

Editorial

Communication, Best Practice

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Palliative care aims to prevent and relieve suffering by supporting the best possible quality of life and time for patients and their families, regardless of chronic or acute/chronic disease, or the end of life. It employs a multidimensional assessment to identify and relieve suffering through the prevention or alleviation of physical, psychological, social, and spiritual distress. The art and application of Palliative Care have established domains and guidelines of practice. Standards of care are a necessity to teach and continue consistent quality care that has the potential of so many variables and symptoms [1]. A variety of cultural and spiritual beliefs do not always fit perfectly within the traditional approaches taught and demonstrated, especially when addressing the essence of spiritual belief at the end of life.

There are many suggested methods of communication for those that choose to work with patients at the end of life. Effective communication skills are requisite in palliative care. These include developmentally appropriate and effective sharing of information, active listening, determination of goals and preferences, assistance with medical decision-making, and effective communication with all individuals involved in the care of patients and their families [2]. Palliative care specialists are trained about the prognostication, signs and symptoms of imminent death, and the manner and setting in which to convey this message [3]. This supports needs of patients and their families before and after the death. The most talented develop a direct, yet gentle manner of leading the patient or loved one to answer questions of survival themselves; something they already know. Presence requires a tolerance that is between wanting to end suffering and acceptance of vacancy. A homesickness filled with grief, longing for nostalgia and yearning to return to the past or something that you thought it was.

“Am I going to die today?” A question, asked by a woman, looking directly in my eyes. I felt completely not qualified to answer the timing of life and death. I share one of my reflections, following moments spent with a soul that left this earth. Fresh with the experience. I was teacher and student. In the future, will convey a more authentic message to patients as a result.

SILENCE

There are secrets in the Silence.

Secrets shared by those who accept the embrace.

Knowing the Body offers all of Love’s possibilities.
Here is a Body of quiet, of light *and* a Body of darkness.
The darkness is self-dying and self-unknowing,
a hushed portal through which the lover of God falls,
as she lets go of mortal mind,
as she dives below everyday consciousness;
unmindful of mortality, daring to journey,
to plunge, in spite of it.
She fathoms the depths of heart,
trusting peace as guide to eternal life.

The student of this tight-lipped teacher, SILENCE!
screams Its name
longs only to hear the words between chasms;
longs loudly to touch the face of God,
to thaw into the river and run as One.
Becoming everything.

Who will accept such an embrace,
full of purity and potential,
whispering a way of passage from mediocre ideas and outer limits,
offering truth to those who swim in his night,
and bathe in his light?
These are the mystics who learn to breathe underwater.

Silence has a swollen belly full of secrets
birthed by Her midwife, Breath,
Who opens a door where comet chariots wait
to escort the mute to Source.
Who will ride these Lights?
Who can find the door?
Who will enter there and leave fear,
Who will listen with such rapt attention
that simple words become hallowed prayers
and hallowed prayers become Our Being?

Come into the field where that waits in the stillness.

In the pitch and in the radiance of **Silence**.

References

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