



## National Hospice & Palliative Care Organization

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### POSITION STATEMENT ON ACCESS TO PALLIATIVE CARE IN CRITICAL CARE SETTINGS

#### A CALL TO ACTION

The National Hospice and Palliative Care Organization (NHPCO) is committed to the belief that palliative care is a right of every patient. Palliative care is defined as “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 physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice” (National Quality Forum, 2006, p. 3).

More than one out of five deaths in the United States occurs during or following admission to an intensive care unit (Truog, et al, 2008). NHPCO agrees with the Supreme Court ruling of 1999 (Washington v. Glucksberg) which recognized that there should be no impediments to excellent management of pain. Thus, palliative care is a right of every patient, including those in the critical care settings. NHPCO strongly advocates and supports the provision of palliative care for seriously ill and dying patients and their families in critical care settings.

The critical care community, including the interdisciplinary Society of Critical Care Medicine, recognized the importance of palliative care in critical care settings, and has developed recommendations for this process (Truog et al., 2001). Quality measures for palliative care in critically ill patients have also been proposed (Mularski, et al., 2006).

NHPCO believes that all patients in critical care settings and their family members have a right to palliative care. This requires a call to action for professionals in critical care settings, palliative providers and hospital administrators to ensure the provision of palliative care.

Improving access to palliative care for all patients in the critical care setting requires education and training of health professionals who work in that setting. There must be a standard of care in critical care that requires the implementation of palliative care for all patients, as established in the National Quality Forum document *A National Framework and Preferred Practices for Palliative and Hospice Care Quality* (2006).

Health professionals, including physicians, nurses, social workers, spiritual providers and others who provide care in critical care settings are responsible for having fundamental palliative care knowledge and skills. This primary palliative care should be a part of the routine care given by all critical care providers (Center to Advance Palliative Care, 2001). Primary palliative care includes the dimensions of aggressive symptom management, supporting decision making across disease trajectories, and, when appropriate, excellent end-of-life care. Providers of care in critical care settings have a professional obligation to use such knowledge and skills in the provision of care for all patients in that setting (National Consensus Project, 2004; Truog et al., 2001).

Access to health professionals with expertise in palliative care to collaborate with those working in the critical care settings and to provide direct care to patients and families is vital (National Consensus Project, 2004; Truog et al., 2001). Appropriate access and utilization of palliative care services for patients and their family members in critical care settings is a collaborative responsibility shared by experts in palliative care and those working in critical care settings. This includes both the direct provision of care and serving as a resource to other providers caring for patients in critical care settings.

The responsibility for symptom management and broader palliative care is not limited to individual care providers. *Healthcare systems* must support palliative care by establishing expectations for excellence in palliative care across care settings. The provision of palliative care in the critical care setting is not synonymous with end-of-life care. A strong, collaborative partnership among palliative care providers and other health professionals in critical care settings creates effective, efficient access to palliative services for patients and their family members. This requires a commitment to staff training and education, and Quality Assessment Performance Improvement (QAPI).

*Evidenced based practice* is the purposeful utilization of high quality, patient and family centered research, coupled with expert opinions, applied specifically to the care of specific patients and families (AHRQ, 2007; Ingersoll, 2000; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). Over the past several decades, a critical mass of high quality research, informed clinical applications and professional position statements have brought the field of palliative care to the level at which the consistent use of evidence based practice is expected.

Additionally, the provision of palliative care in critical care settings strengthens the ability to meet accreditation standards. For example, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) 2006 Hospital Accreditation Standards includes individual rights of both the patient (RI.2.) and family (RI.2.30) to be involved in care, treatment, and service decisions. Furthermore, JCAHO standards specify the hospital's responsibility to have in place a "framework for forgoing or withdrawing life-sustaining treatment and withholding resuscitative services" (RI.2.80).

Access to palliative care for all patients in the critical care setting requires collaboration among healthcare professionals, changes in education processes, utilization of evidence based practice, application of ethical principles and improvements in health care systems. Through this comprehensive, collaborative approach an environment that ensures the right of all patients in critical care settings and their family members to palliative care is achieved.

## ACCESS TO PALLIATIVE CARE IN CRITICAL CARE SETTINGS

### A CALL TO ACTION:

1. All eligible patients should have access to palliative care services.
2. Every critical care health care provider should review the National Consensus Project/National Quality Forum (NCP/NQF) guidelines for palliative care and hospice.
3. Every health care system should adopt the preferred practices as they apply in the critical care setting.
4. Every critical care health care provider should be educated in the principles of palliative care.
5. Current evidence based practices related to palliative care should be used in the treatment of patients.
6. Palliative care services within critical care must be evaluated using an accepted continuous quality improvement methodology.

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