

adds to the complications of the dying process. The potential benefits of treatment must be balanced against the potential burdens. Autonomy is the principle that addresses the concept of independence and self-determination. "Autonomy is making decisions that are not influenced by other people and without coercion or threat (K260 Death and dying). The essence of this principle is to respect the individuals, their freedom of choice in action and each patient has the right to control their own life and to make decisions about how they want their life to end. For example, they may refuse a lifesaving treatment or resuscitation, while others might want to continue the treatment. Health professionals should help participants to understand how their requests, decisions, needs, wishes and their values may or may not be received, encouraging the patient to be autonomous when appropriate to make their own decisions and to act on their own values. Professionals have to give "as much accurate information as possible for the patients about their condition, telling the truth about status, goals of care, options, treatment and expectations are respecting autonomy" (260 Death and dying).

5.4 "However the respect for autonomy could come into conflict with other ethical considerations, such as preventing or avoiding harm (beneficence), or distributive justice when patients request assistance with suicide in ending their life" (UKCEN 2010). Also, the patient's cognitive and physical ability must be considered. They may have lack of capacity or be unconscious and unable to make decisions for themselves. Furthermore, respecting patients' autonomy is difficult if they have reached an advanced state of the dying process, so their sense of value might be affected by their conditions and they may not have the capacity to make the right decision, but they should get as much help as possible. The patient may not be fully autonomous but this does not mean that ethically their views should not be considered and respected, otherwise their needs and values would be ignored. An autonomous decision has been determined when the "dying people have been able to make advance decisions about their care which can be applied when they are no longer able to participate in decision"(K260 Death and dying). Paternalism behaviour disrespects patient's autonomy and the health professionals should avoid ignoring someone's decision about what they will do, or about what will happen to them."

The ethical principles are guidance that should direct health care professionals in their work and decision making. The ethical principles are balanced and weighed in any particular moral situation, when principles are in conflict with each other.

Health care professionals should be able to select an appropriate course of action in the treatment, responding to dying the patients and their family using the ethical framework. The ethical framework may help to work through several ways of approaching the difficult situation and treatment. The health professionals have to take in consideration various and social agreements about what are in the best interests of all participants. The dying person has right to be informed about treatment and decisions which affect their future.

In extreme circumstances a court of law can be asked to decide what the best act is for the particular situation.

Also I must respect and respond sensitively to any wishes and needs of the deceased persons after their death. I taking into account and honouring what I know of the person's wishes about what should happen after their death, including their views about sharing information. All information shared should be accurately documented.

9.2 Once a person's death has occurred should contact the person's GP to certify the death as soon as possible. I have to record the time of death and the people present. Contact the next of kin if not present. Perform last offices according to personal and religious beliefs and any special requirements. Collect and record personal belongings ready to give to relatives. Support relatives regarding funerals or registering a death. Performing the last offices lay them out with dignity and grace. Organ donation can be arranged at the time of death.

9.3 Listen to them. Offering a quiet, peaceful room, let them expressing their emotions and crying.

Talking, reassuring and comforting can help people work through their grieving process. I will be aware of any information available for relative about death and the further process such as funeral or post mortem examination. I give opportunity to ask any questions.

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10.1 It is difficult and emotionally demanding for health professionals, especially who is inexperienced dealing with bad news. It can cause a stressful feeling, which may distract the carer and will be unable to convey the message effectively and adequately that increase distress and affects the family as well.

I keep a professional distance and don't get too attached to the dying person but I have sympathetic pain which could cause a barrier to further communication.

Need strong confidence dealing with dying person's reactions. Professional counseling is provided to the needing carers and sick days if needed.

10.2 Caring for people with advanced illnesses means I am subject to considerable emotional and physical distress. Practical and emotional support should be available for me by manager and care-coordinator both during a person's illness and after they have died.

Knowledge training and skills in end-of-life care promote competence and self-confidence, which decreases anxiety in caring for residents at the end-of-life and their families.

The training, learning and development opportunities to reflect on practice, and identify further learning needs.

References:

- The Open University ( 2010) K 217 *Adult health, social care and wellbeing*, Milton Keynes, The Open University