

# What Is Palliative Care?

**Palliative care is a therapeutic model, an approach to care, that is dedicated to relieving illness burden and suffering of patients and families living with serious chronic illness.** The U.S. is a leader in an international movement to provide access to specialist palliative care. Given its capacity to improve quality outcomes and reduce the costs associated with unnecessary or undesirable care, palliative care is increasingly being viewed as a major component of health care reform targeting the so-called ‘triple aim’ —improved patient experience, improved care for population, and reduced per capita cost of care.

## Palliative Care Defined

Palliative care is an inter-professional model of care that applies to all patients with serious or life-threatening illness and is dedicated to reducing illness burden and suffering of the patient and the family from the time of diagnosis forward.

## What Are the Eight Domains of Palliative Care?

Specialists in the U.S. have posited a broad conceptual framework for considering the types of care necessary to address the diverse array of problems and conditions that may contribute to the illness burden experienced by those with serious illness and their families. The framework, which has been adopted by the National Quality Forum<sup>1</sup>, has eight domains.

Domain	Types of Problems or Conditions
<b>Structures and processes of care</b>	Uncertain or poorly communicated goals of care, no advance care planning, poor care coordination, poorly responsive or excessively fragmented system of care, lack of support for concrete services
<b>Physical aspects of care</b>	Pain, other symptoms, or other problems such as wounds, ulcers, or delirium
<b>Psychological and psychiatric aspects of care</b>	Mood disturbance, impaired coping and adaptation, and problems related to comorbid psychiatric disorders
<b>Social aspects of care</b>	Impaired role functioning, problems linked to caregiver burden or distress, social isolation
<b>Spiritual, religious, and existential aspects of care</b>	Loss of purpose or meaning, or distress related to religious conflict or issues of faith
<b>Cultural aspects of care</b>	Distress related to treatment perceived to be at odds with culturally-determined values and preferences
<b>Care of the imminently dying patient</b>	Anticipating and managing the active dying process, facilitating death at home if preferred, ensuring respect for values and preferences, managing grief reactions
<b>Ethical and legal aspects of care</b>	Concerns related to ethical or legal uncertainties, including those related to consent, withdrawal or withholding of treatments, and the use of palliative sedation

## What Are the Key Objectives of Palliative Care?

The day-to-day work of palliative care is to provide interventions that are intended to address specific problems that may be identified using the eight domains as a conceptual framework. Interventions may:

- Reduce distress from physical, psychosocial or spiritual sources
- Enhance patient and family self-efficacy, coping and adaptation, and cohesion
- Ensure that disease-modifying and other therapies are offered only if they are medically appropriate, likely to yield benefits greater than adverse effects, and are consistent with the patient's or family's stated preferences and goals
- Support informed medical decision making, goal setting, and advance care planning consistent with the patient's capabilities, preferences and culture
- Coordinate the work of professional caregivers to reduce care fragmentation and ease care transitions
- Provide needed concrete services in the home
- Support effective communication within the family and between the family and professional caregivers
- Ensure that care is culturally sensitive, ethical and legal
- When prognosis is short, provide care that prepares for the dying process, minimizes distress during active dying, and offers support during the period after death
- Provide longer term support for the bereaved

## Generalist-level and Specialist-level Palliative Care

In the U.S., two broad types of palliative care have been recognized:

**Generalist-level or primary palliative care** should be part of the best practices employed by all health professionals. It consists of interventions provided by

clinicians with no specific identity as palliative care providers, but who have competencies in treatments that address some objectives of palliative care.

**Specialist-level** palliative care is provided by professionals with advanced training and skills. It consists of interventions by clinicians who are identified as "specialists," have specialist-level competencies in treatments that address the objectives of palliative care, and contribute to a more comprehensive approach to illness burden. Specialists work in an interdisciplinary team or provide access to others who can provide a team approach to complex care.

Palliative care should begin at the time of diagnosis and continue throughout the course of illness. **Most palliative care should be primary.** Although specialists in palliative care may become involved at any time, referral usually occurs when the disease is advanced. End-of-life care is just a part of palliative care, but one that often is best addressed by specialists, who usually work for hospice agencies or in palliative care consultation programs. **In the U.S., hospice is a health system, supported by government insurance, which provides palliative care at home for those who have advanced illness.** It is not a place or a philosophy, but rather a benefit that may provide specialist-level palliative care when prognosis is limited. **Hospital-based palliative care programs are widely available and community-based palliative care is only now emerging in the U.S.**

**The future of palliative care in the U.S. is bright. Studies have shown that specialist-level palliative care improves the quality of care and reduces its costs by encouraging patients to make informed decisions about their own care. In an era of health care reform driven by the desire for both quality and cost control, broad support for palliative care is ensured.**

Visit the CCB-MJHS Palliative Care Project website at  
[ThePalliativeProject.org](http://ThePalliativeProject.org)

For further information about these educational activities,  
 please email [PalliativeInstitute@mjhs.org](mailto:PalliativeInstitute@mjhs.org) or call (212) 649-5500.