



Understanding Palliative Care and Hospice: A Review for Primary Care Providers

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Learning Objectives: On completion of this article, you should be able to (1) identify benefits of primary palliative care and hospice care for patients and families; (2) distinguish between palliative care and hospice; and (3) give examples of common misconceptions and barriers related to palliative care.

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Abstract

Palliative care provides invaluable clinical management and support for patients and their families. For most people, palliative care is not provided by hospice and palliative medicine specialists, but rather by their primary care providers. The recognition of hospice and palliative medicine as its own medical subspecialty in 2006 highlighted the importance of palliative care to the practice of medicine, yet many health care professionals harbor misconceptions about palliative care, which may be a barrier to ensuring that the palliative care needs of their patients are identified and met in a timely fashion. When physicians discuss end-of-life concerns proactively, many patients choose more comfort-focused care and receive care more aligned with their values and goals. This article defines palliative care, describes how it differs from hospice, debunks some common myths associated with hospice and palliative care, and offers suggestions on how primary care providers can integrate palliative care into their practice.

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WHAT IS PALLIATIVE CARE?

Unlike other medical specialties, the field of palliative care does not address the underlying disease process.

Palliative care addresses symptoms directly to improve how the patient feels, regardless of the cause. As defined by the Center to Advance Palliative Care:

Palliative care, also known as palliative medicine, is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.¹

Specialty palliative care uses an interdisciplinary team to fully address the needs of patients and families. Nurse practitioners, nurses, social workers, chaplains, and pharmacists work alongside physicians to address psychosocial and spiritual concerns of patients and families in addition to physical symptoms. Symptom management, psychosocial-spiritual support, and facilitation of medical decision making are 3 key domains of palliative care. The [Table](#) describes common elements of palliative care in each of these domains. Even with tremendous growth in the past 2 decades, including recognition of hospice and palliative medicine (HPM) as an official subspecialty of the American Board of Medical Subspecialties and the American Osteopathic Association, there remains a shortage of HPM specialists, which is projected to increase as the population ages.² Thus, most palliative care is, and arguably should be, provided by non-HPM specialists, including internal medicine, family physicians, and nurse practitioners.³ Primary care providers (PCPs) are particularly well-suited to deliver primary palliative care. The development of team-based primary care, such as the patient-centered medical home,⁴ and the incorporation of population health principles into restructuring primary care should improve outcomes relevant to palliative care.

Palliative care is not well understood by patients or clinicians. A recent Center to Advance Palliative Care⁵ survey found that 70% of Americans were “not at all knowledgeable” about palliative care. This lack of awareness creates an opportunity for clinicians to frame the benefits of palliative care for patients and their families. Yet the survey also found that most health care professionals erroneously equated palliative care with end-of-life (EOL) care. Clinicians who perceive palliative care as EOL care, or lack a clear understanding of its benefits, will miss critical opportunities to identify and address

palliative care needs in their patients. Primary palliative care competencies for PCPs include (1) recognition of palliative care needs in patients, (2) prognostication, (3) advance care planning, (4) assessment and management of common symptoms in the seriously ill, (5) referral to specialty palliative, and (6) appropriate and timely referral to hospice.

RECOGNIZING PALLIATIVE CARE NEEDS IN PRIMARY CARE PATIENTS

Patients with a serious illness often experience substantial physical burden due to pain and symptoms such as fatigue, anorexia, nausea, and dyspnea. Anxiety and depression are also common after the diagnosis of a life-threatening illness. Any of these symptoms may alter a person’s ability to fulfill roles critical to self-identity, such as athlete, caring spouse, or devoted parent. Through their longitudinal relationship, PCPs can help individuals explore these issues and find ways to adapt and prioritize in the face of a serious illness.

Many PCPs already engage in primary palliative care but may not recognize their actions as palliative care. Primary care providers commonly provide careful assessment of symptoms and recognition of how the symptoms affect that individual’s quality of life. Many also routinely prescribe and titrate opioids for patients in pain.⁶ Primary care providers often focus on maximizing quality of life by helping patients and their families find value and meaning, particularly when a patient’s time or function is limited. It is important to help PCPs gain insight into primary palliative care that they already provide, so they may disentangle palliative care and EOL care and integrate palliative care to meet the needs of their patients. Effective symptom management promotes a patient’s ability to remain active in important activities and relationships. When appropriate, palliative care

TABLE. Key Components of Palliative Care

Symptom management	Psychosocial-spiritual support	Decision making
Pain	Counseling	Prognostic awareness
Nausea	Social work	Advance care planning
Delirium	Pastoral care	Understanding of outcomes
Fatigue anorexia	Caregiver support	Defining quality of life
Anxiety depression	Bereavement	Eliciting values and goals

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