

Scope and Target Population:

This guideline will assist primary and specialty care providers in identifying and caring for adult patients with a potentially life-limiting, life-threatening or chronic, progressive illness who may benefit from palliative care. This guideline may be appropriate for patients who still desire curative or life-prolonging treatments, or patients who are best served by active end-of-life management. It will outline key considerations for creating a plan of care to meet patient, family and other caregivers' needs throughout the continuum of care.

This guideline will not assist providers in the identification or care for pediatric patients with life-threatening or chronic progressive illness. Within the guideline there is a brief overview of the Special Considerations for Pediatric Patients.

Clinical Highlights and Recommendations:

- Palliative care planning should begin early in the patient's journey of a progressive, debilitating illness. A key question for providers is "Would you be surprised if the patient died within two years?" Or for pediatric patients, "Would you be surprised if the patient didn't live into adulthood?"
 - Where palliative care consultation is available, referral to this service should be done early on in the patient's care.
 - Where palliative care services are not available, primary care providers should begin palliative care planning early.
- Health care providers should initiate palliative care conversations with their patients.
- Health care providers should complete a systematic review and document patients' goals for care and advance directives.
- Suffering is common in this patient population. It commonly presents itself in physical symptoms, thus controlling symptoms to maximize patient comfort is a cornerstone function of palliative care. Also important are the recognition, assessment, and management of non-physical areas of suffering that are important to the patient. These include cultural, psychological, social, spiritual, religious, existential, financial, ethical and legal issues.
- The ability to address these issues depends on the quality of communication with patients and families. Communication difficulties among health care providers, patients, and families can hamper quality of care and patient well-being. Setting realistic goals of care and providing realistic hope are essential.
- In the delivery of palliative care, aggressive interventions may continue with an increased focus on symptom management.
- Hospice is a form of palliative care. However, unlike hospice, palliative care is not limited by the clinical or reimbursement perspective.
- Health care providers play an important role in the grief and bereavement processes by supporting the patient and family throughout the course of illness and following the patient's death.

Priority Aims:

1. Increase the identification of patients who are in the early stages of a progressive, debilitating disease who would benefit from palliative care services.
2. Improve the effectiveness and comfort level of the primary care provider in communicating the necessity and benefits of palliative care with those patients with a progressive, debilitating illness.
3. Improve the assessment of the identified patient's palliative care needs utilizing the seven domains of palliative care.
4. Increase palliative care planning with patients who have been identified in the early stages of a progressive debilitating disease.
5. Improve the continual reassessment and adjustment of the patient's palliative care plan as conditions warrant, utilizing the seven domains of care.
6. Increase the completion, documentation and ongoing utilization of advance directives for patients with a progressive, debilitating illness.