Hospice, Palliative care and End of Life

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Objectives

• Develop the knowledge and skills needed to provide quality care, across various health care settings, to people with life-limiting illnesses and their families.

• Describe the core values of palliative care and hospice care.

• Recognize how your own values and beliefs about death and dying affect your responses and interactions with people with life-limiting illnesses and their families.

• Distinguish between palliative care and hospice care.
The terms end of life care, hospice care, and palliative care are often used interchangeably, but there are significant differences between them.

Hospice is a program that cares for patients with terminal diagnoses, therefore patients only qualify for hospice care when it has been determined that they have less than six months to live (Izumi et al. 2012).

The goal of palliative care is achievement of the best quality of life for patients with life-limiting illness. It can be provided to people of all ages regardless of prognosis.

Effective communication is an essential component of end of life care, palliative care, and hospice care.
<table>
<thead>
<tr>
<th>Hospice care provides pain relief and comfort, incorporating psychosocial and emotional care in place of curative medical care. It can also include spiritual care and social work consultation (Izumi et al 2012). 'Hospice' has evolved as a program that cares for patients with terminal diagnoses, therefore patients only qualify for this care when it has been determined that they have less than six months to live (Izumi et al 2012).</th>
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<tr>
<td>Palliative care provides comfort alongside any desired curative care for patients who are experiencing suffering related to a life-threatening illness (Izumi et al 2012). Patients can receive palliation at any time during the disease process to allow pain relief and comfort, and increased quality of life (Izumi et al 2012).</td>
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</table>
Death and Dying

Life is pleasant. Death is peaceful. It’s the transition that’s troublesome.

- Isaac Assimov
The End of Life Care Strategy applicable to caring for an individual approaching the end of life that contribute to a good death:

- Being treated as an individual, with dignity and respect.
- Being without pain and other symptoms.
- Being in familiar surroundings.
- Being in the company of close family and/or friends.

A good death

- Adequate pain and symptom management.
- Avoiding a prolonged dying process.
- Clear communication about decisions by patient, family and physician.
- Adequate preparation for death, for both patient and loved ones.
- Feeling a sense of control.
- Finding a spiritual or emotional sense of completion.
- Affirming the patient as a unique and worthy person.
- Strengthening relationships with loved ones.
- Not being alone.

The role of the healthcare providers is crucial in determining what a good death means to the individual and requires regular assessment and review.
Individual Factors Influencing Death & Dying

- Various social changes and medical advances influence the way death and dying is experienced by people in different parts of the world.

- **Age**: we tend to see death as something that happens in older age. This can make the death of younger people difficult to understand. It can also mean older people who are dying might receive less support because their death is 'expected'.

- **Culture**: the meaning given to illness, dying and death in different cultures can influence how an individual deals with the experience.
  - For example, culture may influence the family's role at this time, communication patterns, or feelings of optimism or fatalism.
• **Religion**: religious beliefs can influence death rituals and beliefs about the afterlife. For some it may provide a source of meaning, while for others it may create a sense of conflict or distress.

• **Past experience with death and dying**: some people may have no experience with dying, and may be uncertain and fearful of what may occur. Others may be anxious about dying because of the negative experiences of someone they have known or heard about.
What Is End-of-Life?

- There is no clear definition of end-of-life-care.
- Izumi et al. (2012) described end-of-life as the period “usually evidenced by
  - (a) the presence of a progressing chronic disease with pronounced symptoms or functional impairments and
  - (b) the presence of symptoms or impairments resulting from the underlying conditions leading to death that require care” (p. 613 – 614).
End-of-Life Care Defined.

• Izumi et al. (2012) “proposed the definition of end-of-life care as to assist persons who are facing imminent or distant death to have best quality of life possible till the end of their life regardless of their medical diagnosis, health conditions, or ages. (p.616).

• This definition looks at the end of life as a discreet time period when a person is aware of the end of life, not a medically determined period of time before death (Izumi et al., 2012).
End-of-life (EOL) care is the broad term used to describe the special support and attention given during the period leading up to death, when the goals of care focus on comfort and quality of life.
End of life care can incorporate hospice and palliative care services, and treatment varies from patient to patient.

The goals of end of life care are to mollify distressing symptoms through the judicious use of comfort measures to enhance quality of life and achieve a peaceful death (Hodo & Buller, 2012).

End of life care provides medical, spiritual, emotional and palliative care for anyone who is nearing death.
End-of-Life Care Cont.

• Good end of life care decreases the number of unnecessary interventions and treatments.

• Healthcare teams that focus on curative care and intensive treatment tend to postpone the use of palliative care, which can decrease patients' quality of life.
End of life care can provide some of the psychological and emotional support that terminally ill patients often need.

EOL care can address patients' limited control over the process of dying and the possible loss of dignity that can accompany ageing and symptoms of terminal illness.

When Patients has been identified as nearing end of life, it is important that health care providers must continue discussions with patients and families about what patients' end of life care might entail.
End-of-Life Care Cont.

• Studies show that most older patients, whether in hospital, long-term care setting or living independently, are never asked their preferences about end of life care.

• It is important to involve the patients in planning EOL care.

• Nurses who provide EOL care must provide comfort, engage in open and frequent communication with patients and caregivers and garner support from co-workers and friends, and reflect on the EOL process.
Nurses must recognize that individuals have the right to make informed decision about EOL that reflects the individuals personal, cultural and religious values.

It is also important to consider the individual as a person in relationship with others, including the family and caregivers.
Strategies for Ensuring Quality EOL Care

- Communicating openly, honestly and in a timely fashion
- Maintaining comfort
- Ensuring social support and care for caregivers
- Applying the principles of palliative care
- Ensuring that care is ethically, spiritually and culturally appropriate
Hospice care provides pain relief and comfort, incorporating psychosocial and emotional care in place of curative medical care. It can also include spiritual care and social work consultation (Izumi et al., 2012).

Hospice, as defined by the Center for Medicare and Medicaid Services, is a program of care and support for a dying person whose doctor and a hospice medical director certify has less than six months to live.
One of the ways end-of-life care is provided is through hospice.

The focus of hospice is on comfort, not cure. Currently, patients must be willing to give up curative treatments to receive Medicare coverage for hospice care. (Medicare continues to pay for any covered health problems that are unrelated to the dying person’s terminal illness.)
The International Council of Nurses (ICN) and Palliative Care

“The International Council of Nurses (ICN) views the nurse’s role as fundamental to a palliative approach that aims to reduce suffering and improve the quality of life for dying patients and their families through early assessment, identification and management of pain and physical, social, psychological, spiritual and cultural needs. ICN views access to pain and other symptom relief medication and interventions as a basic human right and as part of the right to die with dignity” (The International Council of Nurses (ICN), 2012, p.1)
• “The alleviation of pain and suffering is a fundamental nursing responsibility and nurses are trained in pain management, palliative care and in helping people in dealing with grief, death and dying. The quality of care during the end stage of life greatly contributes to peaceful and dignified death and provides support to family members in dealing with their loss and grieving process” (ICN, 2012, p.2).
Palliative care is care provided for people of all ages who have a life limiting illness, with little or no prospect of cure, and for whom the primary treatment goal is quality of life.
The World Health Organization Describes Palliative Care as:

• “...an approach that improves quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention of suffering by of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual” (World Health Organization (WHO), 2014, p.1).
Overall Goal of Palliative Care

Promote emotional, spiritual and physical wellbeing

Provide emotional, physical, and spiritual support

Control symptoms

Identify patient and significant other needs.
Palliative Care

- “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 counselling, 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” (WHO, 2014, p1)
What is Palliative Care?

• “Palliative care refers to interdisciplinary team-based care for persons and family members experiencing life-threatening illness or injury, that addresses their physical, emotional, social and spiritual needs and seeks to improve quality of life across the illness/dying trajectory”

• The goal of palliative care is to achieve the best possible quality of life through relief of suffering, control of symptoms and restoration of functional capacity while remaining sensitive to the personal, cultural and religious values, beliefs and practices.”
Palliative Care

- The term “palliative care” is sometimes mistakenly used to mean end-of-life care, but palliative care is a treatment available to anyone of any age who is suffering from the discomforts, symptoms, and stress of a serious illness.

- Unlike hospice care, the individual do not have to be dying or give up curative treatments to receive palliative care.
Palliative care is used effectively to provide relief from many chronic conditions and their treatments, too. Older persons who are living with one or more chronic illnesses may benefit from palliative care long before they need end-of-life or hospice care. Unlike hospice care, palliative care may be used for as long as necessary.
Some of the services palliative care provides include:
- Assessment and management of pain;
- Psychosocial and spiritual needs;
- Discussion of prognosis and treatment options;
- Management of transition from primarily curative to primarily palliative approach;
- Decision making around resuscitation and other aggressive treatments;
- Recognition of signs of the end of life; and
- Support for the family before, during, and after death' (Milhgan 2012).
Life Limiting Illness

• The term life limiting illness is different from Chronic illness. where, even though there may be significant impact on the patient’s abilities and quality of life, there is likely to be a less direct relationship between the illness and the person’s death.

• Life limiting illness in the contest of Palliative care is used to describe illnesses where it is expected that death will be a direct consequence of the specified illness.

• This definition is inclusive of illnesses of both a malignant and nonmalignant nature.

• A life limiting illness might be expected to shorten an individual’s life” (Palliative Care Australia (PCA), 2005).
An interdisciplinary team is a team of health care providers who work together to develop and implement a plan of care.

Membership varies depending on the services required to address the identified expectations and needs of the target population.

An interdisciplinary team typically includes one or more physicians, nurses, social workers/psychologists, spiritual advisors, pharmacists, personal support workers, and volunteers. Other disciplines may also be part of the team (PCA, 2005).
Respite Care

- Respite care temporarily relieves people of the responsibility of caring for family members who cannot care for themselves. It is provided in a variety of settings, including homes, adult day centers, and nursing homes.

- Sources of respite care include formal providers, such as home care agencies and visiting nurse associations, and informal providers, such as family, friends, and volunteers from faith-based organizations. Make sure any formal provider you are considering is licensed by your state.
Respite care providers can ease the day-to-day demands of caregiving by assisting with:

- toileting, bathing, and dressing (often called “activities of daily living”)
- giving medicine
- housecleaning
- food shopping and cooking
- preparing and feeding meals (eating is another “activity of daily living”)
- providing company and emotional support.

Respite care allows the caretaker to have a break while knowing that the dying person is being well cared for.
Barriers To Providing Good End Of Life Care

• Failure to recognize that providing care for the dying is one of the core roles of an acute hospital.
• Failure to recognize when continuation of treatment is not in patients' best interests, resulting in a failure to address their holistic needs.
• Failure to take responsibility for enabling people to return home to die if that is their wish.
• Lack of leadership on end of life care from senior managers and clinicians.
• Staff at all levels not having the necessary knowledge, skills and attitudes required to deliver high-quality, end of life care
A lack of linguistic skills and insufficient understanding of patients’ cultural backgrounds could influence the quality of palliative care they provided.

Some of the barriers preventing nurses from providing culturally appropriate care to cancer patients and families from different cultural backgrounds include lack of knowledge of cultural differences in values, behaviors and communication styles, distrust of some particular cultures, stereotyping, ritualistic behaviors, language barriers and differences in perceptions and expectations (Munoz & Luckmann 2005).
• The care of patient at all times are based on values and principles of dignity, empowerment, compassion, equity, respect, advocacy, excellence and accountability.
Role of the Nurse Cont.

- Nurses are at the center of end of life care because they are in a unique position to interact with the patient, the family and the physicians.
“Support role in palliative care comprises six interwoven dimensions: valuing, connecting, doing for, empowering, finding meaning and preserving own integrity” (Davies & Oberle, 1990).
• Providing **emotional support** is a significant part of the nurse's role.
• Emotional support consists of comforting gestures intended to alleviate uncertainty, anxiety, stress, hopelessness and depression.
• Providing emotional support involves the expression of feeling, development of empathy, making the patient feel understood and encouraging self-belief in coping skills.
Role of the Nurse Cont.

• **Supporter**: be present with families and listen, build trust, acknowledge emotions, explore statements, pause, allow time, be present recognize cues of readiness to talk, support, sit close and make eye contact, turn off phone and beeper, do not look at watch, rephrase, and explore emotions.
Role of the Nurse Cont.

- **Advocate**: help family to understand the implications of decisions, question physicians, speak up and give opinions at family meetings, and help family think about what patient would want. Initiate discussion with physicians, explain things to family in lay terms, and give honest information without taking away hope. Outcomes: “Enabling coming to terms” and “helping to let go.”
Role of the Nurse Cont.

- **Information broker**: provide and clarify information. Nurses play an important role in facilitating communication between and among family members and between family members and the health care team (team).

- **Mediator**: Facilitate communication between family and medical team.
• Culture is the 'lens' through which we view the world and interpret or make sense of the experiences of life including illness, dying and death.

• Your personal attitudes and beliefs can block or distort how you are perceived by people from different cultures.
“Dying persons and their families have cultural beliefs and values. Nurses must provide culturally sensitive and holistic care that respects spiritual and religious beliefs. A caring and supportive environment that acknowledges the inevitability of death helps family members to accept and deal with loss and grieving.” (ICN, 2012, p. 2)
• The goal of palliative care is the achievement of the best quality of life for patients and their families, consistent with their values, regardless of the location of the patient” (Stayer 2012, p. 351).

• Care, decision-making and care planning should always be based on a respect for the uniqueness of the patient, their caregiver/s and family.
The contributory factors to the provision of nursing care in a multicultural context included:

- nurses’ views and understandings of culture and cultural mores,
- nurses’ philosophy of cultural care,
- previous experiences with people from cultures different to their own and
- organizational approaches to culture and cultural care.
Cultural Perspective Cont.

- Be respectful. Respect is recognized as an important attribute in providing cultural care. Cultural care requires that nurses respect the patient as a unique individual with needs that are influenced by cultural beliefs and values. A positive nurse–patient relationship is most likely to be established in an atmosphere of trust.
• **Be proactive.** To accommodate patients’ cultural needs, nurses should actively communicate with patients and understand their needs. A comprehensive assessment of the cultural aspects of a patient’s lifestyle, health beliefs and health practices will go a long way in enabling nurses to make decisions and judgments related to care interventions. Providing cultural care is an active process, requiring deliberate assessment and intervention strategies to be effective.
Be competent with communication skills. Communication was an important element of providing quality cultural care. Open and ongoing communication with patients and their families improve nurses' understanding of the cultural needs of patients and helped nurses to provide appropriate nursing care throughout the continuum of patient care. Active listening, providing time and appropriate questioning and a range of creative communication strategies are essential components of quality cultural care.
• Previous experiences with people from other cultures. Nurses’ previous experiences with people from other cultures, including caring for cancer patients and families from diverse cultural backgrounds and their personal life experiences can influence the nurses’ approach to care.
• Previous experiences with people from other cultures can possibly lead to nurses’ unintentionally stereotyping cultures.
Personal life experiences. Personal life experiences influenced nurses’ views and perceptions of cultures and their attitudes and responses to patients from other cultures.

Experiences with people from other cultures can influence nurses positively and negatively.
• **Organizational approaches to culture and cultural care.** Barriers to provision of culturally specific care include:
  • Lack of support from the organization in promoting cultural based care,
  • lack of clear guidelines and policies on how to accommodate cultural practices in the hospital,
  • lack of human resources and educational materials to promote culture focused care and
  • poor allocation of resources and services
Organizational culture. Organizational philosophy and workplace culture influences how patients’ cultural needs are addressed. Supportive organizational approach to cultural competent care is very important.

Nursing education and continuing education within work settings are key factors in improving cultural competence in providing cultural care. Nurses who receive training in care of the dying from other cultures are more likely to be sensitive to the need for education to develop expertise in this area.
• **Caring environment.** Cultural safety, which is an important part of cultural care, can be achieved by creating a caring environment where cultural adaptation takes place between nurses and patients.

• Patients who experience a sense of cultural safety are more likely to have trust in nurses and derive further benefits from the therapeutic relationship which is vital for interventions designed to meet cultural needs.

• An environment that meets the cultural needs of patients is a key factor that influences nursing care.
Availability and accessibility of support services and resources.

Availability of services and resources such as social workers, cultural support services, interpreting services and information and materials about cultural needs can help nurses in the provision of cultural care.
Communicating with People with Life-limiting Illnesses

- Providing support for people with life-limiting illnesses requires you to understand the meaning of the illness and its effects on individuals.
- It's vital to identify and acknowledge an individual's concerns and sources of distress, and respond to these effectively.
- Some people may not be used to discussing personal psychological issues and may find these conversations difficult.
- There are some general communication strategies that may help facilitate discussion about existential and psychological concerns, and demonstrate respect for the person's individuality.
• Poor communication as a source of distress.
• Unaddressed concerns lead to anxiety/depression.
• Good communication improves patient coping.
• Promoting self-determination.
The acronym PREPARED is used to convey these strategies.

- **P** Prepare for the discussion, where possible
- **R** Relate to the person
- **E** Elicit patient and caregiver preferences
- **P** Provide information tailored to the individual needs of both patients and their families
- **A** Acknowledge emotions and concerns
- **R** (foster) Realistic hope (e.g. peaceful death, support)
- **E** Encourage questions and further discussions
- **D** Document

*Adopted from Palliative Care Australia (2005). [http://www.pcc4u.org/learning-modules/core-modules/2-communication/2-support/activity-3-communication-principles/](http://www.pcc4u.org/learning-modules/core-modules/2-communication/2-support/activity-3-communication-principles/)*
“Communicating effectively involves providing patients and their families with information so that they are able to make decisions about care, initiating discussions about end-of-life care when the patient can actively participate, and facilitating discussions with patients and their families in a supportive and compassionate manner.

Discussions with patients failing to improve in an intensive care setting need to take place at the earliest possible opportunity. (Peden, Grantham & Paquin, nd, p.6).
How does the nurse talk about death and dying?

• Discussions with patients and their families about end-of-life care are challenging and difficult to initiate.
• Nurses need to explore their own attitudes, values and beliefs about issues surrounding death to improve communication and maximize end of life care.
How does the nurse talk about death and dying Cont.?

- When assisting patients and families to make decisions about end-of-life care the nurse should:
  - be clear and avoid euphemisms
  - be specific about goals and expectations of treatment
  - be willing to initiate and engage in discussion
  - use the words the “death” and “dying”
  - talk about hope, clarify goals and burdens of treatment and prognosis
  - collaborate with other providers to give consistent information

- Effective communication is every nurse’s business when providing end-of-life care.
How does the nurse talk about death and dying Cont.?

- During a therapeutic encounter the nurse assesses whether the patient and family have an understanding and sense of complexity of the patient’s illness, explores concerns, and answers questions.
• “Effective communication, when combined with informed and skilled decision making, leads to better care delivery decisions, less conflict, a more effective plan of care, greater patient, family and caregiver satisfaction with therapeutic relationships, fewer caregiver errors, less stress and fewer burnout and retention problems” (Peden, Grantham & Paquin, nd, p. 8).
Core Values of End-of-Life Care

- "Quality end of life care is provided by health care workers who:
  - endeavor to maintain the dignity of the patient, their caregiver/s and family;
  - work with the strengths and limitations of the patient and their caregiver/s and family to empower them in managing their own situation;
  - act with compassion towards the patient and their caregiver/s and family;
  - consider equity in the accessibility of services and in the allocation of resources;
  - demonstrate respect for the patient, their caregiver/s and family;
  - advocate on behalf of the expressed wishes of patients, caregiver/s, families, and communities;
  - are committed to the pursuit of excellence in the provision of care and support; and
  - are accountable to patients, caregiver/s, families and the community" (Palliative Care Australia, 2005, p. 13).
Ethical issues & end of life Care

- Ethical issues that arise towards the end of life may be complex.
- However, Ethical principles which guide actions and responses to these situations are consistent with principles applied in all areas of health care. These principles include:
  - beneficence
  - respect
  - self-determination
  - truth telling
  - confidentiality
  - informed consent
  - justice and non-maleficence.
Caring for an individual at the end of life also means caring for family members and those important to the individual.

Caregivers and family members need the support of providers to deal with difficult feelings as their loved one approached the end of life.

The experience of caring for the dying and can be emotionally and physically exhausting and frightening.
Caring for the Caregiver

• Caregivers need frequent support and reassurance.
• Advise caregivers of physiological changes that may occur as death approaches and provide reassurance that this is part of the dying process.
• Caregivers can experience the highest stress when caring for patients with a terminal illness at the end of life.

• To support caregivers, it is important to understand how the care giver is coping. The following questions can help.
  • Do you feel overwhelmed as a caregiver?
  • Do you feel isolated?
  • Do you have other family helping you?
  • Do you feel prepared for your loved-one's death?
  • Have you felt intensely sad or anxious recently?

I am a Dementia Caregiver.
My days are long.
My heart is strong.
I pray for strength to carry on.
All I ask from those who see
My caregiving takes a toll on me;
A hug or smile – and both are Free!

www.kuipizzaindian.com
• Refer to the ethical guidelines which inform your professional practice.
  • a) How would you respond in a situation where a caregiver has asked you not to inform the patient about their illness?
  • b) How do you respond to a patient who tells you that they have ‘had enough’ and no longer want treatment?
### Differentiating between Palliative Care and Hospice Care

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<th>Palliative Care</th>
<th>Hospice care</th>
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<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>The goals of palliative care are to improve the quality of a seriously ill person's life and to support that person and their family during and after treatment.</td>
<td>Hospice focuses on relieving symptoms and supporting patients with a life expectancy of months not years, and their families.</td>
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<tr>
<td><strong>Treatment Differences</strong></td>
<td>Treatments are not limited with Palliative Care and can range from conservative to aggressive/curative.</td>
<td>Treatments are limited and focus on palliation of symptoms. The goal is no longer to cure, but to promote comfort.</td>
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<tr>
<td><strong>Treatment Timing</strong></td>
<td>There are no time restrictions. Palliative Care can be considered at anytime during the course of an illness whether terminal or not.</td>
<td>The patient must generally be considered to be terminal. The physician must certify that a patient’s life expectancy is six months or less to receive hospice benefits from the insurance company.</td>
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<tr>
<td><strong>Place of Treatment</strong></td>
<td>Care can be delivered at any location. Home, Assisted living facility, Nursing facility, Hospital</td>
<td>Care can be delivered at any location where the person resides (Mostly home and long-term care facilities)</td>
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Activity: Individual factors influencing death & dying

- Think about how you and your immediate family react and respond to death and dying. What cultural or personal factors influenced the way you or your family reacted when someone close to you died? If you haven't experienced the death of someone close to you, consider how you think it would make you feel.

- Discuss with others their experiences or observations of:
  - a) practices associated with death and dying in different cultures, age groups, and religions
  - b) differences within the same cultural groups.

- How do you think your own culture, age, and religion influence the way you will provide care?

Activity: Cultural Factors

• Cultural factors influencing death & dying

  • Describe the key elements of cultural safety.
  • What can you do to avoid stereotypes and ensure that you apply the principles of cultural safety to every individual in your care?
Self Reflection is Important.

- Nurses need to explore their own attitudes, values, and beliefs about issues surrounding death to improve communication and maximize end of life care.
Care at the End

• The end stage of a person's life can provide some of the most profound and memorable experiences for family members.
• These moments can provide a time for sharing thoughts and hopes and expressing love and support.
• It is a time for saying goodbye.
• However, it may also be a time when families experience extreme distress and require a great deal of support from the health care team.
• Provide support and information to the person and their family to minimize distress where possible.
• Family and other caregivers often have particular concerns and fears about end-of-life issues.
• Family members often want to know what will happen and what they can do to help.
Good end of life care does not stop at the point of death.

The person’s body should be treated with the same dignity and respect after death as before death.

Depending on culture and place of death, in many circumstances it will be the nurse who undertakes the initial care of the body.

Ensure that the privacy and dignity of the deceased person is maintained.
The Palliative Care Curriculum for Undergraduates (PCC4U) promotes the inclusion of palliative care education in undergraduate studies and in ongoing professional development.

- [http://www.pcc4u.org/](http://www.pcc4u.org/)

References

References

- Murphy, B. (2009). In Search of a "Good Death.". Clinician Reviews, 19(11), 9-11.