The Hospice and Palliative Nurses Association (HPNA) is the professional organization that represents Palliative Nursing. Our members include hospice and palliative nurses and other members of the team. HPNA’s mission is to advance expert care in serious illness through a focus on advancing expert communication skills, pain and symptom management, and coordination and transitions of care. HPNA seeks to support and engage members through our four pillars of education, advocacy, leadership, and research to achieve our vision of transforming the care and culture of serious illness.

The American Nurses Association is the only full-service professional organization representing the interests of the nation’s 3.1 million registered nurses through its constituent/state nurses associations and its organizational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on healthcare issues affecting nurses and the public.

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Definition of Palliative Care

The Hospice and Palliative Nurses Association endorses the exact definition of palliative care originating from the National Consensus Project for Quality Palliative Care (NCP), which states: “Palliative Care means 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 the physical, intellectual, emotional, social, and spiritual needs and [facilitating] patient autonomy, access to information, and choice” (NCP, 2013, p. 9). The National Consensus Project further explains, “Palliative care is operationalized through effective management of pain and other distressing symptoms, while incorporating psychosocial and spiritual care with consideration of patient/family needs, preferences, values, beliefs, and culture. Evaluation and treatment should be comprehensive and patient-centered with a focus on the central role of the family unit in decision-making. Palliative care affirms life by supporting the patient and family’s goals for the future, including their hopes for cure or life-prolongation, as well as their hopes for peace and dignity throughout the course of illness, the dying process, and death” (NCP, 2013, p. 9).

The realm of palliative care services is individualized to the patient and family, occurring in the context of the diagnosis and time of initiation of services. Palliative care includes supportive counseling services, pain and symptom management, discharge planning, hospice care, and bereavement services after death. Palliative care may be delivered simultaneously with life-prolonging therapies, during all phases of illness. However, there are specific assumptions that underlie palliative care (NCP, 2013):

- Palliative care is patient- and family-centered care across the spectrum of illness.

- Palliative care begins with supportive care at the time of diagnosis of a serious or life-threatening illness and ends with bereavement care after
death. Patient and family goals are supported throughout the course of illness, during the dying process, and after death, with respect to values, preferences, and beliefs. Palliative nursing is developmentally, culturally, ethnically, and spiritually appropriate.

- Palliative care relieves physical, psychological, emotional, and spiritual suffering of patients and families with serious or life-threatening illness.

- Palliative care is equitable, comprehensive, and reaches across health settings, with an emphasis on continuity, quality, safety, and access with attention to vulnerable populations and transitions of care. Services are available concurrently with or independent of curative or life-prolonging care.

- Palliative care is interdisciplinary and collaborative. Palliative care team members have clinical expertise and communication skills to educate patients about their disease, treatment options, and decision-making while maintaining confidentiality.

Palliative care expanded from the hospice model, which was initially based on the care of cancer patients. Due to the predictable cancer illness trajectory, the role of palliative care clearly increases as the cancer progresses. However, when palliative care is delivered to patients with noncancer diagnoses, the trajectory is less predictable. There are often periods of stabilization and exacerbations, resulting in more variable palliative care needs. Instead of a linear progression, there is a stepwise or wave progression of care (see Figure 1). As a patient’s

**Figure 1. Trajectories of Palliative Care**

![Diagram of Trajectories of Palliative Care](image.png)