

***Position Statement***



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# **Hospice Palliative Care**

**A Position Statement**

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Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, September 2011.

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Registered nurses across a wide variety of settings provide end-of-life care for people with serious illness or injury. Often there are difficult and important decisions to be made in these circumstances and nurses have an important role to play in encouraging individuals to express their goals and wishes related to end-of-life care to family members, friends, spiritual care providers and health care providers (CNA, 2008b).

The purpose of this document is to reflect current beliefs and principles guiding the practice of registered nurses in hospice palliative care.

**Definition**

Hospice palliative care is whole-person health care that aims to relieve suffering and improve quality of living and dying. Hospice palliative care includes the combination of active and compassionate therapies intended to comfort and support persons and families who are living with, or dying from, a progressive life-limiting illness, or are bereaved.

(Canadian Hospice Palliative Care Association Nursing Standards Committee [CHPCA], 2009)

## Principles Related to Hospice Palliative Care

The goals of hospice palliative care are to:

- improve quality of life for the person
- provide comfort
- maintain the person's dignity
- recognize that the person's priorities, values and choices are to be respected and considered in every aspect of the care required

Hospice palliative care is appropriate for any person and their family living with, or at risk of developing, a life-limiting illness, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care. Hospice palliative care may be used to complement and enhance disease-modifying therapy or it may become the total focus of care (CHPCA, 2009).

The College and Association of Registered Nurses of Alberta (CARNA) believes that the following principles are fundamental to palliative care. These principles are grouped in

five categories: the person and the family, quality of care, teamwork and collaboration, the environment, and hospice palliative care nursing.

## The Person and the Family

By 2021, it is estimated that there will be more than 300,000 deaths annually in Canada (CHPCA, 2010). In addition, it is estimated that each death affects the immediate well being of an average of five other people, which translates to almost 1.25 million Canadians each year – disrupting their lives, affecting their income, and causing grief and other psychological issues such as depression and anxiety (CHPCA, 2007).

- Nursing care is directed towards meeting the physical, psychological, social and spiritual expectations/needs of the person and their family.
- The person decides who their *family* is.
- Quality of life is defined by each person and their family and death is recognized as part of the natural process of life.
- Every person has the right to determine who has access to their personal information and who may participate in care decisions.
- Every person and their family have the right to be informed and to participate in decisions and care to the degree that they wish (CHPCA, 2009).
- The needs, strengths and resources of the person and family are included in the plan of care.

## Quality of Care

- Hospice palliative care services and access to hospice palliative care expertise need to be available twenty-four hours a day, seven days a week.
- Hospice palliative care services include grief and bereavement support throughout the illness and following death (CHPCA, 2009).
- A plan of care that minimizes duplication and gaps needs to be clearly communicated and maintained across all care settings (CARNA, 2003).
- Organizational support and resources are essential to coordinate, organize and ensure accountability in hospice palliative care.
- Access to current palliative care information, pain and symptom management, and supportive care is essential.

## Teamwork and Collaboration

- Coordination of hospice palliative care services among care providers and across settings is fundamental.
- Collaboration and effective communication among care providers are essential for quality care.
- Effective hospice palliative care requires interprofessional teamwork.
- The interprofessional team includes the person and family, registered nurses, physicians, other health professionals and volunteers who are supported by specialized palliative care teams (CHPCA, 2010).
- Registered nurses are necessary members of palliative care teams, as they fulfill a number of essential roles with their specialized knowledge, skill and education.

## The Environment

With appropriate supports, many individuals are able to die at home. However, some will require the kind of care that can only be provided in a hospital or hospice. Still others will expect to receive care in the settings where they live (CHPCA, 2010).

- The setting where care is to be provided and death is to occur is guided whenever possible by the preference of the person and family.
- Hospice palliative care should be integrated into any setting where people may die, including but not limited to: residential hospices, hospice palliative care units, acute care, long-term care facilities, private homes, prisons, group homes, rehabilitation centres, on the street and in specialized facilities such as mental health facilities, cancer centres, schools, workplaces and day hospice programs (CHPCA, 2010).
- Interprofessional care teams must have the resources as well as the supportive policies and programs to provide the right care in the right place at the right time (CHPCA, 2010).
- Workplace cultures that support health professionals need to be developed and maintained so that teams can work well together and identify areas of hospice palliative care that need to be developed or improved.

## Hospice Palliative Care Nursing

- All entry-level nursing education programs should have a core hospice palliative care component that includes pain and symptom management, psychosocial support, and grief and bereavement. All registered nurses need education in caring for people and families across all stages of living and dying.
- All registered nurses should have access to continuing education in hospice palliative care.
- All registered nurses in practice should have access to registered nurses with specialized knowledge in hospice palliative care.
- Registered nurses need to recognize the signs of stress that lead to self-exhaustion and identify strategies for dealing with stress for themselves and their colleagues when caring for people and families living with serious illness or injury.
- Nursing research in hospice palliative care is fundamental for the enhancement of nursing practice and to help people with serious illness or injury to live well and die well.
- Registered nurses need to advocate for appropriate resources to improve knowledge of hospice palliative care services and access to hospice palliative care services in all settings.
- Registered nurses have a role in supporting family and volunteer caregivers in providing complex care in a person's home.

## The Role of the Registered Nurse

The registered nurse...

- aims to improve quality of life through efforts to alleviate physical, emotional, psychological and spiritual suffering
- advocates for and involves the person and family in health care decision-making (CNA, 2008b)
- applies a unique body of knowledge, skill and experience to provide individualized and effective hospice palliative care nursing
- uses the nursing process of assessment, planning, implementation and evaluation to provide and improve palliative care (CARNA 2008)
- follows relevant legislation, policies, guidelines and tools pertaining to assessment, information sharing, decision-making, advance care planning, pronouncement of

death, after death care, and grief and bereavement support (CHPCA, 2009; CARNA, 2011)

- identifies and responds to all the complex and multiple issues that clients and families may face including discussion of end-of-life issues (CNA, 2008b; PHEN, 2010)
- uses an approach to clinical decision making that provides guidance and support in addressing ethical questions and concerns that registered nurses face in different ways across a variety of practice settings (CARNA, 2010; CNA, 2008a)
- assists the person and their family to access and navigate the health-care system (CARNA, 2008; CHPCA, 2009)
- advocates for basic and advanced hospice palliative care education
- advocates for the development and funding of effective hospice palliative care services
- strengthens hospice palliative care by encouraging positive societal attitudes toward living with an advanced illness and that death is a natural process
- advocates for the development and maintenance of health-care environments conducive to ethical practice and to the health and well-being of clients and others in the setting (CNA, 2008a)

Registered nurses need to assume a leadership role in facilitating the coordination and implementation of hospice palliative care services. Registered nurses' contribution to hospice palliative care is vital as they have the knowledge, education and skill to provide effective hospice palliative care nursing to people and their families.

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## Resources

### Websites:

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