Guest Editorial

‘Tis the Season
Give the Gift of Palliative Care

This is a time of year when many traditions practice gift-giving. We experience both the joy (and stress) of shopping for gifts and then exchanging them with others. This yearly tradition is causing me to stop and think about the gift that being a gerontological nurse has been to me. From my early days as a new graduate nurse until today when I teach new graduates and conduct research, providing care for older adults has been a constant source of meaning and purpose in my life. So, if I could give one gift back to all of those patients and also to gerontological nursing, what would that gift be? To advocate for universal palliative care for all patients. As a board-certified nurse in hospice and palliative nursing, I want to advocate for palliative care as a basic human right for older adults, and I believe gerontological nurses are positioned to lead in this initiative.

The World Health Organization (WHO, 2013) defines palliative care as care that provides relief from pain and other distressing symptoms; affirms life and regards dying as a normal process; intends neither to hasten or postpone death; integrates the psychological and spiritual aspects of patient care; offers a support system to help patients live as actively as possible until death; offers a support system to help the family cope during the patient’s illness and in their own bereavement; uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated; will enhance quality of life, and may also positively influence the course of illness; is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications. (para. 5)

From this definition, it can be seen that palliative care is different from hospice care. There is no requirement that the patient give up any curative treatments to access the symptom management and decision-making support that is the hallmark of palliative care. Palliative care is focused on improving quality of life for human beings in each stage of illness. Why should palliative care be considered a basic human right? Because palliative care focuses on ameliorating human suffering for the patient and family with a health deficit and not just on the deficit itself. With the aging of the population, there is a concurrent increase in chronic and acute diseases, conditions, and syndromes that result in burden—some symptoms and life limitation for older individuals. This results in real human suffering, not unlike the suffering that results from geopolitical events such as hunger, war, and the ravages of climate change. The Institute of Medicine (2008) advocates for the provision of care for older adults that is “safe, effective, patient centered, timely, efficient, and equitable” (Box S-1, Statement of Task). Evidence-based palliative care results in care that meets these qual-
ity indicators (National Consensus Project for Quality Palliative Care, 2013). As the science advances, palliative care is developing a practice, evidence base, and quality standards that should be incorporated into every health system. One example of implementing these quality standards is to incorporate the seven domains of palliative care into the assessment process in our clinical practice—to assess each older adult for processes of care such as goals of care conversations and safety and then to assess for physical, psychological, social, cultural, spiritual, and ethical/legal aspects of care. Current exemplars from health care systems implementing these standards are available in the Clinical Practice Guidelines for Quality Palliative Care (http://www.nationalconsensusproject.org).

Why are nurses positioned to lead, indeed are leading, the initiative? According to the WHO definition, the focus is on symptoms, life/death, holistic care, patient and family support, team-based care, and quality of life—it sounds as if the founders of palliative care's philosophy of care took a page from nursing textbooks. This is the world within which gerontological nurses practice, conduct research, or teach. From the beginning of our profession, nurses have focused on working together with other disciplines to relieve multiple dimensions of suffering in patients and families. But even stronger evidence for the contention that nurses are leading the initiative to practice and study palliative care is provided by the National Institutes of Health, which designated the National Institute of Nursing Research (NINR) as the lead institute for palliative care research. Since 1997, the NINR has provided millions of dollars in grant funding to advance the science involved in practices that either draw attention to deficits that impact older adults or palliate them. Whether focusing on medication reconciliation during transition from hospital to home by Fitzgibbon, Lorenz, and Lach (pp. 22-29), the need for more geriatric resource programs in acute care hospitals and trauma centers by Maxwell, Mion, and Minnick (pp. 33-42), the use of exercise gaming in older adults by Fachko, Xiao, Bowles, Robinson, and Libonati (pp. 43-54), the implications for older adults with neuromuscular conditions such as myasthenia gravis by Koch, Steele, and Koch (pp. 11-15), or the ethical principles governing the use of human subjects in research by Adams and Miles (pp. 16-21), gerontological nurses are already engaged in topics that are, at heart, palliative care topics.

So I wish you, the readers of JGN, and all of the older adults in our lives, a happy new year filled with freedom from suffering and a focus on quality of life. I wish you a new year in which palliative care becomes a focus of your role as a gerontological nurse.

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REFERENCES

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