

## ONCOLOGY NURSING SOCIETY POSITION

---

### Position Statement on Palliative Care

The U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services (2008) and the National Quality Forum defined palliative care as,

Patient and family-centered care that optimizes quality of life by anticipating, preventing, minimizing, 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. (p. 32,204)

This definition demonstrates palliative care as a multidisciplinary approach that might include 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 manage symptoms. All healthcare professionals should focus on patient-centered care and communication, aggressively managing symptoms, and coordinating care across care settings to ensure that the patient's goals of care are being met (National Consensus Project, 2013).

Palliative care and hospice care often are perceived as having the same goals of care. Confusion between these two terms, however, can limit access to these important services. Palliative care is defined as a philosophy of care and an organized, highly structured system for delivering care (National Consensus Project, 2013). 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).

Oncology nurses are critical participants in the delivery of palliative care. The Oncology Nursing Society's (2014a, 2014b, 2014c) positions on access to quality cancer care, lifelong learning, and certification of oncology nurses provide testimony to the role of oncology nurses in palliative care. Of note, 50% of the test items on the Oncology Nursing Certification Corporation (n.d.) credentialing examination are based on the National Consensus Project's (2013) domains of palliative care.

### It Is the Position of ONS That

---

- All patients with cancer benefit from palliative care.
- Palliative care should begin at the time of diagnosis and continue throughout bereavement.
- Physical, psychological, social, cultural, and spiritual assessments are key components to the development of a comprehensive care plan for each patient.
- The family is the unit of care, with the patient viewed as part of the family and family as defined by the patient.
- Palliative care is provided by an interprofessional team that includes at least physicians, nurses, social workers, and spiritual care professionals. Additional team members can include pharmacists; nursing aides; respiratory, occupational, and physical therapists; psychologists; psychiatrists; bioethicists; volunteers; and allied personnel who are skilled, credentialed, or certified in the essentials of palliative care.
- The interprofessional team must recognize the complexity of the patient and family experience and be prepared to adjust care and goals based on the patient's or family's expressed needs.
- Family conferences to address goals of care are essential to ensure the team continues to remain focused on the patient's needs and goals of care.
- Oncology nurses are in a unique position to advocate for patients regarding access to and the delivery of quality palliative care.
- Oncology nurses must possess knowledge and skills in certain domains to deliver safe, quality palliative care, including (a) structure and processes of care; (b) physical aspects of care; (c) psychological and psychiatric aspects of care; (d) social aspects for care; (e) spiritual, religious, and existential aspects of care; (f) cultural aspects of care; (g) care of the imminently dying patient; and (h) ethical and legal aspects of care.
- All healthcare systems adopt the Physician Orders for Life-Sustaining Treatment paradigm to ensure respect for do-not-resuscitate orders when patients change levels or sites of care.
- Palliative care principles, at minimum, are incorporated into all oncology care sites, and access to palliative care experts is available for patients in all settings. Ideally, dedicated palliative care units and outpatient clinics are available for patients and families throughout the continuum of the illness.
- Oncology nurses play a role in engaging the public and providing fact-based information about care of people with advanced serious illness to encourage advance care planning and informed choices based on the needs and values of individuals.

Approved by the ONS Board of Directors,  
October 2014.



## References

- Centers for Medicare and Medicaid Services. (2008). *Medicare and Medicaid programs: Hospice conditions of participation*. Retrieved from <http://gpo.gov/fdsys/pkg/FR-2008-06-05/pdf/08-1305.pdf>
- National Consensus Project. (2013). *Clinical practice guidelines for quality palliative care*. Retrieved from [http://nationalconsensusproject.org/NCP\\_Clinical\\_Practice\\_Guidelines\\_3rd\\_Edition.pdf](http://nationalconsensusproject.org/NCP_Clinical_Practice_Guidelines_3rd_Edition.pdf)
- Oncology Nursing Certification Corporation. (n.d.). Test blueprint. Retrieved from <http://oncc.org/TakeTest/Certifications/OCN/Blueprint>
- Oncology Nursing Society. (2014a). Access to quality cancer care [Position statement]. Retrieved from <https://ons.org/advocacy-policy/positions/policy/access>
- Oncology Nursing Society. (2014b). Lifelong learning for professional oncology nurses [Position statement]. Retrieved from <https://ons.org/advocacy-policy/positions/education/lifelong>
- Oncology Nursing Society. (2014c). Oncology certification for nurses [Position statement]. Retrieved from <https://ons.org/advocacy-policy/positions/education/certification>