

PALLIATIVE CARE

Palliative care is the active, compassionate and supportive care of dying persons and their families. The Canadian Nurses Association (CNA) encourages nurses and other health care professionals to support palliative care as an essential health care service – “Nurses support and advocate a full continuum of health services including health promotion and disease prevention initiatives, as well as diagnostic, restorative, rehabilitative and palliative care services.”¹

Access to palliative care is the right of Canadians and is an essential aspect of health care. CNA urges governments to make palliative care programs a top priority through the development of an integrated and coordinated delivery approach. Adequate nursing resources must be in place for the delivery of appropriate palliative care. Expansion and improvement of research into palliative care, particularly pain control and symptom relief, is critical. The health system must provide sufficient support for individuals and families who choose palliative care.

Some health care professionals are convinced that a lack of palliative care is the reason the public seeks options such as euthanasia.² Palliative care concepts and knowledge need to be more thoroughly integrated into the education programs of all health care professionals. Palliative care services must be more widely available.

Nurses are key providers of care to clients who are dying, and are often the most intimate contact and constant presence. CNA believes that this relationship affords a penetrating view of how the client and family regard life and death – a perspective that affects every care decision a nurse makes.

In October 1994, CNA published a brief to the Special Senate Committee on Euthanasia and Assisted Suicide entitled, *A Question of Respect: Nurses and End-of-Life Treatment Dilemmas*. The brief discusses the public understanding of end-of-life issues; advance directives; palliative care; palliative care at home; and, withholding or withdrawing treatment. CNA makes the following recommendations concerning end-of-life treatment issues:

- Prior to any decisions on the legislation of euthanasia and assisted suicide, governments and health care professionals promote broad discussion of end-of-life issues among the Canadian public;
- Governments and health care providers foster increased public awareness of, and support for, advance directives, including enabling legislation where necessary;
- Governments and health care professionals promote increased accessibility to palliative care services for Canadians, education of health care professionals in methods of palliative care and support increased research into palliative care;
- Governments support, advance and finance a continuum of services – including palliative care at home; and,
- Parliament eliminate the ambiguity in the *Canadian Criminal Code* regarding health care providers withholding or withdrawing futile or unwanted treatments with the client's consent.³

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Palliative care education and training is needed to ensure quality care and adequate pain control. When there are no more cures to offer, there is still nursing care to alleviate suffering and support a dignified and peaceful death. In palliative care there is a particular emphasis on health professionals taking time with the client to consider the illness, the treatment and the consequences of those options. Palliative care is not euthanasia. Only in rare cases do palliative care measures involve some risk of shortening life. Palliative care does not preclude acute interventions for symptom management. Treatment and care should be tailored to the individual and his/her family.⁴

Palliative care is about life – the value, the meaning, and the enhancement of the quality of life. Palliative care teams provide pain and symptom management and recognize that patients and cultures bring individual views of suffering to the dying process. They are trained to deal with the dying process and offer support to clients and their family members.

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Also see:

CNA Position Statement: *End-of-Life Issues* (2000)

CNA Fact Sheet: *Organ Donation and Tissue Transplantation* (2000)

Joint Statement on Advance Directives (CNA, Canadian Healthcare Association, Canadian Homecare Association, Canadian Public Health Association, Home Support Canada, Canadian Long-Term Care Association and developed in collaboration with the Canadian Bar Association, 1994)

Joint Statement on Resuscitative Interventions (CNA, Canadian Medical Association, Canadian Healthcare Association, Catholic Health Association of Canada, and developed in collaboration with the Canadian Bar Association, 1995)

Joint Statement on Preventing and Resolving Ethical Conflicts Involving Health Care Providers and Persons Receiving Care (CNA, Canadian Medical Association, Canadian Healthcare Association, Catholic Health Association of Canada, 1999)

References:

¹ Canadian Nurses Association. (1997). *Code of Ethics for Registered Nurses*. Ottawa: Author.

² Euthanasia is the “act of ending the life of a person, from compassionate motives, when [that person] is already terminally ill or when [that person’s] suffering has become unbearable” (CNA, October 1994: 3).

³ The withholding or withdrawing of treatment refers to a range of life-sustaining treatments in many compelling circumstances. Treatments that sustain the client’s life can range from such common interventions as artificial hydration and nutrition to cardiopulmonary resuscitation, blood transfusion and mechanical ventilation.

⁴ Family is recognized to be those persons who are identified by the client as providing familial support, whether or not they are biologically related.