Palliative Care for People With Cancer

The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (2008) defined palliative care as "patient and family-centered care that optimizes quality of life by anticipating, preventing, minimizing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and to facilitate patient autonomy, access to information, and choice" (p. 32204).

This definition demonstrates palliative care as a multidisciplinary approach that may include care provided by physicians, nurses, social workers, psychologists, psychiatrists, pharmacists, spiritual care professionals, and respiratory, physical, and occupational therapists, as well as a variety of other disciplines necessary to manage symptoms. All healthcare professionals should focus on patient-centered care and communication, aggressively managing symptoms and coordinating care across care settings to ensure that the patient's goals of care are being met (National Consensus Project, 2013).

Palliative care and hospice care often are perceived as having the same goals of care. However, confusion between these two terms can limit access to these important services. Palliative care is a philosophy of care and an organized, highly structured system for delivering care (National Consensus Project, 2013) focused on providing relief from the symptoms and stress of a serious illness (Center to Advance Palliative Care, n.d.). Hospice is a form of palliative care that provides care to individuals who have a limited life expectancy (i.e., prognosis of six months or less). The value of palliative care in improving quality of life has been supported through clinical research, including its potential to increase life expectancy (Bakitas et al., 2009; Ferrell, et al., 2015; Temel et al., 2010). In its landmark report Dying in America, the Institutes of Medicine (2014) noted that "palliative care is associated with a higher quality of life, including better understanding and communication, access to home care, emotional and spiritual support, well-being and dignity, care at time of death, and lighter symptom burden. Some evidence suggests that, on average, palliative care and hospice patients may live longer than similarly ill patients who do not receive such care" (p. 2).

Oncology nurses are critical participants in the delivery of palliative care. The Oncology Nursing Society's (2014, 2015a, 2015b) positions on access to quality cancer care, lifelong learning, and certification of oncology nurses provide testimony to the role of oncology nurses in palliative care. Of note, a significant amount of content is allocated to palliative care on all of the certification examinations developed by the Oncology Nursing Certification Corporation (2014). All oncology nursing certification examinations include content on the physical and psychosocial aspects of palliative care in addition to addressing ethical and legal aspects.

It is the position of ONS that

- All patients with cancer benefit from palliative care.
- Palliative care should begin at the time of diagnosis and continue throughout bereavement.
- Physical, psychological, social, cultural, and spiritual assessments are key components to the development of a comprehensive care plan for each patient.
- The family is the unit of care, with the patient being viewed as part of the family and family being defined by the patient.
- Palliative care is provided by an interprofessional team that includes at least physicians, nurses, social workers, and spiritual care professionals. Additional team members may include pharmacists; nursing aides; respiratory, occupational, and physical therapists; psychologists; psychiatrists; bioethicists; volunteers; and allied personnel who are skilled, credentialed, or certified in the essentials of palliative care.
- The interprofessional team must recognize the complexity of the patient and family experience and be prepared to adjust care and goals based on the patient's or family's expressed needs.
- Family conferences to address goals of care are essential to ensure that the team continues to remain focused on the patient's needs and goals of care.

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- Oncology nurses are in a unique position to advocate for patients regarding access to and the delivery of quality palliative care.
- Oncology nurses must possess knowledge and skills in certain domains to deliver safe, quality palliative care, including (a) structure and processes of care; (b) physical aspects of care; (c) psychological and psychiatric aspects of care; (d) social aspects for care; (e) spiritual, religious, and existential aspects of care; (f) cultural aspects of care; (g) care of the imminently dying patient; and (h) ethical and legal aspects of care (National Consensus Project, 2013).
- Systems should make advance care planning a priority to ensure that patients' values and wishes are honored.
- Palliative care principles, at minimum, are incorporated into all oncology care sites, and access to palliative care experts is available for patients in all settings. Ideally, dedicated palliative care units and outpatient clinics are available for patients and families throughout the continuum of their illness.
- Oncology nurses have a responsibility to engage the public and provide fact-based information about care of people with advanced serious illness to encourage advance care planning and informed choices based on the needs and values of individuals.

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