endnotes are harmonious.

To make the “endnote” for the people they serve one that is a gentle transition, gerontological nurses are leaders in those issues that help define quality of life at the end of life. Quality of life and death are not possible when a person is suffering from physical and/or psychosocial pain. Nursing has a wide range of assessment tools to use for people who are oriented and can communicate their pain and discomfort. For people with advanced dementia, several tools for pain assessment were developed (e.g., the Pain Assessment in Advanced Dementia scale). With available medications, pain specialists, and hospice services, living and dying in pain should be a rare exception. Nurses are leaders in pain and symptom management. Thankfully, gerontological nurses are aware of the benefits that the proper dosage of morphine provides for comfort at the end of life.

Fixing pain might, in fact, be a bit easier than fixing psychological pain. When old hurts have been festering for years, it is difficult to help older adults resolve them. They are from a generation when the only people who went to a “shrink” were those with mental illness. Figures on depression in older adults, especially those in long-term care facilities, are quite high. Gerontological nurses can help older adults by utilizing the services of geriatric psychologists, geriatric psychiatrists, social workers, or just sitting with older adults and listening to them.

I once worked with Anna (pseudonym), an alert, oriented resident in a nursing home where I was employed as a social worker. One day, the nurses asked me to please talk to her as she was very upset. As I sat by her bedside, Anna told me that she could not die in peace because of unresolved issues with her father. Of course, her father had been dead for many years, and I had no idea how to help. However, I did get creative and suggested that she talk to him that night and tell him her feelings. The next morning, I walked into her room, and she was beaming. It seems that she took my suggestion and talked to her father. She said he sat beside her, listened to her confession, and forgave her. She died peacefully a few months later.

For the past few years, I have had the pleasure of working with hospice nurses and have heard and seen how end-of-life care can be a joyful episode. In one instance, a husband was watching his wife of 50 years die. He thought that she would be very upset with the state of her toenails. It seems that his wife had always painted them bright red, and they were now in very bad shape as she had been very ill with cancer and unable to take care of them. The nurse found red nail polish, and her patient died with red toenails, a high endnote for the nurse.

Another story involved an elderly nursing home resident who was actively dying. The nurse had given her daughter a glycerin swab to moisten the resident’s very dry lips. As the nurse was sitting with the daughter, the daughter mentioned that at this time of day her mother always had a glass of sherry. This nurse wanted her resident to die on a high endnote, so she went to the kitchen and found sherry. Her patient died with sherry on her lips, and as her daughter noted, a little smile on her face.

These are just two of the thousands of ways gerontological nurses help the people they serve experience quality of life at the end of life. And so the editors of this journal can use “Endnotes” as a way to share the heartfelt stories that help nurses remember why they chose this profession and, even in the sometimes hectic workplace, realize that they make a difference in the lives and deaths of older adults.

Joyce Simard, MSW
Land O Lakes, Florida
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