

Abstract: Terminal phase is diagnosed terminal condition of the underlying disease that leaves no hope of recovery. Terminal state of illness indicates incurable of the disease regardless independent of the general condition of the patient the matter of time he will perform death. Adequate medical, psychological and social treatment of patients with terminal condition implies a significant differentiation of the two key periods and that means first making a decision to transition from curative to palliative care and the second period is the start of palliative care until death. The main goal of treatment is enhanced quality of life of the patient's caring, empathic management which includes providing the highest level of palliative care in order to maximally reduce physical pain, fear and anxiety. What is important is that there is no universally accepted principle or adequate psychosocial approach to announcing a state of terminal illness and the implementation of palliative treatment; it depends on the culture, tradition, religious commitments, the philosophy, values, characteristics and dynamics of family which the patient belongs. Palliative care is created according to the needs and expectations of the patient and family. Analyzing the awareness of patients in terminal state, that their disease it not communicated we come to the conclusion that unfolds in several stages.

In the first stage the patient is not aware that he is dying and very few people from his immediate surroundings are aware of it. Then some family members become aware of the terminal outcome and with them come a rise in suspicion that the disease is dangerous and worrying. Painful increasingly evaluate their own situation based on external indicators and their own physical condition and becoming more aware of the possibility of dying. A large proportion of patients who are dying are in phase with incomplete shaped awareness that they will die.

Keywords: palliative care, death, patient, quality of life, dying.