What Is Palliative Care?

- Interdisciplinary patient- and family-centered care optimizing quality of life by anticipating, preventing, and alleviating suffering across the continuum of a severe illness.
- Improves patient and family coping and management of advanced disease especially symptoms and psychological implications.

**Purpose**

Review literature to discuss from a global perspective evidence supporting the nurse’s role in palliative care as a strategy to address the needs of patients and their families.

**METHODS**

- Searched PubMed, CINAHL, & EBSCO electronic databases for relevant articles reporting the nurse’s role in palliative care.
- Identified and reviewed 37 articles that fit search criteria.
- Extracted the common elements of palliative care in nursing and successful interventions and trainings.

**BACKGROUND**

8 Domains Of Palliative Care:

1. Structure and process of care
2. Physical aspects of care
3. Spiritual, religious, and existential aspects of care
4. Cultural aspects of care
5. Social aspects of care
6. Ethical and legal aspects of care
7. Psychological and psychiatric aspects
8. Care of the patient at the end of life

Advance care planning: A dynamic process where patients anticipate and discuss treatment options in preparation for death, serious illness, and/or potential incapacity; can result in the completion of advance directives and POLST forms.

Advance directive: A legal document (i.e., living will or durable power of attorney) providing details on the patient’s future healthcare wishes and goals of care.

Living Will: Document detailing an individual’s healthcare preferences under specific situations, can include information on refusing, limiting, or withholding/life-sustaining treatment.

Durable Power of Attorney: Document appointing a healthcare proxy to make healthcare decisions in the event of decision making incapacity.

Healthcare Proxy: Individual appointed by the patient to make healthcare decisions when the patient lacks decision making capacity.

POLST Form Physicians Orders for Life-Sustaining Treatment (POLST) forms include actionable medical orders for seriously ill patients; meant to be easily modified and used to determine the appropriateness of life sustaining measures in a medical crisis; MOLST, MOST, and POST forms are similar to POLST forms.

**RESULTS**

Main Roles Of Nurses’ In Palliative Care

- Health care leaders and essential members of healthcare team.
- Patient and family advocates.
- Expert communicators with patients, families, & other members of the health care system.
- Symptom management and mitigating symptom burden.

**Nurses & Palliative Care**

- Nurses often recognize changes in patients’ health status, and these are the junctures during which palliative care may be introduced.
- Nurse-led interventions significantly improve patient quality of life & end of life care outcomes (COMFORT, ELNEC).
- Nurse’s role as a generalist in palliative care has been growing but isn’t fully defined.
- Nurses are skilled in primary aspects of palliative care such as symptom management, communication, and patient advocacy.

Gaps In Literature

- Few studies systematically test the results of nurse led palliative care.
- Unclear what types of resources at the institutional and administrative level are available for nurses to be supported when providing palliative care.

**PALLIATIVE CARE TERM DEFINITIONS**

1. Structure and process of care
2. Physical aspects of care
3. Spiritual, religious, and existential aspects of care
4. Cultural aspects of care
5. Social aspects of care
6. Ethical and legal aspects of care
7. Psychological and psychiatric aspects
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**RECOMMENDATIONS**

Nurses in all settings & roles should be confident & empowered to engage in palliative care.

**Recommendations To Better Educate & Support Nurses To Provide Palliative Care:**

- Adapt currently established evidence-based palliative care training for practicing nurses: i.e. online training, live video conferencing, e-platforms.
- Provide education and skill-building in communication, identifying goals of care, end-of-life decision making, and symptom management through brief, evidence-based palliative care training programs such as the End-of-Life Nursing Education Consortium (ELNEC) or the COMFORT communication curriculum.

**Nursing Education Palliative Care Competencies**

- Integrate palliative care competencies into undergraduate and graduate nursing curricula regardless of area of specialization.
- Expand palliative care into all curricula to ensure a steady nurse workforce that can address palliative care needs across clinical settings.

**Administrative Support For Nurses Providing Palliative Care**

- Training in coping strategies that can diffuse emotional stress.
- Establishing support groups or opportunities for nurses within organizations to debrief about their experience providing palliative care.

**Ethics In Palliative Care**

- Create systems for ongoing dialogue about ethical concerns and continuing education in ethics related to palliative care.
- Nurses at all levels of an organization need to work together to empower clinical nurses to consider and reflect on improving their ethical practice.

**REFERENCES**