

POSITION STATEMENT on END-OF-LIFE/PALLIATIVE CARE

American College of Nurse Practitioners
Endorsed by Board of Directors, July 2001

As part of The Nursing Leadership Academy on End-of-Life, the American College of Nurse Practitioners commits itself to excellence in palliative care. As nurse practitioners, we affirm our unique role in this effort. As primary care givers and acute care practitioners, we assert that we are in a key role to help our patients achieve a comfortable and self-determined death. We intend to adapt the following Precepts of Care, as identified by the Last Acts Task Force, to our professional functioning as nurse practitioners.

1. Respect patient goals, preferences, and choices

NP will engage in advance care planning with patients, particularly in the outpatient arena, as part of a comprehensive history-taking process. NP will elicit the patient's values and wishes and use these to help direct care at the end of life.

2. Care comprehensively

NP will respond to all needs of a patient by assessing, diagnosing, and managing whatever emerges. This includes not only accurate diagnosis, but also competent treatment of symptoms of terminal illness. Care will encompass meeting the physical, emotional, social, and spiritual needs of patients. We will work with other organizations, such as hospice, to deliver seamless, comprehensive services.

3. Utilize the strengths of interdisciplinary resources

NP will recognize and solicit the help of other professionals in meeting all needs of the patient and family. The NP will explore all resources available, such as friends and community services, to meet a variety of the patient's needs.

4. Acknowledge and address caregiver concerns

NP will seek to understand the caregivers' concerns as important considerations and will incorporate these as part of the plan of care. Caregivers will be asked to contribute their ideas for solutions as well.

5. Build systems and mechanisms of support

NP will provide the communication, continuity and coordination, which is vital in caring for patients at the end of life. As patients move between settings, we will provide the information about a patient's clinical status, family situation, and wishes about end-of-life treatment to assure continuity of high quality service. We will also work for organizational, political, reimbursement, and legislative changes to enable excellent EOL services to be delivered to patients and families.