CASE REPORT

Nurses' Experience of Hospice Palliative Care for an Elderly Patient with Colon Cancer in the Terminal Stage

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ABSTRACT

Background • Hospice palliative care is used as a last resort to relieve the clinical symptoms of elderly colon cancer patients. The nurse is a key participant in the overall care process. However, little is known about hospice palliative care from a nursing perspective.

Aim • To explore hospice palliative care and nurses' experiences of clinical care for people with colon cancer in the terminal stage. To identify the challenges, facilitators and practice areas requiring further support. Chinese society has traditionally held a taboo attitude towards death, which leads to a relatively low acceptance of the concept of hospice care among the public. After this study and discussion, the public can more truly understand hospice care and improve the acceptance degree.

Method • Summarizes the practical experience of nursing hospice care for an elderly patient with advanced colon cancer.This study used a mixed methodology, including semi-structured interviews, live observations, and case studies. The combination of these methodologies provides a multi-dimensional understanding framework for research, enables researchers to deeply explore the specific situations and challenges nurses encounter in clinical care

Conclusion • The key points of nursing include concerning on the terminal stage patient and his family, adopting a multidisciplinary collaborative model to manage pain and other symptoms, providing comfort care, and offering psychological, spiritual, and social support. Guided by the theory of "holistic care" and "psychological care" under the hospice palliative care, the patient's spiritual needs were assessed based on which spiritual care was given for a good end, a good farewell, and a good life.In addition, we specifically focused on the following challenges and facilitators: professional staff shortage: the insufficient number of professional nurses in the hospice care field, affecting the quality of care. Facilitating ators: Multidisciplinary teamwork: collaboration between team members greatly improves the patient's overall care experience. To effectively respond to these challenges and leverage facilitators, intensive communication training is recommended: through training to improve nurses' communication skills and ensure effective communication with patients and their families. Through these measures, the overall quality of hospice services can be significantly improved and patients and their families can achieve a better care experience. (*Altern Ther Health Med.* [E-pub ahead of print.])

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INTRODUCTION

Colon cancer, as a major cause of cancer-related death worldwide, poses a major challenge to the healthcare system, especially in the context of an ageing population.In China，Colon cancer is one of the most common malignant tumors in the gastrointestinal tract, with the incidence and mortality ranking second and fifth in cancer in China, respectively.[1] This statistic highlights the urgent need for high-quality hospice services, especially in patients with advanced colon cancer. Conlon cancer may metastasize to the liver and lung, with the liver being the first organ for 75% of patients with metastasis, followed by the lung.[2] If no treatment is adopted, the median survival period for patients is shorter than 10 months, and the 5-year survival rate is lower than 5%.[3] Its common complications include intestinal obstruction and anemia.[4] Once a patient suffers from a changed stool habit, abdominal pain, abdominal mass, and even intestinal obstruction, he or she is in the advanced stage, missing the best time for surgical treatment and leading to a poor prognosis.[5] It is estimated that in 2050, the aging population in China will be the most in the world.[6] Healthy aging should be more focused on extending high-quality life expectancy than on low-quality survival,[7] so that they can say

farewell to their families and work dignifiedly.[8] Centered on terminal stage patients and their families, the practice of hospice palliative care is conducted in a multidisciplinary collaborative model to manage pain and other symptoms, provide comfort care, and offer psychological, spiritual, and social support.[9] At present, hospice palliative care in China is still in the initial stage and is mainly targeted at end-stage cancer patients. Meanwhile, hospice palliative care for the elderly in China is relatively lagging behind, which means the elderly in the terminal stage can't receive the appropriate care needs.[10] The role of hospice palliative care for older patients with colon cancer is still not well understood. As an important multidisciplinary team member, nurses play a significant role in implementing hospice palliative care.[11] With the guidance of "holistic care"[12] and "the last four steps"[8] under hospice palliative care, nurses help patients manage their symptoms, provide comfort care to them,[13] and assess the spiritual needs of patients to provide applicative spiritual care and grieve guidance to their families for a good end, a good farewell, and a good life. In October 2020, hospice palliative care was given to an elderly patient with colon cancer in a terminal stage in the Zhejiang Hospital, This study aims to fill the gap in the current literature regarding the experience of hospice care for older cancer patients, especially in the Chinese context, to summarize the practical experiences of nurses for a deeper understanding of their role in providing hospice palliative care. To achieve this aim, this study used case study review and qualitative interviews to collect and analyze nurses' experiences and feelings in clinical care. These approaches allow insight into the specific interventions of nurses in hospice practices and how they can positively impact patients and families through holistic and psychiatric care. Through this study, we hope to raise awareness of care experiences in hospice palliative care, which has important implications for improving the quality of care and enhancing the satisfaction of patients and families. Furthermore, our findings will provide invaluable insights into the field of hospice palliative care, contributing to improve clinical practice and facilitating more comprehensive and humane care for older patients with cancer，and the nursing experience is summarized as follows.

Clinical data

A patient, male, 87 years old, was admitted to hospital on October 5, 2020, due to colon cancer for 2 years. The patient suffered from recurrent abdominal pain and abdominal distension more than 2 months ago, which was more frequent after eating. The abdominal pain is mainly paroxysmal colic without a specific location, accompanied by nausea and vomiting. The gastric contents were vomited in a non-jettisoning way. In addition, the patient had a main complaint of fever, no exhaustion, and defecation. The abdominal plain film showed intestinal obstruction with a short strip of high-density shadow on the left upper abdomen. Computed tomography (CT) scan of the upper-lower abdomen suggested thickening of and exudation in ileocecal and proximal-ascending-colon walls, edema of rectal wall with peripheral exudation, excessive filling of bladder, multiple small-cystic lesions in the liver, postoperative changes of gallbladder, effusion in the abdominal and pelvic cavities, and edema of abdominal-dorsal subcutaneous and intramuscular spaces. It was judged as T4 stage under the tumor node metastasis (TNM). Physical examination on admission suggested that the patient was lying in bed with clear consciousness but a poor mental state, pale skin mucous and double eyelid conjunctiva, and a slightly swollen but soft abdomen. In addition, tenderness was observed in the right middle abdomen without rebound pain, and no Murphy's sign was found. A mass with a diameter of about 5 cm could be touched in the right middle and lower abdomen, which was hard and showed poor mobility. The patient was assessed as 5 points for the Padua score[14] and 3 points for the Nutrition Risk Screening Form (NRS2002). The spouse accompanied the patient and required hospice palliative care to alleviate the patient's pain. After assessment, the Karnofsky Performance Scale (KPS) score = 20 points, palliative prognostic score (PAP) score = 13.5 points, PPS level = 20%, and protein-protein interaction (PPI) score = 6.5 points were given.With the application of these scoring systems, medical teams are able to make a meticulous assessment of the patient's condition and predict their prognosis. This information is essential for developing personalized palliative care plans, ensuring that patients have access to care that best suits their current health status and needs Medical staff sincerely understood and accepted the ask from the patient's spouse, while expressing concern for patients and their families. Meanwhile, they informed that they would formulate the most appropriate treatment plan to help the patient spend every life with high quality, so that the patient's physical and spiritual last-minute needs can be met. Medical advice mainly included analgesia, anti-infection, intravenous nutritional support, liver protection, acid suppression, and stomach protection. The albumin of this patient was 27.4 g/L. On October 24, the patient was in a lethargic state with smooth and stable breaths. On the morning of October 27, the patient died peacefully, accompanied by his family and medical staff.Our findings suggest that these comprehensive interventions significantly improve patient physical comfort and emotional status, while also providing valuable support and comfort for families. Family members reported that they felt more capable and prepared to respond to the needs of the patients and felt supported by the medical team throughout the process，By sharing these insights, we hope to provide guidance for the effective practice of hospice palliative care and encourage other healthcare teams to adopt a similar multifaceted approach.

Nursing

Pain nursing. Pain is the most common symptom in patients with advanced cancer and seriously affects their quality of life. Effective pain management is central to hospice palliative care, designed to reduce pain with

personalized medical and non-medical interventions. By considering a combination of medication, non-medication, and patient education, we aim to optimize pain control and improve their overall well-being.Pain is one of the common symptoms of patients with various cancers, with an incidence of 60% ~ 80% in patients with advanced cancers. In 1995, it was identified pain as the fifth vital sign of human beings by the American Pain Society, which has increasingly received widespread attention. However, effective pain management remains an important issue in nursing.[15]+ The patient suffered from a forced posture and, refused to turn over with a depressive mood and no willing to communicate when his virtual reality simulation (VRS) score was 5. Based on his condition, the multidisciplinary team (MDT), including pain doctors and pharmacy doctors, guided the patient in a comfortable position to accept the stepwise analgesia assisted by music therapy, distraction therapy, and self-suggestion therapy to alleviate the pain.In pain management strategies, progressive analgesia effectively controls pain by increasing drug doses; music therapy uses soothing music to help patients relax and distract attention from pain; distraction therapy transfers patient's perception of pain through playing or reading; and self-suggestion therapy reduces pain through positive thinking. These non-pharmacological approaches provide diverse treatment options for pain management, helping to reduce drug dependence and improve the quality of life of patients. Meanwhile, the doctor in charge suggested injecting 100 mg tramadol intramuscularly based on the consultation opinions of the MDT and the patient's condition. 15 minutes later, the nurse assessed the VRS score as 1 point, suggesting that the pain was greatly alleviated. At this time, the patient's mood was better, and he was willing to communicate and give a faint smile. Therefore, responsible nurse needs to work well in pain assessment and observation and management of adverse drug reactions. MDT refers to multidisciplinary-collaborative diagnosis and treatment, which is a new and comprehensive method in modern medicine that integrates resources across disciplines, improving resource utilization, treatment efficiency, and safety.[16] The main characteristics of hospice palliative care guided by the MDT are continuous professional evaluation and efficiency assessment. Multidisciplinary joint ward-round is the basis for formulating the diagnosis and treatment plans using the theory of hospice palliative care. Nurses are the main body for implementing hospice palliative care and are irreplaceable in the MDT.The respective contributions of MDT team members in the study were physicians assess the severity and type of pain, develop medication regimen, and monitor patient response and side effects; nurses as the primary provider of daily patient care, nurses implement pain management plan, provide continuous pain assessment, and medication management and side effects monitoring; pharmacists: participate in medication regimen formulation and provide professional advice on drug interactions, side effects and drug compliance; patients and family: as important members of the team, their feedback is critical to the development of personalized pain management plans. In May 2020, a hospice palliative care team with several wards was established in our hospital, which is equipped with a systematic and complete workflow to give high-quality care for terminal-stage patients. The complete process includes the care team developing an personalized care plan through multidisciplinary collaboration, focusing on symptom management and comfort care, while providing psychological, emotional and spiritual support. In this way, care efficiency and quality were improved, and cross-collaboration and high-quality resource complementarity among different disciplines were achieved. It helps medical staff optimize the treatment and care plans for more comprehensive and systematic care for the patient and his families and avoid excessive medical treatment, saving social medical resources.

The responsible nurse should master the corresponding skills to assess the cancer-pain symptoms regularly and provide a three-step analgesic scheme based on the doctor's instructions and the assessment results. If pain is dominate, the responsible nurse should immediately report it to the doctor and adjust the dosage of fentanyl transdermal patches according to the doctor's instructions with increased auxiliary drugs. Besides, the responsible nurse should comfort the patient and his family in a soft voice to alleviate the pain-induced anxiety and discomfort. It is conducive to alleviating cancer-pain symptoms and effectively improving the patient's quality of life. During shift handover, the responsible nurse strengthened the pain assessment using the VRS scores and oral communication, including the pain location, duration, predisposing factors, and accompanying symptoms, so as to provide targeted care measures.

Constipation care. As a multifactorial gastrointestinal disease, constipation is clinical time and energy-wasting. With a relatively complex etiology and pathogenesis,Mainly due to chemotherapy drugs and opiate painkillers slowing down intestinal activity, the impact of cancer itself on the digestive tract, and reduced patient activity, dietary changes, and dehydration，it is characterized by reduced stool frequency, less stool volume, dry stool, and defecation.[17] Constipation can be secondary to psychosocial disorders, such as depression, anxiety, schizophrenia, and even suicidal tendencies.[18] The patient, in this case, had obvious constipation symptoms. Under the guidance of MDT, the abdominal massage and aromatic drugs were combined for intervention. The method of abdominal massage is as follows. The patient was assisted in taking a supine position, and a circular massage with fingers was applied, rounding left, right, and below the navel with a diameter of 10 cm, that gentle round massage passes clockwise around the umbilicus，which should be repeated for 3 ~ 5 minutes, with the feet slightly open. The abdominal massage was performed before going to bed every night to stimulate the intestinal peristalsis, increase the propulsive-rhythmic contraction of the small-large intestine, and reduce the water re-absorption so that the feces could be softened and excreted more smoothly.[19] Aromatic drugs have unique advantages in constipation treatment due to their effects of soothing Qi,

activating the spleen, and appetizing.[20] Under the guidance of traditional Chinese medicine (TCM) practitioner, fresh Pericarpium Citri Reticulatae was placed on the bedside daily to alleviate the patient's constipation symptoms, consistent with relevant research.[20] Traditional Chinese medicine uses aromatic drugs to treat constipation, mainly by promoting the circulation of qi machine, strengthening the transport of the spleen and stomach, resolving dampness, promoting blood circulation and removing blood stasis. These drugs can stimulate the stomach and intestines, enhance intestinal peristalsis, improve intestinal flora, thus effectively relieving constipation. Among them, tangerine peel, as a representative medicinal material, contains essential oil and other components that not only promote gastrointestinal motility, but also contribute to the balance of intestinal flora. Scientific evidence supports its positive role in the treatment of constipation.[34]

The patient had a moderate amount of yellow-soft stool without abdominal pain or distension.Attention to potential risks and contraindications should be paid when using abdominal massage and aromatic drugs in cancer patients. Abdominal massage may not be suitable for patients with acute abdominal inflammation, suppurative infection or tumor, and appropriate massage directions should be selected according to the patient's constitution. When using aromatic drugs, avoid essential oils that may cause hormonal changes, pay attention to possible allergic reactions and neurotoxicity, and the use of photosensitive essential oils. Furthermore, communication with the treatment team and considering individual patient preferences is crucial to ensure that treatment is both safe and effective.

Nutrition support care. Worldwide, the incidence of malnutrition in patients with malignant tumors ranges from 30% to 90%, which is mainly related to age, tumor location, tumor stage, and tumor type of the patient [21,22]. Interdisciplinary collaboration between physicians and clinical pharmacists in the treatment of cancer patients is essential to achieve personalized nutritional management. This collaboration ensures that patients receive targeted treatment options that meet their specific nutritional needs, while taking into account their overall health status and treatment goals.Liu Hong et al.[23] pointed out that in clinical practice, doctors and clinical pharmacists could work together to exert the advantages of multidisciplinary collaboration to concern on the nutritional management of patients with malignant tumors as early as possible from the aspects of disease diagnosis and drug treatment. The albumin of this patient was 27.4 g/L. After joint discussion by nutrition and oncology departments under the MDT, the enteral and parenteral nutrition was combined. The responsible nurse followed the doctor's instructions to give a 50 mL/h nutrient solution. Nasal feeding was started at 7:00 AM and stopped at 7:00 PM with the nasogastric tube examined once every 4 hours. After conventional nasal-feeding medication, the tube was flushed with warm boiled water. In addition, 3 L of nutrient solution in bags was applied parenterally for the patient once a day. During the nutrition support care, it is conventional to observe the infusion situation every hour, pay attention to the demand to change the posture of patient, and help him solve various life and care problems timely.

Comfortable care. Comfortable care can not only alleviate the physical diseases of patients but also positively affect their psychology, which is beneficial in alleviating their psychological pressure. Vendlinski et al.,[14] combined the Kolcaba's comfort theory,[24] and pointed out that comfortable care includes two parts: the process and the outcome. The process is meaningful only when satisfactory results are achieved. The patient showed yellow stains in the skin, with urine stains on both groins, red changes of the skin at the caudal sacrum, and damaged skin at the hip fissure.Specific measures include skin care to prevent pressure ulcers, psychological support to relieve anxiety, optimize the recuperation environment, and strengthen social support to jointly promote the overall well-being of patients. In particular, non-pharmacological interventions such as "touch care", which convey emotional support through physical contact, and further enhance psychological and physical comfort, reflect the profound impact of this theory in clinical care Comfort in hospice palliative care includes four aspects. ① Physical comfort: it refers to the satisfaction of physiological functions. ② Psychological and spiritual comfort: it refers to internal self-awareness, including respect, sexuality, and life significance. ③ Environmental comfort refers to external environmental factors related to human experience. ④ Social and cultural comfort refers to the impacts of personal, social, and family relationships. The responsible nurse assessed the patient by the Braden Assessment Scale and gave a score of 14 points. Every morning and evening, the entire body was wiped gently with a soft cotton towel. The changes in the skin at the groin were observed every hour to ensure it was clean and dry. The patient was turned over every 2 hours, and skin at the hip fissure was observed and treated with ointment if necessary. Except that, the ward should be kept quiet and tidy, with ventilation once both in the morning and evening. The floor was cleaned and disinfected once a day. Curtains blocked the light during the day according to the needs of patients but with emergency lights at night. For a long time, improving the comfort of patients and their families is the core of hospice palliative care and has attracted high attention from members of MDT. The responsible nurse would gently communicate with the patient and give a gentle touch and a simple handshake before turning him over. This silent comfort and physical contact often bring unexpected results, which is called "touch care" or "silent care". A study[25] showed that touch massage can effectively promote the recovery of muscle strength, correct physical dysfunction, and accelerate blood circulation in the limbs, which all could increase comfort and bring a sense of security to patients. For a terminal stage patient in the last period, the fundamental ethics among people comes from the body. When the patients are in pain, this special care can reach the innermost of their hearts, thereby meeting their real needs of them, significantly raising the sleep quality of patients with advanced cancer and

improving their quality of life. The families have been accompanied for a long time, with very concerned about the patient, and have experienced the pain of impending loss in her hearts. Therefore, when providing comfortable care for the patient, the responsible nurse expresses empathy and understanding to the families. When listening to the families, the nurse gently stroked her back and shoulders with a caring smile or held her hands and patted. When the patient expresses his pain and illness, the responsible nurse touches his hands and caresses him to show understanding and listening. All the above actions make the patient believe that he is cared for, elevating his sense of comfort. Such observations are consistent with relevant research.[26]

Psychological support

Family meeting. Family meetings effectively allow medical workers to convey the patient's condition, evaluate the patient's prognosis, and provide corresponding care and emotional support to reach a consensus.[27] Furman et al.[28] believed that the family meeting should be held when the patients' symptoms are difficult to control, or the patients' condition changes, or when there is unacceptable diagnostic information to be told, or when a pre-established medical plan is developed. During the family meeting, the medical knowledge for hospice palliative care is educated in easy language under the guidance of six-step cancer notification model.[29] It could help the families better understand the disease, encourage them to face the upcoming separation from the patient, and reach a consensus on clinical diagnosis and treatment decisions. In this case, the patient and his wife have been immersed in and understood each other for many years, and they all expressed their desire for a dignified and painless farewell.Furthermore,Specific case studies suggest that these psychological support interventions have significant positive effects on the emotional wellbeing of patients and families. For example, in one study, cancer patients and their families were able to communicate better through family meetings and psychological support, reducing stress and anxiety during treatment.[35]

Spiritual care and grief work. Spiritual care refers to relevant personnel assisting patients in finding the meaning and value of their life existence by influencing their faiths, beliefs, senses of values, and contacts with others so that they can feel comfort.[30] In 1976, Ms. Sicilian Sanders promoted spiritual care as an integral part of palliative care at the St. Christopher Nursing Home. Nurses are the main implementers of spiritual care.[31] Each patient has different spiritual care needs, so establishing a good nurse-patient relationship is greatly beneficial for clinically spiritual care.

The professional psychological counselors in the MDT for hospice palliative care are responsible for the psychological support of patients and their families and provide professional death-advantage education to encourage them to face death calmly.[32] In the current case, families were very sad when they knew that the patient was diagnosed with cancer. Thus, medical personnel should pay special attention to changes in the emotion of the families. The nurses comforted the families that companionship was the most emotional confession and help them adjust their emotions. When the patient's consciousness changes negatively, his spouse says sadly that "I know this disease cannot be cured, and his life is running out, but I'm still very sad to see this day approaching."

Zhang Yingli et al.[33] revealed that psychological counseling for caregivers can alleviate their anxiety and depression symptoms. The responsible nurse gently closed the hand of the patient's spouse and said "What we can do now is to accompany him. We can recall the past with him and help him fulfill his last wishes." Besides, the nurses guided the families to complete their "the last four steps": thanking, apologizing, expressing love, and saying goodbye to each other. After deep communication, the medical staff knew that both the patient and his wife were volunteers who had participated in the War to Resist U.S. Aggression and Aid Korea, and the 70th anniversary of it was coming soon. His wife was very worried that the patient would leave before the data. With the collaboration of the MDT, on October 26, 2020, the organization where the patient was worked for delivered the souvenia badge of the War to Resist U.S. Aggression and Aid Korea in our hospital. When the patient knew this news, his eyes opened and showed his happiness. After seeing the souvenia badge, the patient closed his eyes again and became lethargic. On October 27, 2020, the patient left quietly and with dignity, members of the MDT accompanied him and bowed to see him off. The nurses told the families that the patient still could hear some things at the first several seconds after death and helped them to express their love and farewell.Family members who have experienced sad work give feedback, and the process gives them the opportunity to express and deal with the pain of losing a loved one, while also learning how to remember and remember the deceased. They feel sad that their work helps them accept the reality of their loss and find their way forward, which is crucial to their long-term emotional recovery.

Follow-up support during the mourning

After the death of the patient, his wife lived, was down in spirit, wanted to cry, and suffered from insomnia, dreaminess, loss of appetite, and reluctance to socialize due to missing her husband. The MDT made a carefully crafted memoir and assigned representatives to visit her, listened to her voice, and recommended that she, accompanied by her children, could fully express her miss and sadness at the grave of his husband. With a symbolic farewell ceremony, the MDT helped her successfully complete the psychological separation. In addition, she was encouraged to enrich her life by reading books, watching TV, listening to music, and interacting with friends. Besides, the MDT regularly called or visited her to strengthen their psychological support. She said that she was sad but comforted because her husband left safely, comfortably, and painlessly. Therefore, she highly recognized our nursing work and said, "Blessed are the elderly in the future." After our intervention, she could face her new life with a relatively calm attitude. On the Nurses' Day in 2021, she brought flowers and fruit to the medical staff of the MDT for hospice palliative care and told us that she had

successfully walked out of her grief and had a new plan for the future. All medical staff were happy for her and expressed concern for her physical health. In August 2022, the specialist nurse implementing hospice palliative care visited her again and listened to her patiently. We were happy to say that she could sing lively songs with us and promote the comfort of hospice palliative care among her relatives and friends.

CONCLUSION

This article provides a case study on the care of elderly patients with colon cancer treated with hospice care. During the hospital stays, based on holistic care, patients' physical and psychological well-being were focused. Specifically, in addition to alleviating his pain management, related constipation and skin care were performed. Meanwhile, spiritual care, grief counseling, and follow-up support were implemented for his family especial his wife, during the mourning period. Hospice palliative care could alleviate the pain and burden of patients, allow the patients to have their final lives comfortably, calmly, regretfully, and dignifiedly, and help their families to smoothly walk out of grief. Therefore, it provides a reference for the clinical care of elderly patients with various cancers in the terminal stage. Clinicians and nurses should be committed to integrating the principles of hospice palliative care into their work especially in oncology and hematology, so that when patients and families have more complex needs, they can consult with palliative care professionals in a timely manner to receive appropriate care and treatment. When cancer patients face an advanced prognosis, choosing hospice palliative care at the terminal stage can be a difficult decision. However, when we acknowledge that human life is limited, we can stop spending the precious years remaining on all our struggles and on calm and peaceful accompanies with our family. It is better to express our understanding, thank, and say farewell to each other. We can say to the people we love, "I'm sorry, thank you, I love you, and goodbye". What the hospice palliative care centers is life instead of death. It provides support and understanding for the emotional pain of patients to reduce and control it, and enables patients to spend the last life period with families and caring people. The most important shift in thinking experienced by cancer patients and their caregivers is the search for the value of existence, which may give rise to hope, despair, doubt, and belief in the meaning and purpose of life, acceptance, love, and transcendence. In the Chinese Mainland, the concept of curative treatment is dominant, and the quality of death needs to be improved. There is an urgent need to promote and practice the concept of hospice palliative medicine, which can improve the quality of death and in the face of aging and the burden of disease, hospice services, designed to enhance the dignity and peace of patients at the end of life, are becoming increasingly important. Promoting this change requires the public awareness of the dignity of life through education, and the support of the government and medical institutions, including policy support and health insurance coverage, to improve the accessibility and quality of services, thus promoting the civilized progress of social attitudes towards death.

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Study on the value of traditional Chinese medicine fumigation combined with ear acupoint pressing on beans for tranquilization and nursing in pain management (No.2023ZL226)

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