

Clinical Practice Guidelines for Quality Palliative Care, 4th Edition

FAQs

The [***Clinical Practice Guidelines for Quality Palliative Care, 4th edition***](#), is focused on improving access to quality palliative care by fostering consistent standards and criteria and encouraging continuity of palliative care across settings. The guidelines call for ensuring palliative care is available to all people living with serious illness, regardless of their diagnosis, prognosis, age or where they live or receive care. More than 80 national organizations have endorsed the guidelines, including the American Cancer Society, American Heart Association/American Stroke Association, American Board of Internal Medicine, American Academy of Pediatrics, American College of Surgeons and American Nurses Association.

Why was it necessary to revise the NCP Guidelines?

The guidelines were first published in 2004 and are periodically updated to reflect the growth and evolution of palliative care. Palliative care is specialized interdisciplinary care focused on providing relief from the symptoms and stress of living with serious illness, is based on need, not prognosis and can be provided concurrently with disease-focused treatment. The goal is to improve quality of life for both the patient and the patient's family. The guidelines note that today's health care system may not be meeting those needs and call for improved access to this vital care.

How do the guidelines suggest improving access to palliative care?

The guidelines urge all health care professionals and institutions to integrate palliative care into the services they provide to people living with serious illness, including heart failure, lung disease, cancer and other conditions. That means it should be available wherever people living with serious illness receive their care: outpatient clinics and office practices, cancer centers and long-term care facilities, as well as homeless shelters, dialysis units and especially at home.

How does that differ from the way palliative care is provided now?

Palliative care traditionally is provided by a specially trained team of doctors, nurses and other specialists who work with a patient's other health care professionals to provide additional needed support. Because there is limited availability of these specialists and teams, many people are left without access. The guidelines call for all health care professions who care for people living with serious illness to integrate core palliative care principles and best practices into their care of these patients, starting with safe and effective pain and symptom management and expert communication. Health care providers should consult with palliative care specialists when they have patients with complex needs.

Do the guidelines provide details on how to do that?

The guidelines feature specific clinical and organizational strategies, including treatment considerations and screening and assessment elements, facilitated by practice examples, tools and resources. Health care organizations can choose how to best apply the guidelines based on their patient populations and care settings, with assistance from various available outside resources. Included throughout the guidelines are detailed practice examples designed to inspire providers and provide real-world illustrations of palliative care in action in a wide variety of settings.

What is new in the 4th edition?

First published in 2004, the guidelines have been periodically updated to reflect the growth and evolution of palliative care and hospice, and meet the needs of a growing population of people living with serious illness. New recommendations in this edition include calling for:

- each person living with serious illness to receive a comprehensive assessment to determine needs and priority goals;
- assessment of the needs of families and caregivers for support and education;
- improved coordination of care, especially as the person living with serious illness transitions from one place to another;
- culturally inclusive care; and
- communication among those caring for the person, from the palliative care team to the family to other health care professionals and providers of community resources.

Who wrote the guidelines?

The guidelines were developed by the National Consensus Project for Quality Palliative Care, which comprises of leaders from 16 national organizations that have extensive expertise in and experience with palliative care and hospice. The full guidelines – published by the National Coalition for Hospice and Palliative Care – are available [online](#) to download or purchase at www.nationalcoalitionhpc.org/ncp (beginning Oct. 31, 2018).

Are the guidelines evidence-based?

The RAND Evidence-based Practice Center systematically reviewed the literature to formally grade the evidence and identify gaps for future research. Findings suggest that more well-designed trials of commonly used interventions in palliative care across populations are needed to bolster the evidence base in key areas, including early-integrated palliative care, complementary therapies, and advance care planning. The complete findings of the systematic review will be available online in a published article, October 31, at *Journal of Pain and System Management* (doi: 10.1016/j.jpainsymman.2018.09.008).

Who do I contact to get permission to use or reprint?

To request permission to use or reprint any content from the 4th edition for articles, podcasts, graphics or other materials, contact the National Coalition for Hospice and Palliative Care at info@nationalcoalitionhpc.org.

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