Palliative Care: Delivering Comprehensive Oncology Nursing Care

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Objectives: *To describe palliative care as part of comprehensive oncology nursing care.*

Data Sources: *A review of the palliative care, oncology, and nursing literature over the past 10 years.*

Conclusion: *Palliative care is mandated as part of comprehensive cancer care. A cancer diagnosis often results in distress in the physical, psychosocial, spiritual, and emotional domains of care. Oncology nurses are essential in providing palliative care from diagnosis to death to patients with cancer. They address the myriad aspects of cancer. With palliative care skills and knowledge, oncology nurses can provide quality cancer care. There are many opportunities in which oncology nurses can promote palliative care.*

Implications for Nursing Practice: *Oncology nurses must obtain knowledge and skills in primary palliative care to provide comprehensive cancer care.*

Key Words: *Palliative care, oncology RN, oncology APN, primary palliative care, specialty palliative care*

Every day oncology registered nurses (RNs) and advanced practice nurses (APNs) (Nurse practitioners and Clinical Nurse Specialists) work with patients who must cope with physical, psychological, spiritual, emotional, and financial ramifications of a cancer diagnosis. Oncology nurses are often the clinicians who focus on psychosocial issues because patients with cancer frequently voice concerns and worries about their cancer experience to them. There are a range of cancers that are treatable and indeed curable, often making cancer a chronic condition. These patients may benefit from palliative care, but may not need it urgently. Some cancers, however, have a poor prognosis by diagnosis alone, such as brain tumors, non-small cell lung cancer, gastric cancer, pancreatic cancer,

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sarcomas, liver cancer, and leukemia. It is essential that oncology nurses understand palliative care and how it promotes comprehensive cancer care for all cancer diagnoses.[1,2]

Palliative care is a specialty defined as "patient and family centered care that optimizes quality of life by anticipating, preventing, 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."[3,4] These domains are germane to care of the oncology patient, particularly because once a patient has a diagnosis of cancer, his or her life is irrevocably altered.

Palliative care has its roots in the care of patients with cancer.[5,6] During the 1960s, palliative care emerged from pain and symptom management for patients with cancer at St. Christopher's Hospice in London. The concepts were cultivated into the American health system at the Connecticut Hospice in the 1980s. With the creation of the Medicare Hospice Benefit in 1982, patients with end-stage disease and prognosis of 6 months or less could receive specialized care. The time limit of prognosis was created because the majority of patients were those with cancer and the trajectory of the disease was fairly predictable. However, in the 1990s, the field of palliative care evolved from hospice care to care of patients who needed more aggressive symptom management but were not eligible or ready for hospice care.[5,7] Now palliative care, as defined by the Federal government and the National Consensus Project for Palliative Care, is the umbrella term for patients with serious or life-threatening illness and includes patients at all ages with different diagnoses who are living with a medical condition "that adversely affects their daily functioning or may reduce life expectancy."[8]

Palliative nursing is described by the American Nurses Association (ANA) and the Hospice and Palliative Nurses Association (HPNA) as a holistic philosophy of care provided to patients, across the life span, in diverse settings, with a diagnosis of a serious or life-threatening illness.[9] Dr. Florence Wald, the dean of the Yale School of Nursing, championed hospice and palliative care in the United States, remarking that it was a holistic nursing approach because it viewed the patient as an individual human being.[10]

Today, palliative nursing focuses on care delivery to individual patients and families, within specific disease populations, and palliative care issues within health care and society as a whole entity.[9] Inherent in palliative nursing are the processes of evaluation, treatment, and management within the eight domains of palliative care outlined in the National Consensus Project for Quality Palliative Care.[9] For oncology nurses, effective palliative care nursing requires mastery of several leadership domains: knowledge, interpersonal effectiveness, and systems thinking.[11] Moving palliative care to a higher level requires palliative nursing leadership. This leadership can occur within clinical care, administration, research, advocacy, and education.[12]

Current Status of Palliative Care

There are many guidelines for the delivery of palliative care. Table 1 offers the most germane reports and resources. The National Consensus Project for Quality Palliative Care *Clinical Practice Guidelines*, 3rd edition, delineates the most current practices and standards of palliative care.[8] First produced in 2004, and subsequently revised twice, the guidelines represent the collaboration of the major national palliative care organizations and were endorsed by the American Academy of Nursing, the American Cancer Society, the American College of Surgeons, and the Oncology Nursing Society (ONS), among other organizations. These guidelines offer a framework in guiding the development of palliative care programs, and set high expectations for existing programs. Rather than minimal acceptable practice, the guidelines set ideal practices and goals. The tenets of The *Clinical Practice Guidelines for Quality Palliative Care* are 1) palliative care as comprehensive patient and family centered care across health settings; 2) early introduction of palliative care concepts at diagnosis of a serious or life-threatening illness so that it can be offered concurrently with or independent of curative or life-prolonging care; and 3) equitable access to quality palliative care from expert clinicians.[8] The guidelines stress specialty education, training, and specialty palliative certification in disciplines where it is available, which currently includes chaplaincy, medicine, nursing, and social work.[8]

In 2013, the Institute of Medicine released a report, *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis*. This report described a chaotic clinical arena where patients with cancer were receiving