



高等职业教育 技能型紧缺人才 培养培训工程系列教材

# 护理综合英语

## ——CGFNS综合册(上)

北京孚华德国际护士培训中心  
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## 内容提要

本书是高等职业教育护理专业领域技能型紧缺人才培养培训工程系列教材,是根据“三年制高等职业教育护理专业领域技能型紧缺人才培养指导方案”编写的。

《护理基础英语——CGFNS 基础册》(上、下)、《护理综合英语——CGFNS 综合册》(上、下)为护理用英语教材,教学内容为内、外、妇、儿和精神科的医学护理知识。《综合册》是按照美国的护理理念和 CGFNS 考试的要求,把所有护理内容分为:安全有效的护理环境、社会心理完整、促进并维持健康以及生理完整等共四个部分。其中安全有效的护理环境和社会心理完整两部分内容归入《综合册》的上册;促进并维持健康和生理完整两部分归入《综合册》的下册。

《综合册》上、下册均为 15 个单元,分别为 15 个专题,每个专题的选择均严格按照全科护士的标准和 CGFNS 考试的要求科学制定。每单元由三个部分组成。第一、三部分分别为 CGFNS 考试摸底和自测试题。第二部分为与本单元题目一致的两篇课文,以及注释、练习和词汇。本书还配有光盘。

本书可作为高等职业院校、高等专科院校、成人高等院校、本科院校二级学院、本科院校高职教育护理专业及相关专业学生学习用书,也可供五年制高职院校、中等职业学校及其他有关人员参考使用。

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# 前言

人类已经进入 21 世纪,中国的科学技术领域面临着巨大的挑战和机遇。我国护理教育事业所面临的挑战之一,就是能否使我国的护理教育水平与世界发达国家的护理教育水平接轨,使我国护士的整体素质得到提高。但是不可否认的是,护理专业英语教学至今仍未摆脱临床医学本科英语教学模式羁绊,依然沿用临床医学本科专业英语教材,这不仅约束了护理本科专业特色的展现,更严重的是缩小了护理专业的知识面,制约了护理学科的发展。为了打破这一禁锢,创建护理专业英语教学的新模式,为了使學生更好地理解护理这门艺术,了解先进的护理理念,我们特地编撰了《护理基础英语——CGFNS 基础册》(上、下)和《护理综合英语——CGFNS 综合册》(上、下)。《护理基础英语》是按照临床医学的系统分类,分为内外科护理和妇、儿、精神疾病护理两本,配以一些实际应用型试题,侧重临床护理知识的学习和实际应用。《护理综合英语》是按照美国护理理念和 CGFNS 考试的要求,把所有护理内容分为:安全有效的护理环境、促进和维持健康、生理完整以及社会心理完整四个部分。根据这四部分,我们成书两本,同时配以部分历年的 CGFNS 试题,侧重的是护理知识的理论学习。每本书均包括 15 课,每课由三个部分组成,分别为 part 1, 摸底试题;part 2, 课文及练习;part 3, 自测试题,并分别附有词汇、词组和音标。同时我们还设计了配套光盘,以帮助学生掌握。

本书为英语教学用书,其中的内容系临床各科的基础知识、护理规则和与之一致的试题,旨在帮助护士、护生在学习专业英语的同时巩固医学护理知识,了解目前国际先进的护理理念。同时使整套教材更趋综合性、活泼性,使学生的学习更趋主动性和参与性。

本套护理英语教材具有四大特点:一是取材新,多取自近几年的英文原版书籍和专业杂志;二是内容覆盖广,涉及医学专业各个学科领域,包括目前国内教学内容尚不充实的精神疾病的护理;三是课文与试题相结合。在系统了解各科词汇、语言及内容的同时,还涉足包括该科的 CGFNS 考试的试题;四是每个词汇后加注国际音标。所以它不但适用于护校学生,作为专业英语教材使用,也同样适用于护士、护生,作为报考 CGFNS 考试的培训和自学教材使用。

潘素勤、林小勤、张铁钢、蒋育红等同志参与了本书的编撰工作。由于时间仓促,水平有限,书中疏漏与不足在所难免,诚请专家、读者批评指正。

编者

2004 年 10 月



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# 出版说明

为了认真贯彻《国务院关于大力推进职业教育改革与发展的决定》，落实《2003—2007年教育振兴行动计划》，缓解国内劳动力市场技能型人才紧缺现状，为我国走新型工业化道路服务，自2001年10月以来，教育部在永州、武汉和无锡连续三次召开全国高等职业教育产学研经验交流会，明确了高等职业教育要“以服务为宗旨，以就业为导向，走产学研结合的发展道路”，同时明确了高等职业教育的主要任务是培养高技能人才，这类人才，既要能动脑，更要能动手，他们既不是白领，也不是蓝领，而是应用型白领，是“银领”，从而为我国高等职业教育的进一步发展指明了方向。

培养目标的变化直接带来了高等职业教育办学宗旨、教学内容与课程体系、教学方法与手段、教学管理等诸多方面的改变，与之相应，也产生了若干值得关注与研究的新课题。对此，我们组织有关高等职业院校进行了多次探讨，并从中遴选出一些较为成熟的成果，组织编写了“银领工程”丛书。本丛书围绕培养符合社会主义市场经济和全面建设小康社会发展要求的“银领”人才的这一宗旨，结合最新的教改成果，反映了最新的职业教育工作思路和发展方向，有益于固化并更好地推广这些经验和成果，很值得广大高等职业院校借鉴。我们的这一想法和做法也得到了教育部领导的肯定，教育部副部长吴启迪专门为首批“银领工程”丛书提笔作序。

我社出版的高等职业教育各专业领域技能型紧缺人才培养培训工程系列教材也将陆续纳入“银领工程”丛书系列。

“银领工程”丛书适用于高等职业学校、高等专科学校、成人高校及本科院校开办的二级职业技术学院、继续教育学院和民办高校使用。

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## Unit One

# Humanistic Education

### Part 1 CGFNS 考试 摸底试题

1. The nurse is caring for a patient with a terminal illness, which of the following actions would be the most important for the nurse to take?
  - A. Let the patient know he is not alone.
  - B. Attempt to promote hope in the patient.
  - C. Be helpful to the patient at all times.
  - D. Discourage denial in the patient.
2. A client in the hypertension clinic expresses his worry to the nurse that his wife has been unemployed for more than six months, and that he is afraid that soon they will be unable to pay the rent. Which of these responses by the nurse would be the most appropriate?
  - A. "These things always seem worse than they really are."
  - B. "It's important for your blood pressure that you should not worry too much about it."
  - C. "You're worried that you won't be able to pay the rent, aren't you?"
  - D. "I will refer you to a social worker."



3. The nurse admits a woman with a diagnosis of schizophrenia to the unit. The patient's needs would be met best by
  - A. giving her a brief orientation and staying with her for a while.
  - B. giving her a description of ward activities and introducing her to other patients.
  - C. introducing her to just one patient and asking him to show the patient around.
  - D. sitting her in a quiet room and waiting until her hallucinations stop.
4. One morning, the nurse finds a patient crying and approaches him. The patient says, "What do you want? Go away. You can't help me. I hate you and I hate myself." Which of the following responses by the nurse is the best?
  - A. "Why is it that you dislike me and yourself?"
  - B. "I'll come back later when you are in a better mood."
  - C. "It's difficult for me to communicate with you when you talk this way."
  - D. "You seem to be in pain. I'll stay with you for a while."
5. A patient in a psychiatric unit continually complains to the nurse that his stomach is missing. Which of the following responses by the nurse would be the most appropriate?
  - A. "It's not possible, or else you wouldn't be able to eat anything."
  - B. "I am here to help you with this problem."
  - C. "It sounds as if you feel very empty and alone."
  - D. "This is a common response to depression."
6. A terminal patient dies quietly in his sleep. The nurse should
  - A. provide a private place for family members.
  - B. explain that the patient is in heaven now.
  - C. notify the family members individually.
  - D. shield the family from viewing the patient.
7. Your patient had a severe myocardial infarction. His condition is critical. The patient's wife says to you, "I want my husband to be anointed, but I don't want to frighten him." Which of these responses would be the most appropriate?
  - A. "Would you like to talk with your spiritual leader?"
  - B. "This is a decision you must make yourself."
  - C. "Perhaps your husband isn't nearly as frightened as you are about death."
  - D. "If I were you, I wouldn't bring the matter up at this time unless your husband

mentions it himself."

8. A woman comes to the hospice every morning to visit her sick husband. To provide support for her it would be the most appropriate for the nurses to
- A. suggest that she attend a group for families of dying patients.
  - B. ask if she would like to help with her husband's care.
  - C. suggest that she visit the social worker.
  - D. have the patient bathed and groomed in time for his wife's arrival.
9. The evening before surgery, a patient tells the nurse, "My daughter called my best friend and he was supposed to come to see me this evening. I doubt if he will be coming now for it's 8 o'clock already." Which of the following responses would be the most appropriate for the nurse to make initially?
- A. "Would you like me to check if your friend is still coming this evening?"
  - B. "Your friend will keep his word. I think he'll come."
  - C. "Your friend may be planning to come in the morning if he can't visit you this evening."
  - D. "Since you feel that your friend may not come, would you like to see our social worker?"
10. A patient was hospitalized following an attempted suicide. Immediately after hospitalization, the nurse should
- A. encourage socialization by introducing the patient to others.
  - B. avoid the topic of suicide to protect the patient from feelings of guilt and shame.
  - C. assess the patient's present thought about suicide.
  - D. make himself/herself available, but do not infringe on privacy.

## New Words and Expressions

terminal illness

discourage /dis 'kʌrɪdʒ/

denial /di 'naɪəl/

hypertension /,haɪpə 'tenʃən/

blood pressure

晚期病症

vt. 使气馁,阻碍

n. 否认,否定;谢绝,拒绝

n. 高血压

血压

brief orientation	简要介绍
hallucination /ˈhælʊːsiˈneɪʃən/	n. 幻觉, 幻想
shield /ʃiːld/	vt. (from) 保护, 防护
critical /ˈkɹɪtɪkəl/	adj. 危急的
anoint /əˈnoɪnt/	vt. 涂以油或软膏, 涂油使之神圣化
frighten /ˈfraɪnt/	vt. 使惊吓
hospice /ˈhɒspɪs/	n. (教会办的) 旅客招待所, 济贫院, 晚期病患者收容所
dying /ˈdaɪɪŋ/	adj. 垂死的
groom /ɡruːm/	vi. 修饰
keep one's word	守信
hospitalize /ˈhɒspɪtəlaɪz/	vt. 送入医院, 允许住院
socialization /ˌsəʊʃəlaɪˈzeɪʃ(ə)n/	n. 社会化, 参加社会活动
infringe /ɪnˈfrɪndʒ/	v. 侵犯, 破坏, 违反

## Part 2

### Text A

#### Confusion

Often, near the end of life, patients are confused. They don't know the day, the place, or who various people are. They may hallucinate and see people who no one else can see. This could be a result of their diseases and its impact on the function of their brains, such as in acquired immune deficiency syndrome (AIDS), brain cancer, or cardiovascular or respiratory disease that decreases the supply of oxygen to the brain.

The main concerns at this time are for safety. The patient is at a much higher risk of falls and other types of injury. At this time it requires substantial patience on the part of the staff, family, and friends.

Because one never knows what is understood, it is important to patiently explain everything you are doing before you do it. Talk with patients through every procedure. Remind them of who you are, and assure them you are there to help. Call them by name — usually, the first name gets a better response. Try to put structure and routine into your activities with

patients. They do better with consistency, not variety and change! Slow down everything you are doing to give the patient time to process.

Remove dangerous substances and objects from the immediate area. Keep the environment simple and free distractions. Limit the amount of noise to the degree that you can. Avoid having private conversations with other staff or family within earshot of the patient. Be cautious in the presence of patients so that you would never say anything you wouldn't want them to hear and understand.

### Cultural Awareness

The United States is a nation made up of many different nationalities, ethnic groups, and religions. At this time, one of three Americans are members of an ethnically diverse cultural group, and by the year 2050, the nonwhite population in the United States will triple due to birth and immigration.

This diversity has created a wonderful strength and richness to the national heritage of America. The complexities of multiculturalism have also presented Americans with challenges, and never more so than in caring for people at the end of their lives. Most cultures have very specific views regarding dying, death, funeral, and burial and have developed religious or spiritual practices around them.

It is the nurses' responsibility to learn more about other cultures to better understand their values and beliefs. In this way, end-of-life care can be provided with respect, honor, and dignity according to their traditions.

In end-of-life care, we are dealing with one of life's greatest transitions — the death experience. This area is rich in the development of specific rituals, customs, and beliefs centering on illnesses, the dying process, the deathbed scene, and the grieving process. In this regard, nurses providing end-of-life care need to be aware of the variety of responses that may be encountered, which may be quite different from what they have expected. For example, we may believe we know what dying, death, and life are about and when death has occurred. In some cultures, however, people are counted dead when most Americans would consider them alive, or people are considered dead that they would see as merely ill. It is important never to assume anything when it comes to cultural variables!

In the area of loss, we see grief responses that in our culture might be deemed inappropriate but are quite normal for other ethnic group. These responses include muted grief, in which



emotional control is highly prized; excessive grief, in which bereavement continues for expected, long periods of time; and violent grief, in which anger and aggression are part of the mourning process.

Communication becomes a key factor when you are trying to learn more about a patient and family with a culture different from your own. Language barriers and nonverbal communication pose special challenges. When speaking to people for whom English is a second language, make sure you ask them to repeat or rephrase themselves if you did not understand what they were saying to you. When you speak, be careful that you choose words that will be clearly understood and not misinterpreted. It is important for the hospital staff to discover specific cultural issues in order to provide respectful care to the dying patient.

Many cases of cultural differences have shown the importance of these questions. For example, in the Chinese culture, traditional healing practices include using herbal preparations that are usually given once. Therefore, getting a patient to take medication on an intermittent basis could be difficult. In the Japanese culture, the number "four" means death, so getting medication taken QID (four times a day) could be problematic. Many cultures believe talking about funeral plans brings bad luck. Some believe that dying at home is preferred; others fear death at home and transfer the patient to a hospital.

## New Words and Expressions

confusion /kən 'fju:ʒən /

n. 混乱, 混淆, 疑惑(状态)

hallucinate /hə 'lu:sineit /

vt. 使产生幻觉

AIDS /eidz /

abbr. 艾滋病, 获得性免疫缺陷综合征  
(acquired immune deficiency syndrome)

cardiovascular /,kɑ:diəu 'væskjulə /

adj. 心脏血管的

respiratory /ris 'paiəɾətəri /

adj. 呼吸的

concern /kən 'sɜ:n /

n. (利害)关系, 关心, 关注, 所关切的事

fall /fɔ:l /

vt. & n. 跌落, 跌倒

injury /'indʒəri /

n. 伤害, 损伤, 受伤



substantial /səb 'stænʃəl/	adj. 很多的,大量的,(相当)大的
routine /ru: 'ti:n/	n. 常规,程序,日常事务
consistency /kən 'sistənsi/	n. 一致性,连贯性
variety /və 'raɪəti/	n. 变化,多样性
slow down	(使)慢下来
remove /ri 'mu:v/	vt. 拿走,撤走,移动
immediate /i 'mi:dʒət/	adj. 紧靠的,最近的
distraction /dis 'trækʃən/	n. 分心,分心的事物
limit /'limit/	vt. & n. 限制,限定
earshot /'iəʃət/	n. 听力所及之范围
in the present of	在……面前
awareness /ə 'weənɪs/	n. 意识,常识,注意
nationality /,næʃə 'nælɪti/	n. 国籍,民族
ethnic group	同种族同文化的民族
triple /'trɪpl/	v. 三倍于,增至三倍
due to	由于,应归于
immigration /,ɪmɪ 'greɪʃən/	n. 移民,迁入,移居入境
diversity /dai 'vɜ:sɪti/	n. 差异,多样性
complexity /kəm 'pleksɪti/	n. 复杂(性),复杂的事物
multicultural /,mʌltɪ 'kʌltʃərə(ə)l/	adj. 多种文化的,融有多种文化的
funeral /'fju:nərəl/	n. 葬礼,出殡
burial /'berɪəl/	n. 埋葬,葬礼
dignity /'dɪgnɪti/	n. 尊严,体面,高贵
center /'sentə/	vt. 集中,使聚集在一点,定中心
deathbed /'deθbed/	n. 临死所卧之床,临终之时
be aware of	知道,意识到
encounter /ɪn 'kaʊntə/	v. 遭遇,遇到;相遇
assume /ə 'sju:m/	v. 假定,设想;担任,承担
when it comes to	当提到……
variable /'væəriəbl/	n. 变数,变量,可变量,易变的事物
mute /mju:t/	adj. 哑的,无声的,沉默的 vt. 减弱……的声音
prize /praɪz/	vt. 珍视,估价

excessive /ɪk'sesɪv/ adj. 过多的, 过分的  
 bereavement /bi'reɪvmənt/ n. (亲人) 丧亡  
 barrier /'bæriə/ n. 障碍物, 屏障  
 nonverbal /'nɒn'veɪbəl/ adj. 不用语言的, 非语言的  
 nonverbal communication 非语言交流  
 pose /pəʊz/ v. 形成, 引起, 造成  
 rephrase /ri:'freɪz/ vt. 改述, 改撰  
 misinterpret /'mɪsɪn'tɜ:pɪt/ vt. 曲解, 误译  
 herbal /'hɜ:bəl/ adj. 草药的  
 preparation /,prepe'reɪʃən/ n. (药等的) 配制, 制剂, 配制品  
 intermittent /,ɪntə(:)'mɪtənt/ adj. 间歇的, 断断续续的  
 QID (quarter in die, four times a day) 意 每日四次 (处方用拉丁语)  
 problematic /,prɒblə'mætɪk/ adj. 问题的, 成问题的, 有疑问的  
 transfer /træns'fɜ:/ v. 转移, 调转, 调任

## Exercises

### I. Answer the following questions according to the text.

1. What causes the patients in the last days of their lives to see people who no one else can see?
2. Why does the author suggest that we call the patients by their first names?
3. What does "They do better with consistency" mean? Can you give examples of your own?
4. What should we be cautious of when talking with other staff or family members?
5. How could we provide end-of-life care with respect, honor, and dignity to patients?
6. Why is death experience one of the greatest transitions in one's life?
7. In some cultures, people are counted dead when most Americans consider them alive. What does the author want to tell us by this example?
8. How many grief responses have been mentioned in paragraph 9? What are they?
9. Why does the author say communication is a key factor when you want to learn more

about a patient and family from a different culture?

10. How to avoid being misunderstood when talking to patients whose second language is English?

III. Match the words in Column A with the expressions in Column B.

- | A              | B   |
|----------------|---|
| 1. injure      | A. to meet or to be faced by something bad                  |
| 2. hallucinate | B. (of a sound) made softer than is usual                   |
| 3. staff       | C. a medical substance esp. a drug                          |
| 4. encounter   | D. made of plants which are used to make medicine           |
| 5. muted       | E. all the members working in an organization               |
| 6. herbal      | F. to see things which are not there                        |
| 7. medication  | G. unable to be harmed because of special powers in oneself |
| 8. respiratory | H. harm or damage to a living thing                         |
| 9. grieving    | I. suffering from sadness esp. a loss                       |
| 10. immune     | J. connected with breathing                                 |

III. Fill in the blanks with the information given in the text.

1. Diseases such as AIDS, \_\_\_\_\_ or \_\_\_\_\_ disease \_\_\_\_\_ the function of the brain, which may cause the patients to hallucinate.
2. Safety is of primary importance to patients in their last days. So attending them calls for \_\_\_\_\_ not only from the \_\_\_\_\_ but also from the family and friends.
3. If there is something we don't want the patients to hear, we'd better \_\_\_\_\_ and \_\_\_\_\_.
4. Great diversity of people in the U. S. brings not only \_\_\_\_\_ and \_\_\_\_\_, but also \_\_\_\_\_ to this country, especially when it comes to the caring for people at the end of life.
5. To be a competent nurse, one must learn more about other cultures so as to \_\_\_\_\_.
6. As different cultures may have great differences in their customs and beliefs about illness and death, it is vital that the nurse must not take anything \_\_\_\_\_.
7. When speaking to patients whose mother tongue is not English, you should

\_\_\_\_\_ about a patient and family from a different culture?  
8. If you don't understand what the patient is saying, you'd better  
\_\_\_\_\_ English?

IV. Fill in the blanks with the information given in the text, one word for one blank!

Near the end of life, patients are confused. They may 1 and see people who are not there. This could be the result of their disease and its impact on the 2 of the brain, such as in acquired immune deficiency syndrome (AIDS), cancer of the brain, or 3 or respiratory disease that decreases the 4 to the brain.

The main concern at this time is safety. The patient is at much higher risk for falls and other types of injuries. This time requires substantial 5 on the part of all the people concerning with the patient. Because one may be misunderstood, it is important to patiently explain everything to the patient before doing it. And it is also very important to assure them you are always 6 to help.

Remove dangerous substances and objects from the immediate area. Keep the environment simple and free of distraction. 7 the noise. Avoid talking 8 with other staff or family within earshot of the patient. Be cautious in the 9 of patients so that you would never say anything you wouldn't want them to hear.

As the United States is made up of many different nationalities, it has 10 a wonderful strength and richness to our national heritage. This has also presented 11 especially in the caring for people at the 12 of life. For example, in the Japanese culture, the number "four" means death, so getting medication taken QID (four times a day) could be 13. Many cultures believe talking about funeral plans 14 bad luck. Some 15 that dying at home is preferred; others 16 death and transfer the patient to a hospital. And grief responses to 17 are also different. In some cultures muted grief is highly prized while in other cultures violent grief is accepted. Dealing with patients with different cultural backgrounds could be a headache. So it is the nurses' responsibility to learn about other 18 to better understand their 19 and beliefs to provide end-of-life care with respect, honor, and dignity according to their 20.