

A Focus on Hospice Care Issues: A Call to Action of Professional Counselors in Nigeria

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Abstract: The expression “hospice care” alludes to an end-of-life care and is an aspect of palliative care. All over the world, there is a rising but strong unanimity on the need for counselors to progressively use their expertise to help people work through the end-of-life phase. Hence, the reason for this study is to raise the awareness of professional counselors in the Nigerian society on the need for their contribution to end-of-life care of their dying clients, a psycho-oncological intervention, otherwise known as hospice care. The study amongst other things uncovered show counselors could ethically play their roles in end-of-life care of terminally ill clients and those who care about them.

Key words: Code of ethics, end-of-life care, hospice care, Nigeria, professional counselors

INTRODUCTION

There is no gainsaying that counselors can contribute to end-of-life care before sickness strikes, after sickness is diagnosed and treatments begin, amid mental and physical weakness and the dying process and after the death of the patient, with bereaved survivors (American Psychological Association, 2005; Haley *et al.*, 2003). Indisputably, counselors are progressively playing a more active role in end-of-life issues worldwide. According to Kaplan and Moll (2008), the provision of end-of-life care is a hugely functional and complex matter that requires knowledge of all encompassing methodologies not just counseling interventions but also knowledge of medicine and the use of spiritual methods. There are very specific types of skills involved in the end-of-life care and counselors who are in a general practice at times will need to consult with or introduce to a variety of professionals. The end-of-life care, sometimes known as “hospice care” is the period when healthcare providers would not be greatly surprised should death occur in <6 months. It is undeniably a period when counselors can help curtail depression and anxiety associated with pending death, offer grief counseling, help people understand complex medical terms and help provide benevolent care for the moribund and their loved ones. It is a multidisciplinary care program for people suffering from terminal conditions and who have a limited

prognosis (Nydegger, 2009). In this study, we state that the term “hospice care” refers to end-of-life care for dying clients with about six months’ lifeline and is an aspect of palliative care.

Notwithstanding, there are ethical issues that counselors must pay grasp attention to while addressing the needs of the terminally ill persons and administering end-of-life care. In the American Counseling Association (2005) (ACA) Code of Ethics, the ACA asserts that “The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception” (Standard B.2.a). As a result, additional considerations apply when addressing end-of-life issues and care. The ACA code of ethics states that “Counselors who provide services to terminally ill clients who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties” (Standard A.9.c). So, therefore by the assertion above, a statement from a terminally ill client that they require a counselor’s assistance in thinking through the issue of hastening their death does not

constitute serious and foreseeable harm and thus, would not automatically call for the breaking of confidentiality (Kaplan and Moll, 2008). Furthermore, the ACA code of ethics states that "Recognizing the personal, moral and competence issues related to end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help" (Standard A.9.b). Consequently, seeing that the Counseling Association of Nigeria (CASSON) have since adopted the ACA code of ethics (APGA ethical standards specifically) we believe that the Association likewise needs to focus on ensuring that Nigerian counselors are well accustomed to helping clients obtain high-quality end-of-life care for their physical, emotional, social and spiritual needs, exercising the most astounding level of self-determination conceivable, giving them every possible opportunity to engage in informed decision-making regarding their end-of-life care and receiving complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice. Be that as it may, there is very little known as regards how guidance counselors in Nigeria have been intervening in the end-of-life care for their clients in terminal conditions. Thus, we saw the need to awaken hospice care issues for professional counselors in Nigeria as a means of calling them all to action.

OUR CALL TO ACTION

According to DeAngelis (2002), recent research results showed there are number of reasons for counselors to intensify their involvement in end-of-life care. In this study, we defend our call for professional counselors in Nigeria to take action on four major responsibilities that the (American Psychological Association) APA (2005) identified as those that psychologists and/or counselors can carry out in the end-of-life care. These responsibilities include:

Clinical responsibilities: Counselors could treat clinical depression if and when it emerges in end-of-life matters, as well as other mental health problems associated with pending death. They additionally help caregivers and relatives with facilitating emotional expression and how to effectively be good listeners for people who are dying. Well trained counselors also work viably with issues of grieving and loss, traumatic stress and also serve as advocates for good medical care. The participation of counselors in hospital ethics committees, palliative care

and other multidisciplinary teams is additionally fundamental. Therefore, Nigerian counselors must understand that a culture of neglecting clinical roles often hinder the prospects of end-of-life care.

Education and training responsibilities: Professional counselors can teach individuals to understand loss, grief and mourning and also to comprehend the contrasts between normal sadness and clinical depression at the end of life. Additionally, they can provide information about advance care planning and decisions and teach methods for dealing with depression (APA, 2005). In this manner, it is essential that counselor education programs in Nigerian Universities be made all the more incorporating to include courses which will move the counseling profession into a stance where counselors know and understand the importance of end-of-life issues, so that some of them will include it in their practices in an informed and knowledgeable way.

RESEARCH RESPONSIBILITIES

Nigerian counselors can play visibly important roles in conducting research on delicate issues relevant to the end-of-life such as death anxiety; decision making at the end-of-life; family caregiving; psychological aspects of pain and symptom management; and grief and bereavement. As a matter of fact, in the more advanced countries like the United States, counselors are already trained and are being involved in the mental health treatment of major chronic illnesses such as heart disease, cancer, AIDS, dementia and chronic pain. Psychological intervention with these people includes: psychotherapy for depression and anxiety, stress and pain management, relaxation training and family and group psychotherapy. Additionally, a broad-based movement to improve the final moments of life has led to research identifying major failures in hospital care of the seriously ill. This research discovers that many patients are dying following prolonged hospitalization or intensive care in which their final days involve unrelieved pain and their preferences concerning life-sustaining treatments are not fully discussed, documented, or followed. These discoveries have led to the rapid expansion of the end-of-life field, allowing for growth-bound contributions by counselors (Haley *et al.*, 2003). Thus, Nigerian counselors should at this time begin to channel their attention and research endeavors to end-of-life care issues of individuals in terminal conditions.

POLICY RESPONSIBILITIES

There are diverse opportunities at all levels of government for counselors to advance the quality of care at the end-of-life in Nigeria. Majority of the dying people and their families are not fully aware of an array of end-of-life care options and/or not fully informed of the probable benefits and burdens of these various options, especially in Nigeria. As a counselor, one can work with other health care professionals in campaigning for the establishment of policies that will ensure people know what types of actions and services are available to them. Other policy issues that counselors may address include: advocating for systemic changes in legal and organizational obstacles to quality care; advocate for discussions on death and its related issues in the media, the community and in professional meetings, to overcome society's disinclination to address these issues that many consider a forbidden subject and also, to advocate for a fair and impartial end-of-life care for people with disabilities (APA, 2005). Therefore, we call on Nigerian counselors to arise and support the development of policies that would ensure that Nigerian clients become fully aware of the types of end-of-life interventions and services that are available to them amongst other policy issues that can encourage the development end-of-life care issues in Nigeria.

CONCLUSION

We believe that guidance counselors are needed in end-of-life care issues in Nigeria just like their counterparts in other parts of the world. As a matter of

fact with their professional training in conducting psychosocial assessments and counseling, we feel they are suitable to work with terminally ill persons. By this way, we call on all professionally trained counselors with the relevant expertise and experience in the care of the dying to be more engaged and assist the dying patients and their families as much as they could. We implore them to begin to work collaboratively with healthcare professionals in this regard, so as to provide not only meaningful but the right kind of hospice care interventions for clients with terminal conditions.

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