Uvodnik/Editorial

Ko si pacienti želijo umreti: poslušanje, vztrajanje in spremljanje

When patients express a wish to die: Listening, staying, accompanying

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In clinical practice, healthcare professionals often witness verbalisations of the deepest human vulnerability: "I can't go on anymore. I want to die."Such statements are not merely moments of acute distress; they may reflect a patients' reluctance to burden others, or their expression of pain, exhaustion, and a profound sense of isolation. These expressions deeply unsettle healthcare professionals and often become integrated into both their professional and personal identities, challenging their ability to remain present in these situations and to assume moral responsibility in clinical decision-making.

It is important to recognise that such expressions are not necessarily requests for euthanasia or medical assistance in dying (MAiD), but are often manifestations of overwhelming suffering that require support, compassionate presence, and a human response from healthcare professionals. This response is particularly expected of nurses, who, due to the nature of their work, can genuinely listen and remain with the people when their pain or life feels unbearable. Research in health care and nursing highlights the centrality of therapeutic relationships and presence in supporting people experiencing suicidal ideation: nurses' empathetic and attuned communication creates a psychological space for patients to feel heard and understood, which is a key component of suicide prevention and holistic care (Huang et al., 2023).

Research in nursing education indicated that students often lack essential competencies for managing complex clinical and ethical situations, with notable deficits in professional communication, self-management skills, and self-confidence, arising from both educational and clinical factors (Konlan et al., 2024). Many students also experience communication apprehension, which undermines effective patient interaction and highlights the need for enhanced communication training (Schulenberg et al., 2023). These communication challenges are closely linked to ethical practice, as ethical preparedness remains limited: nearly half of all students demonstrate below-average ethical knowledge despite formal instruction (Ochasi et al., 2025). Research on end-of-life care further reveals insufficient competencies, communication barriers, and difficulties with emotional management, underscoring the need for improved preparation for compassionate, ethically sensitive encounters (Neto et al., 2025).

Nursing students are typically young and often inexperienced in emotionally complex situations such as patient suffering and dying, making it important to empower them. In addition to theoretical and practical knowledge, they should be provided with skills and strategies to help them remain with the patient and support the patient in expressing their suffering through words about suffering, dying, and death. Such support ensures they do not leave the room in distress or helplessness when faced with a dying patients, nor withdraw from the "unpleasant situation", but instead find the courage to stay (Demedts et al., 2023). While clinical interventions and procedures can be learned through clinical practice and work experience, it is equally important for students to develop soft skills and for educators to work collaboratively with them to support their professional development and the formation of their professional identity. This underscores the vital role of educators and their ability to help students learn vulnerability by exposing them to challenging situations in a safe faculty environment before they enter the clinical setting.

Simulation-based learning provides an excellent opportunity for nursing students to practice clinical skills through realistic yet controlled recreations of clinical experiences (Bajjaly & Saunders, 2021). Recent literature suggests that simulation is suitable

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not only for acquiring practical clinical skills but also for developing soft skills. These form an essential component of nursing excellence and should be fully integrated into nursing education as core competencies. A dedicated approach to soft skills promotes open communication, curiosity, and a willingness to learn. It encourages students to think critically, ask meaningful questions, and explore problems rather than simply seeking correct answers (Villacarlos & Warner, 2026). Skills for handling difficult conversations can be effectively developed through simulation using serious games and gamification, empowering students to be present with – and to communicate with – those who are suffering. Building this capability is important: simulation-based learning provides a safe, repeatable environment associated with improved communication performance and increased learner confidence, laying the foundation for greater personal resilience and compassionate care (Smith et al., 2018). Serious digital games significantly enhance the knowledge, performance, and confidence of nursing students (Lee et al., 2024) and allow them to repeatedly rehearse emotionally challenging and end-of-life conversations with patients, thereby increasing their confidence in managing patient distress. Such educational tools simulate realistic scenarios and foster students' empathy and resilience (Nylén-Eriksen et al., 2025; Stanich et al., 2023). A recent randomised controlled trial found that while a gamified end-of-life simulation improved a specific non-verbal behaviour (forward leaning) in students, it did not improve their overall communication skills, indicating that explicit visual cues, targeted feedback, and high-quality debriefing are essential to maximise learning outcomes (Pedrotti et al., 2025). These tools allow learners to iteratively rehearse emotionally demanding and end-of-life conversations – often in a Live–Die–Repeat format – with brief micro-debriefs between attempts, which students perceive as highly effective for end-of-life communication (Stanich et al., 2023).

This confirms the premise that simulation provides a safe environment for patients, students and educators, allowing students and educators to practice, make mistakes, and step outside their comfort zones. Recognising that the learning process is as important as the outcome, and actively valuing soft skills, helps prepare nursing students to navigate the complexities of modern health care and deliver high-quality patient care (Magerman et al., 2022; Villacarlos & Warner, 2026).

Nursing educators play a key role in shaping students' professional values when caring for critically ill and dying patients. Students' first encounters with death and dying can be extremely stressful. They need encouragement, emotional support, guidance, opportunities for reflective discussion, and reassurance that their care is appropriate and compassionate. Students also appreciate clear instructions about additional interventions that can improve patients' comfort and support. By using a variety of learning approaches and facilitating the acquisition of experiential and practical competencies, educators can support the development and promotion of ethical, shared decision-making and compassionate nursing care in students through simulations and repeated, varied scenarios.

Slovenian translation/Prevod v slovenščino

V klinični praksi se zdravstveni delavci pogosto srečujejo z izjavami, ki razkrivajo najglobljo človeško ranljivost: »Ne zmorem več. Želim si umreti.« Takšne besede niso zgolj trenutki akutne stiske; lahko izražajo občutek pacientov, da drugim predstavlja breme, ali pa odseva njihovo bolečino, izčrpanost in globok občutek osamljenosti. Te izjave vplivajo na vse, ki jih slišijo, in se pogosto integrirajo tako v poklicno kot osebno identiteto zdravstvenih delavcev, saj preizkušajo njihovo sposobnost ostati ob pacientu, biti prisoten v takih situacijah ter prevzeti moralno odgovornost pri kliničnem odločanju.

Na začetku je ključno prepoznati, da takšni izrazi niso nujno prošnje za evtanazijo ali medicinsko pomoč pri umiranju (angl. *medical assistance in dying – MaiD*), temveč so pogosto odziv neznosnega trpljenja, ki nakazujejo na nujno podporo, sočutno prisotnost in človeški odziv zdravstvenih delavcev. Takšen odziv je še posebej zaželen od medicinskih sester, ki lahko zaradi narave svojega dela resnično prisluhnejo in ostanejo ob osebi v trenutkih, ko bolečina ali življenje samo postaneta neznosna. Raziskave na področju zdravstva in zdravstvene nege poudarjajo glavno vlogo terapevtskega odnosa in prisotnosti pri podpori ljudem s samomorilnimi mislimi: empatična in uglašena komunikacija medicinskih sester ustvarja psihološki prostor, v katerem se pacienti počutijo slišane in razumljene, kar je ključna sestavina za preprečevanje samomora in celostne obravnave (Huang et al., 2023).

Raziskave na področju izobraževanja v zdravstveni negi kažejo, da študentom pogosto primanjkuje ključnih kompetenc za soočanje s kompleksnimi kliničnimi in etičnimi situacijami. Raziskave poudarjajo primanjkljaje na področju strokovnih, komunikacijskih spretnosti in sposobnost samovodenja ter samozavesti, ki so oblikovani tako z izobraževalnimi kot kliničnimi dejavniki (Konlan et al., 2024). Številni študenti doživljajo tudi komunikacijsko zadržanost oziroma anksioznost, ki zmanjšuje učinkovito interakcijo s pacienti in kaže na potrebo po močnejšem usposabljanju na področju komunikacije (Schulenberg et al., 2023). Omenjeni komunikacijski izzivi so neposredno povezani z etično prakso, saj etična pripravljenost ostaja omejena: skoraj polovica študentov kljub formalnemu poučevanju

izkazuje podpovprečno etično znanje (Ochasi et al., 2025). Raziskave na področju oskrbe ob koncu življenja dodatno kažejo na pomanjkanje kompetenc, komunikacijske ovire in težave pri obvladovanju čustev, kar poudarja potrebo po boljši pripravi na sočutna in etično občutljiva srečanja (Neto et al., 2025).

Študenti zdravstvene nege so večinoma mladi in pogosto neizkušeni v čustveno zahtevnih okoliščinah, kot sta trpljenje in umiranje pacientov, zato jih je pomembno opolnomočiti. Razen teoretičnega in praktičnega znanja jim je treba zagotoviti tudi razvoj spretnosti in strategij, ki jim omogočajo ostati ob pacientu, ko svoje trpljenje izraža z besedami o trpljenju, umiranju in smrti. Takšna podpora zagotavlja, da ob soočenju z umirajočimi pacienti ne zapustijo prostora zaradi stiske ali nemoči, niti se ne umaknejo iz »neprijetne situacije«, temveč najdejo pogum, da ostanejo (Demedts et al., 2023). Čeprav se kliničnih posegov in postopkov lahko naučijo s klinično prakso in delovnimi izkušnjami, je prav tako pomembno, da se študente nauči mehkih veščin ter učitelji sodelujejo pri podpori njihovega profesionalnega razvoja in oblikovanju njihove profesionalne identitete, kar poudarja pomembno vlogo učiteljev in njihovo sposobnost, da študente že pred vstopom v klinično okolje izpostavijo zahtevnim situacijam v varnem učnem okolju visokošolske izobraževalne institucije ter jim omogočijo učenje ranljivosti.

Učenje s simulacijami ponuja odlično priložnost za študente zdravstvene nege, da vadijo klinične spretnosti z uporabo realnih, vendar nadzorovanih ponovitev kliničnih izkušenj (Bajjaly & Saunders, 2021). Novejša literatura kaže, da je simulacija primerna tudi za učenje mehkih veščin, ne samo praktičnih kliničnih spretnosti. Mehke veščine so bistvene za odličnost v zdravstveni negi in bi morale biti v celoti vključene v izobraževanje zdravstvene nege kot temeljne kompetence. Predan način k razvoju mehkih veščin spodbuja odprto komunikacijo, radovednost in pripravljenost za učenje. Študente spodbuja k poglobljenemu razmišljanju, postavljanju smiselnih vprašanj in raziskovanju problemov, namesto da bi zgolj iskali pravilne odgovore (Villacarlos & Warner, 2026). Spretnosti vodenja zahtevnih pogovorov se lahko učinkovito razvija s simulacijo, z uporabo resnih iger in gamifikacije, kar opolnomoči študente, da so prisotni ob osebi, ki trpi, in da se z njo tudi pogovarjajo. Razvoj teh zmožnosti je pomemben: učenje, temelječe na simulaciji, zagotavlja varno in ponovljivo okolje, kar je povezano z boljšo komunikacijsko učinkovitostjo in večjo samozavestjo udeležencev, s čimer se postavljajo gradniki za boljšo osebno odpornost in sočutno oskrbo (Smith et al., 2018). Digitalne resne igre pomembno izboljšujejo znanje, uspešnost in samozavest študentov zdravstvene nege (Lee et al., 2024) ter jim omogočajo izvajanje vaj čustveno zahtevnih pogovorov in pogovorov ob koncu življenja s pacienti, s čimer se krepi samozavest pri obvladovanju pacientove stiske. Ta izobraževalna orodja simulirajo realistične scenarije ter spodbujajo empatijo in psihološko odpornost študentov (Nylén-Eriksen et al., 2025; Stanich et al., 2023). Nedavna randomizirana kontrolirana raziskava je pokazala, da je gamificirana simulacija oskrbe ob koncu življenja izboljšala eno neverbalno vedenje (nagibanje naprej), ne pa celotne komunikacije, kar kaže, da so za maksimalne učne učinke nujni jasni vizualni namigi, ciljno usmerjene povratne informacije in kakovostna razprava (angl. *debriefing*) po simulaciji (Pedrotti et al., 2025). Ta orodja omogočajo udeležencem, da v iterativnem procesu, pogosto v formatu Live–Die–Repeat, vadijo čustveno zahtevne pogovore ob koncu življenja z vmesnimi kratkimi manjšimi razpravami, ki jih študenti opažajo kot zelo učinkovite za učenje komunikacije ob koncu življenja (Stanich et al., 2023).

Opisano potrjuje, da simulacija z vidika pacientov, študentov in učiteljev zagotavlja varno okolje, v katerem lahko študenti in učitelji vadijo, delajo napake in stopajo zunaj svojega območja udobja. Prepoznavanje, da je učni proces enako pomemben kot končni izid, ter aktivno vrednotenje mehkih veščin pomagata pri pripravi študentov zdravstvene nege na soočanje s kompleksnostjo sodobnega zdravstvenega varstva in zagotavljanje visoko kakovostne oskrbe pacientov (Magerman et al., 2022; Villacarlos & Warner, 2026).

Učitelji in klinični mentorji s področja zdravstvene nege imajo ključno vlogo pri oblikovanju poklicnih vrednot študentov pri skrbi za kritično bolne in umirajoče paciente. Prva srečanja z umiranjem in smrtjo so lahko za študente zelo stresna. Potrebujejo spodbudo, čustveno podporo, usmerjanje, priložnosti za reflektivni pogovor ter zagotovilo, da je njihova oskrba ustrezna in sočutna. Študenti cenijo tudi jasna navodila o dodatnih ukrepih, ki lahko izboljšajo pacientovo udobje in podporo. Z uporabo različnih učnih metod ter omogočanjem pridobivanja izkustvenega in praktičnega znanja lahko učitelji prek simulacij in ponavljajočih se, raznolikih scenarijev podprejo razvoj in krepitev etičnega odločanja ter sočutne prakse pri študentih.

Conflict of interest/Nasprotje interesov

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