

A Model to Guide Hospice Palliative Care

**Based on National
Principles and Norms of Practice**



Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs

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A MODEL TO GUIDE HOSPICE PALLIATIVE CARE

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Preface

Since the discovery of penicillin in the 1940s, the experience of illness has been changing. Modern medicine has been very successful fighting disease, other condition, and aging. In the 21st century, people are living with illness for much longer than ever before. Today, they must deal with many complex issues: How can they get relief from their symptoms? How can they carry on with life as they have known it? How will the illness affect their roles and relationships? What can be done to change the illness experience? How can they restore or maintain their capacity for meaningful and valuable experiences that give quality to their lives? ¹

Each of these issues creates expectations, needs, hopes and fears, which must be addressed in order for the ill person to adapt, continue living, and find opportunities for growth. For many years, the approach used in hospice palliative care has helped patients and their families address these issues while they were dying. Now, all the skills and strengths developed in hospice palliative care can be applied throughout the experience of illness and bereavement to help patients and families improve the quality of their lives, increase their ability to participate in therapy to fight their disease and, potentially, prolong their lives.

The practice of hospice palliative care is relatively young. In Canada, it began in the 1970s and has evolved rapidly. The term “hospice palliative care” was coined to recognize the convergence of hospice and palliative care into one movement that has the same principles and norms of practice.

In a consensus-building process led by the Standards Committee of the Canadian Hospice Palliative Care Association, providers, organizations and consumers joined to share their experiences and develop a clear vision for hospice palliative care that everyone could use. The resulting model represents more than 10 years of collaboration by individuals, committees, associations and governments across Canada and is based on the nationally accepted principles and norms of practice. This document includes the:

- rationale for a national model, and the process used to develop it
- definition, values, guiding principles and foundational concepts that form the basis for hospice palliative care
- frameworks, principles and norms of practice to guide patient/family care, and organizational development and function
- application of the model to other activities, such as education, quality management, research, policy and funding, and consumer advocacy and marketing.

Everyone is encouraged to use the model to guide all activities related to hospice palliative care, and develop local standards of practice. Ultimately, it is hoped that instead of being seen as “care for the dying,” hospice palliative care will be known as “care that aims to relieve suffering and improve quality of life throughout the illness and bereavement experience, so that patients and families can realize their full potential to live even when they are dying.”

OVERVIEW OF THE MODEL TO GUIDE HOSPICE PALLIATIVE CARE

BACKGROUND

Changing Illness and Bereavement Experiences

Multiple Domains of Issues Cause Suffering and
 ↓ Quality of Life

1. Disease Management
2. Physical
3. Psychological
4. Social
5. Spiritual
6. Practical
7. End-of-life Care/
Death Management
8. Loss, Grief

DEFINITION OF HOSPICE PALLIATIVE CARE

- Values
- Principles
- Effective Communication
- Effective Group Function
- Change Strategies

GUIDE TO PATIENT & FAMILY CARE

- Square of Care
- Principles & Norms of Practice
- Preferred Practice Guidelines
- Data Collection/ Documentation Guidelines

GUIDE TO ORGANIZATIONAL DEVELOPMENT & FUNCTION

- Mission & Vision
- Square of Organization
- Principles & Norms of Practice

APPLICATIONS

- Clinicians/ administrators
- Quality managers
- Policy makers
- Researchers (clinical)
- Advocates (consumer)

- Administrators/ clinicians building organizations
- Careteam leaders
- Quality managers
- Policy makers
- Researchers (systems)
- Advocates (systems)

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