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**Policy Title:** ISNCC Palliative Care Position Statement

**Date Drafted:** February 2015

**Date Approved by Board of Directors:** October 2015

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**PURPOSE:**

- To integrate a palliative approach into the comprehensive care of cancer patients, in accordance with need.
- To acknowledge and recognize the unique and critical role of the cancer nurse in assessing and addressing cancer patients' and their caregivers' palliative care needs.
- To support cancer nurses to adopt an evidence-based, palliative approach to support cancer patients and their caregivers across the entire trajectory of illness.

**BACKGROUND:**

This Position Statement recognizes the World Health Organization (WHO) definition of palliative care:

*Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.<sup>1</sup>*

- Palliative care is increasingly viewed as an essential component of comprehensive care throughout the life course<sup>2</sup> and as a fundamental human right<sup>3</sup>.
- A palliative approach to care is relevant for all cancer patients, regardless of age, stage of disease or site of care.
- Globally, 20 million people are in need of palliative care services at the end of life; 80% of these patients live in low-and-middle income countries; 67% are elderly (over 60 years of age), and 6% are children<sup>4</sup>.
- Low-and-middle income countries face a rapidly growing burden of non-communicable diseases, including cancer<sup>5</sup>. Palliative care is especially crucial in low-and-middle income countries where approximately 70% of patients present with advanced stage cancer and where access to cancer treatment and pain relief is often limited<sup>4</sup>.
- Vast disparities exist in access to palliative care and pain relief in high-income countries versus low-and-middle income countries<sup>4,6,7</sup>.
- Vulnerable and underserved populations (e.g., children, patients with low socioeconomic status, rural patients, and oppressed racial and ethnic groups) are at particular risk to suffer with unrelieved symptoms. Nurses can play a key role in providing palliative care to these populations (e.g., Hospice Uganda Model<sup>8</sup>).



- The core essence of nursing—to address the holistic needs of the patient—is congruent with the goal of palliative care: to comprehensively address distress in the physical, psychological/emotional, social and spiritual domains.
- Providing quality palliative care requires the oncology nurse to possess the knowledge, skills and attitudes necessary to assess and manage symptoms (physical and psychosocial), provide compassionate and ethical care, and honor the dignity and values of the individual patient and caregiver(s).

#### **IT IS THE POSITION OF ISNCC THAT:**

- Nurses are the largest workforce globally and are strategically positioned to significantly influence the quality of palliative care delivered to cancer patients and their caregivers; this is particularly relevant given the growing global burden of cancer;
- Nurses deliver palliative care within complex and dynamic healthcare systems and with varying degrees of autonomy and role expectations; leadership and advocacy by cancer nurses is needed to strengthen the delivery of palliative care. This can be accomplished through expanded nursing roles, enhanced responsibilities, and appropriate education.
- All cancer nurses should receive palliative care training in order to develop the primary palliative care capabilities required to effectively communicate, manage pain and other symptoms, care for the dying patient and their families and identify when to refer their patients with complex care needs onto the most relevant specialist team<sup>9</sup>.
- The delivery of palliative care to cancer patients must be culturally sensitive and contextually relevant; cancer nurses play a key role in attending to important cultural considerations, such as beliefs related to disease causation, stigma, diagnosis, treatment, side effects, end of life care and personal preferences;
- All cancer patients and their caregivers deserve access to the best evidence based palliative care; cancer nurses are ideally placed to provide primary palliative care to their cancer patients and families and should advocate for reducing barriers to specialist palliative care services related to geography, social status, workforce capacity and misperceptions related to the goals of palliative care;
- Nurses are integral members of the patient's interdisciplinary palliative care team; and have an important role in identifying palliative care needs early in the patient's cancer trajectory and timely delivery of this care;
- Nurses are a critical source of knowledge of palliative care and need to act as key advocates and educators at the community, national and international level to improve cancer patients and their families' access to palliative care and optimal symptom management.

#### **THE ISNCC RECOMMENDS:**

- Palliative care should be an educational priority for all institutions that employ and educate healthcare providers; relevant palliative care content should be integrated within pre-service curricula and be a core component of on-going education and training for cancer nurses;



- Access to and availability of palliative care and medications (including morphine) and other interventions to provide appropriate relief of pain and other symptoms should be a national health priority for Ministries of Health and relevant country/state governing health bodies;
- Cancer nurses who provide palliative care, particularly in resource constrained settings, must receive adequate practical (e.g., supplies, infrastructure, staffing, training, compensation) and emotional (e.g., self-care, interdisciplinary respect, opportunities for professional development) support;
- Cancer nurses should be supported to practice to the full extent of their scope of practice and capacity in order to enhance the delivery of palliative care to patients and families in need.

#### REFERENCES:

<sup>1</sup> WHO Definition of Palliative Care, <http://www.who.int/cancer/palliative/definition/en/>

<sup>2</sup> WHO Resolution on Palliative Care, [http://apps.who.int/gb/ebwha/pdf\\_files/EB134/B134\\_R7-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_R7-en.pdf)

<sup>3</sup> Human Rights Watch, <http://www.hrw.org/node/86033#publications>

<sup>4</sup> Global Atlas of Palliative Care at the End of Life, <http://www.who.int/cancer/publications/palliative-care-atlas/en/>

<sup>5</sup> U.N. High-Level Meeting on Non-Communicable Diseases, <http://www.un.org/en/ga/president/65/issues/ncdiseases.shtml>

<sup>6</sup> Global Opioid Policy Initiative, <http://www.esmo.org/Policy/Global-Opioid-Policy-Initiative/Research-Study>

<sup>7</sup> Pain & Policy Studies Group, <http://www.painpolicy.wisc.edu/>

<sup>8</sup> Uganda: delivering analgesia in rural Africa: opioid availability and nurse prescribing, <http://www.ncbi.nlm.nih.gov/pubmed/17482045>

<sup>9</sup> Quill TE, Abernethy AP. Generalist plus Specialist Palliative Care — Creating a More Sustainable Model. *N. Engl. J. Med.* 2013; 368(13):1173-1175

#### INTERNATIONAL PALLIATIVE CARE RESOURCES:

##### Worldwide Hospice and Palliative Care Alliance

<http://www.thewhpc.org/>

##### World Health Organization

<http://www.who.int/cancer/palliative/en/>

##### Programme of Action for Cancer Therapy

<http://cancer.iaea.org/>

##### International Association of Hospice and Palliative Care

<http://hospicecare.com/home/>

##### National Association of Neonatal Nurses (USA) (NANN)

##### Palliative and End-of-Life Care for Newborns and Infants, 2015

[http://www.nann.org/uploads/files/PalliativeCare6\\_FINAL.pdf](http://www.nann.org/uploads/files/PalliativeCare6_FINAL.pdf)

##### National Hospice and Palliative Care Organization (NHPCO), 2010- Position Statement



[http://www.nhpc.org/sites/default/files/public/JPSM/NHPCO\\_Pall-Sedation-Ther\\_JPSM\\_May2010.pdf](http://www.nhpc.org/sites/default/files/public/JPSM/NHPCO_Pall-Sedation-Ther_JPSM_May2010.pdf)

**Nurses' role in providing care to dying patients and their families, International Council of Nurses- (ICN), 2012- Position Statement**

[http://www.icn.ch/images/stories/documents/publications/position\\_statements/A12\\_Nurses\\_Role\\_Care\\_Dying\\_Patients.pdf](http://www.icn.ch/images/stories/documents/publications/position_statements/A12_Nurses_Role_Care_Dying_Patients.pdf)

**National Hospice and Palliative Care Organization (NHPCO) - Position Statement Use of Palliative Sedation in Imminently Dying Terminally Ill Patients, 2010**

[http://www.nhpc.org/sites/default/files/public/JPSM/NHPCO\\_Pall-Sedation-Ther\\_JPSM\\_May2010.pdf](http://www.nhpc.org/sites/default/files/public/JPSM/NHPCO_Pall-Sedation-Ther_JPSM_May2010.pdf)

**Oncology Nursing Society (ONS)**

Cancer Pain Management, 2015

<https://www.ons.org/advocacy-policy/positions/practice/pain-management>

**Palliative Care for People with Cancer, 2014**

<https://www.ons.org/advocacy-policy/positions/practice/palliative-care>

**Hospice and Palliative Nurses Association (HPNA) -Palliative Nursing Leadership, 2015**

<http://hpna.advancingexpertcare.org/wp-content/uploads/2015/02/Position-Statement-on-Palliative-Nursing-Leadership.pdf>

<http://hpna.advancingexpertcare.org/wp-content/uploads/2015/02/Position-Statement-on-Palliative-Nursing-Leadership.pdf>

**The Australian & New Zealand Society of Palliative Medicine Inc. (ANZSPM)**

Quality End of Life Care (2013)

<http://palliativecarewa.asn.au/site/new-anzspm-position-statement-on-euthanasia-and-assisted-suicide/>

**Endorsed by:**



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