

Foreword

The Difference Between Palliative Care and End of Life Care: More than Semantics



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Standards of end-of-life care and palliative care have been mutable over the last few decades. This is partially due to a lack of understanding about the differences between end-of-life care and palliative care. The differences are very explicit and important as decisions and plans are made for patients and their significant others. The concepts are similar but not the same.

Palliative does encompass end-of-life care, but it is so much more. Palliative care involves treatment of individuals who have a serious illness in which a cure or complete reversal of the disease and its process is no longer possible. It involves controlling symptoms that have either an insidious onset and progression or a rapid onset and progression. The purpose of palliative care is to assure the patient and those involved in his or her life experience optimal quality of life. This involves all dimensions of life, including symptom management, social, spiritual, and psychological needs. It involves care across the continuum of the patient's illness. A brief overview of the goals of palliative care is presented in **Box 1**.

End-of-life care is a portion of palliative care that is directed toward the care of persons who are nearing end of life. Although difficult to predict, end of life is care for individuals who are in the last year of life, and for legal and health care purposes, typically the last six months of life. End-of-life care is focused on maintaining quality of life while offering services for legal matters. A major component of end-of-life care is the focus on allowing patients to die with dignity.

When hospice care is considered, the boundaries among these three entities become more blurred. In essence, hospice care is similar to palliative care, but there are important differences. "Because more than 90 percent of hospice care is paid for through the Medicare hospice benefit, hospice patients must meet Medicare's

Box 1**The purposes of palliative care**

- To improve quality of life for the patient and his or her significant others
- To provide relief from distressing symptoms and pain.
- To support life and treat dying as part of a normal process
- It combines spiritual and psychosocial aspects of care
- It offers a support system to enhance active living during a disease process
- Provides support for family coping during the disease process of the patient
- It utilizes a team approach to care of the patient and his or her family
- It does not hasten death, is focused on prolonging a life of quality.

Adapted from Marie Curie. Registered charity, England and Wales (207994), Scotland (SC038731). 2016. Available at: <https://www.mariecurie.org.uk/help/terminal-illness/diagnosed/palliative-care-end-of-life-care>. Accessed June 30, 2016.

eligibility requirements, which palliative care patients do not.”¹ Similar to palliative care, the main objective of both is pain and symptom relief.

This issue of *Nursing Clinics of North America* focuses on interventions, modalities, and thought that can be and are considered with patients receiving palliative care, end-of-life care, and/or hospice care. In the current health care environment, it is not unusual to encounter patients in clinics, hospitals, or other settings that could benefit from palliative care. The focus and objectives of each transcends physical and geographical boundaries.

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REFERENCE

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