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REVIEW PAPER

Understanding palliative care: a review of nurses' role in delivering quality care in a palliative oncology care setting

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ABSTRACT

Palliative care is a fundamental component of comprehensive oncology care, particularly for patients with life-limiting illnesses where the emphasis shifts from curative treatment to quality of life. Cancer and its treatment impose significant physical, psychological, social, emotional, and spiritual distress on patients and their families. Palliative care has emerged as a specialised, interdisciplinary approach designed to address these challenges and improve quality of life. Palliative care adopts a holistic, patient- and family-centred approach that focuses on symptom management, psychosocial and spiritual support, effective communication, and shared decision-making throughout the illness's trajectory. Oncology nurses play a central role in delivering high-quality palliative care through their continuous presence, clinical expertise, and close engagement with patients and families. Oncology nurses provide compassionate care through effective collaboration with the team members to ensure continuity of care, improve professional learning, and deliver appropriate care during the dying phase by integration of evidence-based nursing practices across physical, psychological, social, spiritual, cultural, ethical, and end-of-life care domains delivered at various institutions of palliative care delivery, such as outpatient services, inpatient consultation teams, acute palliative care units, community-based programmes, and hospice care focusing on the key standard domains of quality palliative care.

***Keywords**: Palliative Care; Oncology Nursing; Quality of Life; End-of-Life Care; NCP Guidelines; Interdisciplinary Care.*

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INTRODUCTION

The diagnosis of life-limiting illnesses causes distress across physical, psychological, spiritual, and emotional domains for both patients and their families. Palliative care is a specialised, highly structured multidisciplinary approach mandated as part of active care when the disease is no longer responsive to curative treatment. It is a comprehensive system for providing care to persons diagnosed with life-threatening illnesses, incorporating psychosocial and spiritual care tailored to their needs, values, beliefs, and cultures.[1] The goal is to improve the quality of life and lower

symptom burden for both patients and their families, address their symptom concerns, communication and decision-making needs, and offer opportunities for personal and spiritual development.[2]

Conceptual understanding of palliative care

In the 1960s, Dame Cicely Saunders, a British nurse and social worker, developed the concept of "total pain, which included the alleviation of physical, spiritual, and psychological discomfort; the proper use of opioids for patients with physical pain; and paying attention to the needs of the family members and significant others who provide care for the dying.[3] This philosophy was later adopted as "palliative care" by Dr Balfour Mount in 1974. Today, palliative care affirms life, regards dying as a normal process, and intends neither to hasten nor postpone death. It is applicable early in the course of illness, in conjunction with other therapies intended to prolong life, and includes investigations needed to better manage distressing clinical complications.[4,5] It includes family as a unit of care and introduces an interdisciplinary approach across three key domains: physical care, psychosocial-spiritual support, and medical decision-making. Nurses play a pivotal role in delivering holistic care to patients and family members in a palliative care setting.

Goals of palliative care and key focus areas

Palliative care is the philosophy of care centred on the patient and family that focuses on effective management of distressing symptoms while also providing psychosocial and spiritual care to support the best possible quality of life for patients and their families.[6] Providing pain and physical symptom control remains the basic goal of care for most palliative care practitioners. The other goals are:

- The goal is to ensure that every cancer patient maintains the highest quality of life throughout their illness trajectory.[7]
- To focus beyond pain and physical symptom control and include psychiatric, psychosocial, existential, and spiritual domains of end-of-life care, and accept death peacefully.[8]
- To offer the best supportive care, including referral to palliative care or hospice
- To offer a support system to help the family cope during the patient's illness and in their own bereavement.[9]

Principles of palliative care delivery

The goal of palliative care is to focus on symptomatic relief from suffering and the improvement of the quality of life for patients with advanced illnesses such as cancer, involving close monitoring of the emotional, spiritual, and practical needs and goals of patients and their family members. Effective palliative care relies on seven foundational principles:

1. **Compassion:** The active process of recognising suffering and taking steps to alleviate it. Compassion-based interventions, such as therapeutic silence and reflective listening, foster meaningful therapeutic relationships.[10]
2. **Communication:** Effective communication is the cornerstone of quality care. Utilising structured frameworks, such as SPIKES, has been shown to improve patient comprehension and reduce emotional distress.[11] Skilled communication helps clarify values, set priorities, and align goals of care.
3. **Collaboration:** Palliative care depends on interdisciplinary teamwork. Collaborative models have been shown to reduce hospital admissions and improve family satisfaction.[12] Regular case conferences and shared care plans strengthen communication and cohesion.
4. **Coordination:** Coordination ensures seamless transitions between care

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settings (e.g., hospital to home). Studies highlight that coordinated palliative care significantly reduces emergency room visits and ensures smoother care experiences.[13]

5. **Continuity of care:** This refers to consistent provider relationships, information sharing, and management strategies over time. Strong continuity ensures better symptom control and enhances family satisfaction.[14]
6. **Continued learning:** As new evidence and ethical frameworks emerge, clinicians must engage in continued professional development. Regular case reviews and reflective practice enhance clinical quality.[15]
7. **Care during the dying phase:** Recognising the final stage of life allows for a shift from disease-focused interventions to comfort-focused care. Studies indicate that good care in this phase improves bereavement outcomes for families and supports dignity in death.[16]

Models of palliative care delivery for cancer patients

Palliative care has been rapidly evolving to improve the quality of care for patients with cancer and their families. Currently, five clinical models of specialist palliative care delivery are well established in practice.[15]

Outpatient clinics

Conceptualised by Dame Cicely Saunders in the 1960s, these clinics paved the way for patients in the 1990s to gain earlier access to palliative care throughout the disease trajectory. Outpatient palliative care clinics represent the main setting for patients to present early along the disease trajectory, demand relatively few resources and serve large patient populations.[17] Early referral through this model is associated with improved quality of life, reduced depression, and avoidance of prolonged hospitalisations through early referrals.[18]

Inpatient consultation services

These teams represent the backbone of palliative care. In inpatient palliative care settings, consultants, including physicians, advanced practice providers, nurses, and/or psychosocial professionals, have round-the-clock interaction with hospitalised patients. They have a positive impact on carers by sharing the burden of patient care.[19]

Acute palliative care unit (APCU)

APCUs are dedicated inpatient units where the teams conduct complex interventions, such as rapid analgesic titration/rotation for intractable pain, palliative sedation for refractory agitated delirium, and facilitating difficult goals-of-care discussions and discharge planning, similar to those performed in intensive care units.[20]

Community-based palliative care programmes offer in-person visits and support to patients at home or in nursing facilities, and provide respite and bereavement care for carers.

Hospice care

Hospice care represents one of the five service models of palliative care. Many clinicians and patients misconceive hospice as synonymous with general palliative care. Hospice is distinct in that recipients are no longer seeking curative care. Hospice care allows patients to be supported in the community and provides an alternative to dying in the hospital, resulting in less depression and greater satisfaction.

The five models of palliative care complement one another to optimise care along the disease continuum for cancer patients and their carers.

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Clinical practice guidelines for quality palliative care

The 4th edition of the National Consensus Project (NCP) Clinical Practice Guidelines aims to improve access to quality care for all people with serious illnesses.[21-25] Oncology nurses can integrate these eight domains into practice:

- **Domain 1 (Structure and Processes):** Nurses deliver care through comprehensive assessment and coordination within an interdisciplinary team.
- **Domain 2 (Physical):** Focuses on pharmacological and non-pharmacological management of symptoms to maintain functional status.
- **Domain 3 (Psychological and psychiatric):** Involves systematic screening for mental status and providing grief support.
- **Domain 4 (Social):** Addresses social determinants of health and implements interventions to maximise the patient's functional capacity.
- **Domain 5 (Spiritual):** Respects individual beliefs and seeks meaning in the illness experience without prejudice.
- **Domain 6 (Cultural):** Requires awareness of biases and respectful acknowledgement of culturally sensitive grieving practices.
- **Domain 7 (Care at End of Life):** Focuses on aggressive symptom relief and educating families on what to expect near death.
- **Domain 8 (Ethical and Legal):** Applies ethical principles to decision-making, advance care planning, and the care of vulnerable populations.

Henceforth, oncology nurses provide high-quality patient care, undergo training to deliver culturally competent services, provide consultation services, support patients and family members throughout the disease trajectory, educate themselves and other team members, and integrate the palliative care process into a holistic team activity.

CONCLUSION

Palliative care is about providing good support for patients with serious illnesses and their families to manage pain and improve their emotional, social, and spiritual needs through a caring and affordable team approach.

Oncology nurses play crucial roles in palliative care delivery by alleviating physical symptoms and significantly reducing psychological, spiritual, and emotional distress through critical evaluation, planning, and coordinating care modalities with other members of the interdisciplinary team.

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