Joint Position Statement

A PALLIATIVE APPROACH TO CARE

All Canadians are entitled to quality health care that will help them maintain or improve their health and well-being. While receiving such care, persons who are facing progressive life-limiting illness are also entitled to quality care that includes bereavement support for their loved ones. As essential providers of care, nurses therefore have a central role in caring for Canadian families who are impacted by pain and/or symptoms that influence their quality of living and dying and their participation in the community.

Palliative and end-of-life care conversations must be navigated skilfully and with terms that are easily understood. Regarding the terms used in this document, the person receiving culturally sensitive nursing care is referred to as the patient while the unit receiving such care is referred to as the family. A palliative approach to care signifies care that is implemented early1, 2, 3 and is practised by nurses in a variety of clinical, transitional and leadership roles. End-of-life care, on the other hand, signifies a set of focused assessments and interventions in the final weeks and days of life (see the attached glossary of terms).

A palliative approach to care is comprehensive. It is meant to benefit patients at any point in their lives, until natural death occurs. Such care initiates early conversations about end-of-life wishes, regardless of current health status,4 to support individuals and families in living the best possible quality of life. Informed by evidence, a palliative approach encourages autonomous decision-making and family engagement, attends to people’s uncertainty and vulnerability, and honours spiritual and cultural identities during advance care planning.

CNA, CHPCA AND CHPC-NG POSITION

The Canadian Nurses Association (CNA), the Canadian Hospice Palliative Care Association (CHPCA) and the Canadian Hospice Palliative Care Nurses Group (CHPC-NG) support a palliative approach to care, regardless of practice setting, using strategies that are in keeping with patient and family values and beliefs.5

The Code of Ethics for Registered Nurses,6 The Way Forward National Framework7 and the Palliative and End-of-Life Care: Entry to Practice Competencies and Indicators for Registered Nurses8 provide the foundation for a nurse’s use of the palliative approach to care.

CNA, CHPCA and CHPC-NG believe that:

1. Nurses provide an important source of wisdom concerning physical and social determinants of health, including how patient and family experiences across the life span influence perceptions of well-being and what constitutes dignified care for them at the end of life.

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1 (Quality End-of-Life Care Coalition of Canada [QELCCC] & Canadian Hospice Palliative Care Association [CHPCA], 2014a)
2 (Canadian Association of Schools of Nursing [CASN], 2011)
3 (Canadian Nurses Association [CNA], 2008)
4 That is, before early symptom assessment through the advanced stages of an illness.
5 (QELCCC & CHPCA, 2014b)
6 (CNA, 2008)
7 (CHPCA, 2014)
8 (CASN, 2011)
2. Advance care planning is an invaluable interprofessional process that facilitates ethical practice and autonomous decision-making.

3. Grief and bereavement support after death is fundamental to well-being and is therefore an active nursing role that ought not to be routinely referred to other providers.

4. Perceptions of dignified care (e.g., the acknowledgement of family losses and skilled symptom management) influence how patients and family members live their experience of pain, other distressing symptoms and whole-person suffering.

5. Nurses are accountable for collaborating with organizational leaders to advocate for practice settings that optimize family engagement and respond to the well-being and work-life quality issues of the interprofessional team in their setting.

BACKGROUND

Registered nurses (RNs) and nurse practitioners (NPs) in all practice settings engage directly with people: they are up-close and personal to the human condition, bearing witness to suffering and survival, to life’s trials and tribulations and to death and dying. These nurses, many of whom are CNA certified in hospice palliative care (CHPCN(C)), play a key role in the palliative approach to care by

- demonstrating curiosity about the patient’s and family’s experience of illness;
- collaborating with the patient and family to establish early advance care planning and goals of care conversations, and documenting and regularly reviewing/updating those discussions;
- identifying, assessing and addressing pain and symptoms using valid instruments and other evidence-informed approaches;
- providing a compassionate, therapeutic presence, bearing witness to patient and family responses, coping styles and suffering;
- creating environments in which support for a peaceful, dignified death is encouraged; and
- offering families the option of participating in daily care as well as after-death, tradition-based bodily care, including help with contacting relatives and after-death support as families make plans to honour their loved ones.

The CNA Code of Ethics articulates values that support family-centred care across the life span. In the context of end-of-life care, the Code of Ethics states that nurses need to “foster comfort, alleviate suffering, advocate for adequate relief of discomfort and pain and support a dignified and peaceful death. This includes support for the family during and following the death.”

The Way Forward is a national initiative seeking to influence how Canadians think about aging, chronic disease, serious/life-limiting illness and dying. It does so by extending the benefits of hospice palliative care, end-of-life care and advance care planning to as many as possible, regardless of where patients may be in their disease trajectory. The project focuses on collaboration between provincial and territorial governments, regional health authorities, agencies, service providers and clinicians to improve quality of life, reduce costly emergency visits and hospitalizations, and make more effective use of health system and health human resources.

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9 (Chochinov, 2007)  
10 (CNA, 2008, p.14)  
11 (CHPCA, 2014)
Hospice palliative care nurses facilitate symptom relief by appropriately using clinical knowledge and best practices that are consistent with the patient’s and family’s care goals. Unfortunately, untreated pain and other distressing symptoms too often characterize a patient’s experience of serious illness and dying.\(^\text{12}\) Although empirical evidence is mounting, gaps remain in some areas of the science of pain and symptom management. Nurses must play a lead role to ensure that evidence-informed pharmacological and non-pharmacological interventions/strategies optimize the level of comfort for patients and families.

CHPCA’s Speak Up campaign on advance care planning asks that we all reflect on, communicate and record our values and choices about end-of-life care. Doing so means that loved ones, substitute decision-makers and health-care teams will understand our choices in circumstances when we are no longer able to direct our care providers. These conversations may involve discussions with health-care providers and significant others and may result in an advance directive or living will (a patient’s formal or informal instructions about their future care and choice of treatment options).\(^\text{13}\)

Nurses’ proximity to families suggests a central role in caring for people who find themselves in a life-limiting predicament. Bereavement care begins by recognizing opportunities for patients and families to express feelings of loss and sorrow prior to death (i.e., anticipatory grief) such that the nurse may validate, reassure and facilitate dialogue; ongoing care and support with and among family members. Additionally, due to RNs’ undergraduate education, Canadians have access to knowledgeable, compassionate caregivers for bereavement assessment, intervention and referral to counselling specialists, when indicated (i.e., in cases of more complicated bereavement).

Suffering is distinct from pain and is intrinsically connected to personhood. To understand the suffering of someone demands an extensive understanding of their personal narrative as, for example, when feelings of betrayal intensify expressions of suffering. The RN and NP act as companions in suffering by coming know the people and family members in their care and by responding with strategies that conserve their dignity (e.g., through reminiscence, life review).\(^\text{14}\)

Perceptions of undignified care have lasting repercussions for patients and families as well as for nurses, since they are all entwined in a complex personal and professional encounter. Consequently, a nurse’s intentions and actions must give due regard to the preferences expressed by the patient and family with respect to relief and their expectations for functional and quality of life improvements. When these expectations are not met, a measure of suffering is often the result.

The legislative landscape related to physician-assisted suicide and euthanasia is shifting. Quebec’s Bill 52 (An Act Respecting End-Of-Life Care),\(^\text{15}\) which was passed in June 2014 and will come into force in December 2015, legalizes voluntary active euthanasia for patients who are at the end of life and who meet specific criteria. Further, in February 2015, the Supreme Court of Canada declared that existing criminal code prohibitions on physician-assisted death are unconstitutional.

Regardless of the legal status of physician-assisted death, nurses everywhere need to understand that when a patient expresses a desire for a hastened death, this request signifies a level of suffering that calls to be better understood. By establishing a therapeutic relationship, the nurse strives to appreciate what the apparent desire for death means to the patient and family and also what can be done to help relieve the person’s suffering. With respect to the shifting social consciousness around the ethics of physician-

\(^{12}\) (Davies et al., 2013)  
\(^{13}\) (QELCCC & CHPCA, 2014b)  
\(^{14}\) (Chochinov, 2007)  
\(^{15}\) (Bill 52)
assisted death, nurses ought to take an active role in clarifying their personal beliefs and — within the scope of relevant legislation — developing institutional guidelines and policies that respond to such requests.

In Canada, our life path places each of us within families of origin, acquisition or choice. These personal, often private connections, aspects of a person’s life that are meaningful, are what palliative care providers seek to know\(^{16}\) in order to negotiate and coordinate a plan of care in keeping with people’s wants, wishes, values and beliefs. A palliative approach to care situates the daily practice of RNs and NPs within a family-centered paradigm across the lifespan and continuum of care.

References


Also see:

\(^{16}\) (Wright, Brajtman, & Bitvas, 2009)