



Oncology Nursing Society

125 Enterprise Drive • Pittsburgh, PA 15275-1214
Toll Free: 866-257-4ONS • Phone: 412-859-6100 •
Fax: 412-859-6165
help.ons.org • www.ons.org

Palliative Care for People With Cancer

The National Cancer Institute (2021) defines palliative care as care that is meant to improve the quality of life of patients with a serious disease that can be provided with or without curative intent treatment. Palliative care addresses the whole person, not just their disease. With a goal of preventing or treating symptoms and side effects of the disease and its treatment, as well as any related psychological, social, and spiritual challenges, palliative care is appropriate for patients of all ages at all stages of disease.

This definition demonstrates palliative care as an interprofessional approach that includes 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 prevent and manage symptoms. Providing patient-centered care and communication, aggressively managing symptoms, and coordinating care across settings to ensure that the patient's goals of care are being met are important areas of focus for all healthcare professionals (National Consensus Project, 2018).

Palliative care and hospice care are often perceived as having the same goals. However, confusing the terms limits access to these important services. Palliative care is a philosophy of care and an organized, highly structured system for delivering care 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) (National Consensus Project, 2018). Clinical research supports the value of palliative care in improving quality of life, including its potential to increase life expectancy (Vanbutsele et al, 2018). In its landmark report *Dying in America*, the Institute 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 (2022a, 2022b) positions on access to quality cancer care and certification of oncology nurses provide testimony to the role of oncology nurses in palliative care. Oncology nurse expertise and contributions are especially evident in their roles in oncology subspecialties of medical and radiation oncology. All oncology nursing certification examinations provided by the Oncology Nursing Certification Corporation (2022) 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 begins at the time of diagnosis and continues throughout bereavement.

- Palliative care will be integrated early for patients with advanced cancer, which includes consultation from an expert palliative care provider or team.
- Physical, psychological, social, cultural, and spiritual assessments are key components to the development of a comprehensive palliative care plan for each patient.
- Support persons identified by the patient will be included in the palliative care plan.
- Palliative care is provided through an interprofessional approach that may include physicians, nurses, social workers, and spiritual care professionals.
- The interprofessional approach will recognize the complexity of the patient experience and be prepared to adjust care and goals based on the patient's or support persons expressed needs and social determinants of health.
- Conferences with the interprofessional team members, the patient, and identified support persons to address goals of care are essential to ensure that the team continues to remain focused on the patient's needs.
- Oncology nurses advocate for patients regarding equitable access to and the delivery of quality palliative care.
- Policies, programs, resources, and training on palliative care will be provided to healthcare professionals.
- Oncology nurses have an ethical responsibility to acquire and use current knowledge and skills, free from bias, to deliver safe, quality palliative care, including the following domains:
 - Structure and processes of care
 - Physical aspects of care
 - Psychological and psychiatric aspects of care
 - Social aspects for care
 - Spiritual, religious, and existential aspects of care
 - Cultural aspects of care
 - Care of the person nearing the end of life
 - Ethical and legal aspects of care (National Consensus Project, 2018)
- Healthcare systems will 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 subspecialties, and access to palliative care is available for patients in all settings throughout the continuum of their illness.
- Oncology nurses will engage the public and provide fact-based information about the care of people with cancer to encourage advance care planning and informed choices based on the needs and values of individuals.

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