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# Palliative care in Nigeria: role of the community health nurses

## Abstract

Palliative care is a comprehensive, patient-centred strategy to improve quality of life for those living with life-threatening or life-limiting illnesses through prevention of suffering and relief of suffering. It includes early detection, complete assessment and management of physical, psychological, social and spiritual difficulties of patients and family. The rising burden of cancer, HIV/AIDS, chronic kidney disease, cardiovascular diseases, diabetes mellitus, chronic respiratory diseases, neurological disorders and other non-communicable diseases has greatly increased the need for accessible and effective palliative care services in Nigeria. Although its importance is increasingly recognised, palliative care is still under-developed in many parts of the country due to poor policies, lack of access to essential medicines, shortages of trained health care professionals, poor public awareness and lack of integration into primary health care services. Community Health Nurses (CHNs) are ideally positioned to fill these gaps through the provision of home-based care, symptom control, health education, psychological and spiritual support, carer education and referral services in communities. Their intimate relationships with individuals and families allow them to advocate for early identification of palliative care needs, continuity of treatment and improvement of patients' quality of life, respecting cultural and individual choices. Capacity building of Community Health Nurses through specialised training, supporting health policies, interdisciplinary teamwork, and increased access to vital palliative care resources is critical to growing community-based palliative care in Nigeria. This study discusses the concept and principles of palliative care, the burden of life limiting illnesses in Nigeria, the current status of palliative care services and the critical role of Community Health Nurses in ensuring equal access to excellent palliative care. It also identifies existing difficulties and recommends evidence-based ways to promote palliative care in the Nigerian primary health care system.

**Keywords:** palliative care, community health nurses, Nigeria, primary healthcare, home-based care, quality of life, chronic illness, cancer, end-of-life care, universal health coverage

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## Introduction

The increasing global burden of chronic, progressive and life-limiting illnesses has made palliative care an integral component of comprehensive health care. The World Health Organization (WHO) defines palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness through the prevention and relief of suffering by means of early identification, impeccable assessment, and treatment of pain and other physical, psychosocial and spiritual problems.1 The prevailing data points to the need to combine palliative care early with curative or disease-modifying therapies to achieve best patient outcomes and quality of life, rather than the assumption that palliative care is reserved for terminal illness.[2]

Nigeria is currently experiencing an epidemiological transition with an increasing burden of non-communicable diseases coexisting with the persistence of communicable diseases. Important causes of morbidity and mortality and rising need for palliative care treatments include cancer, HIV/AIDS, chronic renal disease, heart failure, chronic respiratory diseases, diabetes mellitus, stroke and neurological disorders. Population ageing, urbanisation, lifestyle changes and better survival of patients with chronic diseases have also increased the number of people who need long-term supporting and end-of-life care. However, access to appropriate palliative care is still limited, especially in rural and under-served populations where specialist services are absent.[3]

Community health nurses are essential in filling those healthcare gaps. Being on the front line of Nigeria's primary healthcare system, they are well placed to provide community-based palliative care through home visits, symptom assessment, patient and family education, psychosocial support, health promotion, referral and coordination of multidisciplinary services. Because they are close to the communities, they can detect vulnerable patients early, support the carers and help ensure that care is continued at the many levels of the health system. Indeed, strengthening the skills and resources of community health nurses is key to ensuring equal access to palliative care, and to the promotion of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) relating to health and well-being.[4]

## Principles and concept of palliative care

Palliative care is a specialised, yet comprehensive, approach to health care that aims to improve the quality of life of those living with serious, chronic, progressive or life limiting illnesses. The aim is to prevent and relieve suffering by assessing and treating pain and other distressing symptoms and addressing the psychological, emotional, social, cultural and spiritual needs of patients and their family. The philosophy of palliative care emphasises that every individual deserves compassionate, dignified, and person-centred care regardless of age, disease, prognosis, socioeconomic situation, or geographical location. Palliative care neither accelerates nor delays death, but affirms life, considers dying a normal process and enables patients to

live actively and as comfortable as possible until death throughout the course of their illness.[5]

WHO encourages a public health approach to palliative care, which is built upon four interdependent pillars: appropriate health policies, access to essential medicines (particularly to opioid analgesics for pain relief), education and training of health-care professionals, and the integration of palliative care services into all levels of the health-care system. The guideline emphasises that palliative care should not be limited to specialised institutions, but rather should be integrated into primary health care and community health services to enable universal access, especially in low- and middle-income countries.

There are a number of guiding concepts that support good palliative care. First, person-centred care is based on the premise that the values, preferences and goals of the person should be the focus of all healthcare choices. Second, holistic care is concerned not only with physical symptoms of pain, dyspnoea, nausea, exhaustion and insomnia, but also with the psychological discomfort, social obstacles, financial difficulty and spiritual issues. Third, good communication underpins collaborative decision making, informed consent, and advance care planning and sensitive conversations about prognosis and treatment choices. Fourth, family-centred care recognizes the vital role of careers and provides education, emotional support, respite and grief services throughout the illness trajectory.[6]

Another basic principle is multidisciplinary collaboration, where doctors, nurses, chemists, physiotherapists, social workers, psychologists, chaplains, nutritionists and community health workers work together to provide coordinated and ongoing treatment. Continuity of care between hospitals, primary healthcare centres and patients' homes allows rapid management of symptoms and prevents unnecessary hospital admissions. All aspects of the delivery of palliative care are pervaded by ethical values of respect for patient autonomy, beneficence, non-maleficence, justice, confidentiality and cultural sensitivity.[7]

These concepts underscore the essential functions of Community Health Nurses in the Nigerian healthcare setting in taking palliative care beyond the walls of the tertiary institutions to homes and communities. Integration of palliative care into basic healthcare services by Community Health Nurses can help .promote equitable access, reduce avoidable suffering, empower families and play a key role in improving the quality of life of patients with life limiting illnesses.

## The burden of life threatening illnesses and need for palliative care in Nigeria

Nigeria, Africa's most populous country, is in the midst of a major epidemiological change with a double burden of communicable and non-communicable diseases (NCDs). Infectious diseases such as HIV/AIDS and tuberculosis remain major public health problems, but the incidence and prevalence of cancer, cardiovascular diseases, diabetes mellitus, chronic kidney disease, chronic respiratory diseases, stroke, liver disease, dementia and other chronic conditions have increased significantly in the past two decades.[8] These diseases are often linked with long-lasting physical suffering, psychological distress, functional decline and diminished quality of life, generating an urgent need for accessible and coordinated palliative care services.

The WHO (2023) reports that annually, over 56 million people globally require palliative care, with about 80% living in low- and middle-income countries. Nigeria adds significantly to this burden because of its big population, high incidence of cancers at advanced stage, continuing HIV/AIDS prevalence and increasing number of individuals living with chronic diseases. Unfortunately, many individuals present to health care facilities at advanced stages of illness due to poverty, low health literacy, cultural beliefs, inadequate screening programmes and restricted access to professional health care services. Thus curative therapy is typically no longer possible and management is usually by symptom control and supportive care.[9]

Cancer is still one of the primary indications for palliative care in Nigeria. Breast, cervical, prostate, colorectal, liver and pediatric cancers are associated with significant morbidity and mortality and many patients present with severe pain and advanced metastatic illness. Similarly, the progress in antiretroviral therapy has turned HIV infection into a chronic condition, but many patients still present pain, opportunistic infections, depression and other symptoms that require palliative care. Patients with chronic kidney disease requiring dialysis, severe heart failure, chronic obstructive pulmonary disease, neurological disorders, sickle cell disease, and progressive neurodegenerative syndromes, too, face significant symptom burden and psychosocial challenges.[10]

However, access to palliative care in Nigeria remains restricted despite the increasing need. Specialist palliative care services are concentrated in a few tertiary hospitals, mostly in urban regions, and most of the rural populations are neglected. Regulatory constraints, supply chain issues and fears of misuse, particularly of morphine, continue to limit access to opioid analgesics. Furthermore, shortages of skilled health workers, poor funding, ineffective referral mechanisms and low public awareness further limit provision of services.

The WHO public health model suggests the integration of palliative care into primary healthcare to promote access, cost and continuity of care. In Nigeria, Community Health Nurses are strategically placed in the primary healthcare and can significantly increase the palliative care coverage through community-based services, early identification of patients who need supportive care, carer education and coordination of multidisciplinary interventions. Thus, strengthening community-based palliative care is crucial to reaching Universal Health Coverage and enhancing the quality of life for those suffering from life-limiting illnesses.[11]

## Community health nurses role in palliative care

Community Health Nurses (CHNs) are the first point of contact with health care facilities, patients, families and communities and play an essential part in the successful delivery of palliative care in Nigeria. Their presence in the community allows them to provide ongoing care that is culturally appropriate and patient-centered, especially in places where specialised palliative care services are lacking. Their roles expand beyond clinical care to include health promotion, advocacy, education, counselling and co-ordination of multi-disciplinary services.[12]

Pain is one of the most painful symptoms encountered by individuals with life limiting conditions. Community Health Nurses play a key part in pain evaluation utilising approved assessment methods as the Numeric Rating Scale (NRS), Visual Analogue Scale (VAS) or the Faces Pain Scale for children and cognitively challenged patients. A complete pain evaluation involves assessment of pain severity, location, duration, quality, aggravating and alleviating variables, and effects of pain on everyday functioning.

Nurses, in collaboration with physicians and chemists, deliver prescribed analgesics in accordance with the WHO analgesic ladder,

evaluate therapeutic responses, identify adverse drug reactions, educate patients on medication adherence and advocate for adequate pain management. They also use non-drug methods of pain control such as repositioning, massage, relaxation techniques, distraction therapy, breathing exercises, and emotional support. Continuous pain evaluation helps to modify treatment regimens in a timely manner, increases patient comfort and quality of life.[13]

In addition to pain management, Community Health Nurses are also responsible for recognising, assessing, and managing a variety of uncomfortable symptoms associated with chronic conditions. These include dyspnoea, nausea and vomiting, constipation, diarrhoea, lethargy, anorexia, insomnia, anxiety, depression, delirium, pressure ulcers, oral mucositis, and wound-related problems. Routine clinical examination allows early diagnosis of symptom deterioration, avoiding unnecessary hospitalisations to hospital.

Nurses provide evidence-based nursing interventions including maintaining airway patency, administering prescribed medications, promoting nutritional support, preventing dehydration, encouraging skin integrity through pressure area care, and educating family carers on symptom recognition and home management. They also monitor illness development and recommend patients with problems that require specialised assessment.[14]

One of the key roles of Community Health Nurses is home-based treatment particularly in rural and underprivileged communities when access to healthcare facilities is limited. Nurses make scheduled visits to patients' homes to assess their physical, emotional, social, and environmental requirements and provide individualised nursing care in the home.

Home visits allow for monitoring of symptom progression, promotion of medication adherence, education of family carers on safe caregiving practices, prevention of complications, assessment of nutritional status, and evaluation of home safety. Nurses also help identify carer load and refer for social support when needed. Community Health Nurses deliver compassionate care at home and prevent unnecessary hospital admissions, reduce healthcare costs, ensure dignity and allow patients to be with loved ones in the later stages of illness in line with the principles of person-centred palliative care.[15]

Palliative care is about not only managing physical symptoms but also the psychological, emotional, social and spiritual dimensions of suffering. Patients with life-limiting illness often experience anxiety, depression, fear of death, hopelessness, social isolation, changes in body image, and financial distress. Family members and carers also experience considerable emotional and psychological hardship in caring for their loved ones.[16]

Community Health Nurses (CHNs) have an important role in providing compassionate psychosocial support by developing dependable relationships with patients and their families. Nurses assist patients with coping with stress of illness and enhance psychological well-being through active listening, therapeutic communication, emotional reassurance and empathetic counselling. They also identify patients who may be at risk for severe depression, suicidal ideation, or carer burnout and refer them to psychologists, psychiatrists, social workers, or other specialists as appropriate.

Another important part of holistic palliative care is spiritual care. Nigeria is a culturally and religiously diverse country in which spiritual beliefs have a profound impact on patients' perceptions of illness, suffering and death. Community Health Nurses respect and uphold the cultural and religious values of patients and support the patient in accessing clergy, faith leaders or traditional spiritual advisers as appropriate to individual preferences. Nurses acknowledge the spiritual needs of patients and promote hope, dignity, inner peace and acceptance in advanced illness.[17]

In Nigeria, most of the long-term care to palliative care patients is provided by family members. Community Health Nurses are so important in empowering carers with continuous education and practical skills training. They also instruct family members on safe drug administration, pain assessment, wound dressing, feeding procedures, pressure ulcer avoidance, infection prevention, personal cleanliness, positioning, mobility aid and notice of danger signs requiring urgent medical attention.

Caregiver education boosts confidence, minimises preventable complications, promotes treatment adherence, and decreases unnecessary hospital admissions. Nurses also measure caregiver stress, encourage self-care habits, provide emotional support, and facilitate access to accessible community services and support groups.

The responsibilities of Community Health Nurses continue after the patient's death. Bereavement support helps families adapt to loss while minimising the likelihood of protracted grief disorders and mental health consequences. Nurses offer compassionate counselling, emotional reassurance, culturally appropriate advice about funeral practices and referrals to bereavement counsellors or faith-based organisations where appropriate. Further opportunities to assess family coping, identify psychological distress and link bereaved relatives with ongoing support services are provided by follow-up home visits or telephone calls after the patient's death.[18]

Community Health Nurses are essential champions for enhancing public understanding of palliative care. Through community outreach initiatives, health campaigns, religious gatherings, schools, and local media, they educate the public about chronic disease prevention, early diagnosis, symptom recognition, available palliative care services, and patients' rights to pain treatment and supportive care. Such educational programs can eliminate stigma surrounding cancer, HIV/AIDS, and end-of-life care while boosting prompt healthcare-seeking behavior.

Effective palliative care depends on multidisciplinary collaboration. Community Health Nurses coordinate treatment among physicians, pharmacists, physiotherapists, nutritionists, social workers, psychologists, spiritual care providers, community health extension workers, and non-governmental organizations. They facilitate referrals between primary, secondary, and tertiary healthcare facilities, ensuring continuity of care across different levels of the health system. By serving as patient advocates and care coordinators, nurses contribute significantly to integrated, patient-centred palliative care.[19]

## Challenges facing community health nurses in providing palliative care

Community Health Nurses are very important, however there are many hurdles to the effective delivery of palliative care services in Nigeria. One of the biggest difficulties is the lack of sufficiently trained healthcare workers. Palliative care is increasingly recognised worldwide, but many nursing schools and continuing professional development courses still lack systematic palliative nursing instruction. Therefore, many nurses lack confidence in pain assessment, symptom management, communication about end of life issues and grief support.

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Limited availability of vital drugs, notably opioid analgesics such as oral morphine, is another key challenge. Regulatory limitations, poor procurement processes, fear of opioid usage, and inadequate prescriber training all contribute to poor pain control in patients with terminal illnesses. In many hospital institutions, shortages of essential medical supplies, wound care materials, oxygen, and mobility aids further undermine the quality of palliative care.[20]

Healthcare financing also provides a substantial hurdle. Palliative care programs are generally insufficiently supported, and many patients pay for therapy out-of-pocket. Financial hardship affects access to drugs, transportation, diagnostic tests, and follow-up care, especially among rural communities. Poor road networks and weak referral mechanisms make home visits and continuity of care problematic for Community Health Nurses serving isolated populations.

Cultural misunderstandings around terminal disease, pain management, and death also influence healthcare consumption. Some families attribute chronic illnesses to supernatural causes or prefer traditional healers before seeking medical care, resulting in delayed diagnosis and severe disease presentation. Discussions about death and advance care planning may be culturally sensitive, making effective communication problematic for healthcare providers.[21]

Community health nurses are also prone to emotional tiredness, compassion fatigue, moral discomfort, and burnout given the recurrent exposure to pain and death, large workloads of patients, and lack of psychological support in health care institutions. Poor integration of palliative care into primary healthcare services, poor policy execution and inadequate staffing and lack of professional development opportunities further hinder successful service delivery. Addressing these systems difficulties would need coordinated efforts between government agencies, educational institutions, professional regulating bodies and health care organizations.[22]

## Approach to improving community based palliative care in Nigeria

There is a need for a comprehensive multi-sectoral approach combining governments, health care institutions, educational organisations, professional associations, civil society and international development partners to strengthen community-based palliative care in Nigeria. First, integrating palliative care into primary healthcare where Community Health Nurses may identify patients needing supportive care early and provide continuous community-based services closer to where people reside; such integration is in line with the World Health Organization's recommended public health strategy to palliative care and contributes to the goal of Universal Health Coverage.

Capacity building is fundamental to quality improvement. Palliative care teaching should be incorporated into undergraduate nursing curricula and practicing nurses should be subjected to regular competency-based in-service training, mentorship, simulation exercises and continuing professional development programmes. Enhancing nurses' competencies in pain management, communication skills, ethical decision making, psychosocial care, and home-based service delivery can enhance patient outcomes.[23]

Government investment is needed to maintain the constant availability of key palliative care drugs, such as opioid analgesics, through balanced regulations that promote safe access while preventing overuse. Healthcare facilities should also include the supplies needed for symptom management and home-based care.

Expanding the scope of multidisciplinary collaboration amongst physicians, nurses, chemists, social workers, physiotherapists, psychologists, nutritionists, spiritual care and community organisations can enhance continuity of care and serve the multidimensional needs of patients and families. Telehealth and mobile health technologies can also provide remote consultations, follow-up care, carer education, and professional support, especially in rural areas.[24]

Finally, palliative care should be clearly recognised as a vital health service in national policies. Increased government funding, health insurance coverage for palliative care, community awareness programs, operational research and continual quality improvement initiatives will increase equal access to compassionate, and high quality palliative care across Nigeria.[25]

The future of palliative care in Nigeria hinges on the successful integration of palliative care into primary healthcare supported by strong political will, sustainable financing and well-trained health workers. The development of the competences of Community Health Nurses through competency-based education, specialist certification courses and continual professional development should be a national priority. Innovations in digital health, such as Telehealth, electronic health records, mobile health apps, and virtual mentorship, can increase access to specialist consultation, help ensure continuity of treatment, and strengthen service delivery in underserved populations. Research on culturally relevant methods of community-based palliative care, patient-reported outcomes and cost-effective therapies should be promoted to improve national policies and clinical practice. Scaling up equitable palliative care services will be expedited by building on the existing relationships between government agencies, universities, professional nursing organisations, nongovernmental organisations, faith-based organisations and overseas partners. In the end, including palliative care into Universal Health Coverage and bolstering primary healthcare systems will guarantee that every Nigerian suffering from a life-limiting illness receives compassionate, accessible and high quality care irrespective of their socioeconomic level or geographical location. WHO continues to advocate for the integration of palliative care into primary health care and community-based services as a core component of Universal Health Coverage.[26]

## Conclusion

Palliative care is an integral part of holistic health care and a vital human right of patients with life-limiting illnesses. In Nigeria, the increasing burden of cancer, HIV/AIDS, cardiovascular disease, chronic kidney disease, neurological disorders and other chronic ailments, has generated an urgent need for palliative care services that are accessible, equitable and community-based. Community Health Nurses are well positioned within the primary health care system to provide holistic care through pain and symptom management, home-based services, psychosocial and spiritual support, carer education, bereavement support, health promotion, and multidisciplinary team coordination. In spite of the obstacles of inadequate training, limited access to opioid analgesics, insufficient financing, workforce shortages and weak health systems, Community Health Nurses remain vital to improving the quality of life of patients and their families. Palliative care coverage in Nigeria can be considerably improved by improved palliative care education, integration of services into basic healthcare, better access to key medicines and supporting government policy. Through sustained investment, collaborative partnerships, and evidence-based practice, Nigeria can establish a robust, patient-centred palliative care system that reduces suffering, promotes dignity, and advances Universal Health Coverage for all residents.

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## Conflicts of interest

The authors declares that there are no conflicts of interest.

## References

1. Adenikpekun A, Onibokun A, Elumelu TN. Knowledge and attitudes of terminally ill patients and their families to palliative care and hospice services in Nigeria. *Niger J Clin Pract*. 2025;8(1):19–22.
2. Wang Y, Wang HQ, Zhang K. Discussion on the role function of nurses under the management mode of chronic diseases in a community in Shanghai. *Shanghai Prev Med*. 2023;28(11):831–833.
3. Johannesen P, Oestergaard A. In the darkness of the shadow of death: A ray of hope: The story of Hospice Africa. *J Palliat Care*. 2024;9(3):23–24.
4. Kida K, Doi S, Suzuki N. Palliative care in patients with advanced heart failure. *Heart Fail Clin*. 2020;16(2):243–254.
5. World Health Organization. Cancer pain relief: A guide to opioid availability. Published 2022.
6. Ying QY, Xu KC, Liu GY. Concept analysis of continuing care in China. *Nurs Res*. 2020;35(4):82–85.
7. Jeon YS, Kim HK, Cleveland CS, et al. Clinicians' practice and attitudes towards cancer pain management in Korea. *Support Care Cancer*. 2022;15:463–469.
8. Kulkarni PD. Hospital-based palliative care: A case for integrating care with cure. *Indian J Palliat Care*. 2021;17:74–76.
9. Aragon KN. Palliative care in lung cancer. *Clin Chest Med*. 2020;41(2):281–293.
10. Maltoni M, Nanni O, Naldoni M. Evaluation of cost of home therapy for patients with terminal disease. *Curr Opin Oncol*. 2022;10(4):302–309.
11. Ge JJ, Liu WQ, Jiang CY. Research on the construction of Shanghai community nursing quality control index system based on structure-process-result theory. *Chin Gen Med*. 2020;17(4):609–613.
12. Nnadi DC, Singh S. Knowledge about palliative care among medical interns in a tertiary health institution in Northwestern Nigeria. *Indian J Palliat Care*. 2023;22:343–347.
13. Olaitan S, Oladayo A, Ololade M. Palliative care: Supporting adult cancer patients in Ibadan, Nigeria. *J Palliat Care* Med. 2023:258.
14. Cordeiro E, Emmarker IH. Palliative care in Nigeria: Challenges and prospects. *Jos J Med*. 2024;8(3):53–55.
15. Cotogni P, Stragliotto S, Ossola M, et al. Intersociety Italian Working Group for Nutritional Support in Cancer. The role of nutritional support for cancer patients in palliative care. *Nutrients*. 2021;13(2).
16. Luta X, Ottino B, Hall P, et al. Evidence on the economic value of end-of-life and palliative care interventions: A narrative review of reviews. *BMC Palliat Care*. 2021;20(1):89.
17. Mahmoud KO, Oluwagbemiga O. Perspective chapter: Palliative care in Nigeria—Perspectives, challenges, and barriers. In: IntechOpen; 2025.
18. Rays A, Felix M. The role of community nurses in supporting families of palliative cancer patients. 2025;6:60.
19. Cuttini M, Casotto V, Rodolfo S, et al. Health professionals' beliefs may undermine effective pain relief for dying patients. *BMJ*. 2023;327:221–222.
20. Fernando U, Hughes TC. Palliative care in Enugu, Nigeria: Challenges to a new practice. *Indian J Palliat Care*. 2021;17(2):131–136.
21. Lum HD, Kluger BM. Palliative care for Parkinson disease. *Clin Geriatr Med*. 2020;36(1):149–157.
22. Araújo LG, de Melo YST, de Carvalho FP, et al. Cuidados paliativos em pacientes oncológicos: uma abordagem do conhecimento dos enfermeiros. Rev Eletrônica Acervo Saúde. 2020;12(11).
23. Goldstein M, Houtepen R, Proot IM, et al. What is a good death? Terminally ill patients: Dealing with normative expectations around death and dying. *Patient Educ Couns*. 2023;64:378–386.
24. Size M, Soyannwo OA, Justins DM. Pain management in developing countries. *Anaesthesia*. 2023;62:38–43.
25. Grande VF, Barclay P, Todd FO. Palliative care trends and challenges in Nigeria—The journey so far. *Int J Emerg Med*. 2022;1(2):17.
26. Li SJ, Xu X. Research progress of integrated cooperation between doctors and nurses. *South China J Natl Def Med*. 2023;30(12):827–830.