Palliative Care Teams

**What We Know**

- Palliative care is defined by the World Health Organization (WHO) as “An approach that improves the quality of life [QOL] 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”.[17]
  - Patients with progressive, advanced, or incurable diseases frequently experience considerable levels of pain, fatigue, and psychological distress, in addition to physical and functional disturbances associated with the disease and its treatment that lead to disability, increasing dependency, and poor QOL.[2,6,18]
  - Palliative care is comprehensive care that aims to control pain, provide comfort, improve QOL, and effectively manage the psychosocial needs of the patient and his/her family members during advanced, progressive, incurable, or refractory chronic illness. Hospice care, which is a particular form of palliative care, focuses primarily on end-of-life issues.[6,13,17,18]
  - Palliative care can be provided in acute care hospitals, long-term care facilities, hospice facilities, or home care settings.[6,17]
  - Although discussion and implementation of palliative care is often delayed until late in the course of the patient’s disease, it can be implemented soon after diagnosis of a progressive chronic disease and can be performed to support patients who are undergoing treatment (e.g., chemotherapy, radiation therapy) that is not necessarily curative.[2,6,15,17]

- Researchers in a number of randomized controlled trials for patients with cancer have found that early implementation of palliative care leads to symptomatic relief and improvement in QOL, use of resources, and advanced care planning.[2]
  - Palliative care often involves the use of specialized, multidisciplinary teams that are known as palliative care teams (PCTs), which address the needs of patients and their caregivers. Within the framework of a PCT each team member is equally valued for his/her specialized expertise.[6,11,13]

- In an interview study of 12 patients with a life-limiting illness and their 10 caregivers, investigators found that patients and caregivers thought the role of PCTs was threefold: providing physical symptom control, psychological support, and serving as a reliable liaison.[18]

- The multidisciplinary members of PCTs include physicians, nurses, bereavement specialists, social workers, physical therapists, speech therapists, occupational therapists, psychologists, psychiatrists, psychologists, pharmacists, and chaplains.[6,10,12,13]

- By using an interdisciplinary approach for providing patient care, PCTs can efficiently manage complex disease-related manifestations as well as manage the broader issues of patient comfort and psychosocial support.[1]

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The beneficial effects of PCTs on QOL and improvement of signs and symptoms in the chronically ill patient are widely recognized\(^{1,4,6,12}\)

- The United Kingdom National Health Service (NHS) has incorporated goals that are related to the use of PCTs for all patients who are receiving palliative care. According to the NHS Quality and Outcomes Framework, medical practice groups can attain practice achievement rewards by creating and maintaining a database of all patients who require palliative care, and conducting regular (at least 3 times monthly) PCT meetings to discuss the needs of all patients in the palliative care database\(^8\)

- PCTs appear to be most beneficial in reducing pain and managing other distressing signs and symptoms that occur with advanced illness (e.g., dyspnea, delirium, restlessness, anxiety, dehydration, sleep disturbances)\(^{5,6,12}\)

- Patients and caregivers report having a high level of satisfaction with PCTs, which provide education on the disease or condition and its treatment (including alternative therapies), include them in treatment planning, reduce stressors associated with illness, and assist with postmortality issues\(^{4,9}\)

- PCTs improve patient QOL and functional status\(^{12}\)

- PCTs reduce hospital costs by decreasing the patient’s number of hospital admissions and reducing the length of hospital stays, increase the amount of time that patients spend with family and friends prior to death, and increase the likelihood that patients will be able to die at home\(^{3,4,12,14}\)

  - Investigators who conducted a meta-analysis concluded that terminally ill patients who receive care from community-based PCTs are 32% less likely to be hospitalized during the last 2 weeks of life\(^{14}\)

- Nurse-led PCTs can be particularly helpful because nurses typically spend more time with patients and their families than other healthcare professionals, which affords the opportunity for nurses to be particularly attuned to the needs of patients and caregivers\(^{1,5}\)

  - Researchers in a 2009 randomized controlled trial found higher scores for QOL and mood among patients with cancer who received nurse-led, palliative care-focused interventions compared with patients who received routine oncology care\(^1\)

- In a 2009 report, the Quality Standards Subcommittee of the American Academy of Neurology on the care of patients with amyotrophic lateral sclerosis (ALS) stated that the use of multidisciplinary teams specializing in ALS care, the mainstay of which is symptomatic treatment and palliative care, was an independent predictor of survival. The authors recommended that specialized multidisciplinary referral should be considered for ALS patients to prolong survival, enhance QOL, and optimize health care\(^2\)

  - Early palliative care has not been shown to increase survival in patients with cancer, but it does improve patient and caregiver outcomes when provided in combination with standard care or as the main focus of patient care\(^{11,15}\)

- PCT interaction with family and caregivers is important to improve patient QOL. PCT meetings, in which caregivers are invited to participate, result in better team outcomes, allow team members to engage in more comprehensive discussion of the patient’s psychosocial well-being, facilitate development of goals that are more patient-centered, and are more likely to result in strategies that develop and utilize interdisciplinary patient care plans\(^{16}\)

**What We Can Do**

- Learn about the role of PCTs in providing patient care and the benefits they afford so you can accurately assess your patients’ appropriateness for referral to palliative care; share this knowledge with your colleagues
- Educate patients and their families about the goals of palliative care and explain that palliative care is not synonymous with hospice care and they do not have to be diagnosed with a terminal illness in order to receive palliative care\(^{6,17}\)
- Educate that PCTs focus on relieving distressing manifestations of progressive or advanced chronic illness and improving QOL. Encourage patients with progressive or advanced chronic illness to discuss palliative care with their treating clinician; if available, request referral for a PCT consultation\(^6\)
- Encourage the involvement of family members and other caregivers during consideration and implementation of palliative care strategies. Recognize that cooperation between caregivers and PCTs results in improved patient QOL\(^{16}\)
- Collaborate with your clinician colleagues in establishing a PCT for the care of chronically ill patients in your healthcare facility. Obtain education about palliative medicine and implementation strategies from the Center to Advance Palliative Care at [https://www.capc.org/topics/pain-management-palliative-care/](https://www.capc.org/topics/pain-management-palliative-care/)
Note

› Recent review of the literature has found no updated research evidence on this topic since previous publication on June 19, 2015
Coding Matrix

References are rated using the following codes, listed in order of strength:

- **M**: Published meta-analysis
- **SR**: Published systematic or integrative literature review
- **RCT**: Published research (randomized controlled trial)
- **C**: Case histories, case studies
- **G**: Published guidelines
- **RV**: Published review of the literature
- **RU**: Published research utilization report
- **GI**: Published quality improvement report
- **L**: Legislation
- **PGR**: Published government report
- **PFR**: Published funded report
- **PP**: Policies, procedures, protocols
- **X**: Practice exemplars, stories, opinions
- **GI**: General or background information/texts/reports
- **U**: Unpublished research, reviews, poster presentations or other such materials
- **CP**: Conference proceedings, abstracts, presentation

### References


