Although a palliative approach to care is recommended for anyone expected to die from a life limiting illness, a pandemic outbreak presents additional impetus to ensure all patients and their families receive high quality palliative care when and where it is required. Here are some reminders, tips and resources for all health care providers:

**Palliative Care is everyone’s responsibility**: The role of the Palliative Care Specialist service during a pandemic is to provide consultative support to health care providers to effectively manage complex symptoms. Physicians and nurses, in community and hospital, are among the 1500 health care providers in Nova Scotia who have received primary level palliative care training through LEAP (Learning Essential Approaches to Palliative and End of Life Care). This training provides the basic competencies required for palliative care. Identify individuals within your team, program or site who have received this training.

**The Personal Directives Act** requires health care providers to ask patients if they have an existing Personal Directive. Many Nova Scotians have a Personal Directive indicating their delegate and goals of care or have enrolled in programs where their goals of care may be well documented such as: the EHS Special Patient Program, the INSPIRED COPD Outreach Program, Palliative Care, the Heart Failure Clinic or PATH program. Ask all patients if they have this documentation, which could be included in a Green Sleeve, or ask them if they are enrolled in these programs. It will help discuss life sustaining measures in the context of their goals of care.

**The Palliative Care Library Guide** is a resource available to health care providers to support them to provide high quality palliative care. The guide includes best practices related to identification, assessment, and care planning and offers a number of resources that can be accessed by anyone including non-NSHA employees. Patients, families and care providers can all benefit from resources to help them manage not only symptoms caused by disease, but the grief, loss and psychosocial distress that may accompany it.

**Evidence-based symptom management guidelines** are available to help health care providers manage symptoms, including pharmacological and non-pharmacological options for palliative and end of life care. The B.C. inter-professional Palliative Symptom Management guidelines include a comprehensive list of symptoms, including those that may be present in serious cases of COVID-19. For example, click to see the symptom management guide for: [Dyspnea](#).

**A palliative approach to care:**

is provided by physicians, nurses and other health care providers who work together to provide the best quality of life possible when patients are facing a life limiting illness. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment. Specialized Palliative Care teams can offer an extra layer of support to this approach to care for complex symptom management.

In addition to meeting patient preferences, palliative care has been shown to:

- Reduce overall length of stay
- Help transition patients home or to hospice
- Reduce the number of admissions to the ICU
- Reduce interventions that do not align with goals of care.

To consult a palliative care specialist, for advice or shared care, please contact the team in your area. Contact numbers are located on the Palliative care page of the NSHA website.

**Palliative Care Principles**:  

*Communication* is essential to the palliative approach. Communication is important for identifying goals of care and ensuring patients and families understand and participate in decision-making regarding care.

*Optimizing Comfort and Quality of Life* involves anticipating, acknowledging, assessing and responding to a range of symptoms and needs in a proactive and timely manner in order to prevent and relieve suffering.

*Care Planning and Collaborative Practice* involves assessing needs, promoting and preserving choice, predicting likely problems and planning for the future, in the context of a changing and deteriorating disease trajectory.

*Loss, Grief and Bereavement* for the patient themselves, their family and the professionals who care for them is intrinsic to palliative care. Professionals have an important role to play by providing information and support and by identifying those who require additional therapy or counselling.

*Professional and Ethical Practice* refers to the importance of respecting the patient’s values, needs and wishes in the context of a life-limiting condition. Professional and ethical practice considers how best to provide care to people as their health care needs change in the course of life-limiting conditions.

*Advocacy* for high quality palliative care for the patients in their care, regardless of their treatment options and choices, is a responsibility of all health care providers.

*Self-care*, self-reflection, self-awareness, identification and prevention of burnout, appropriate professional boundaries, and grief and bereavement are all important elements for those providing palliative care.

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1 Excerpt from the NS Palliative Care Competency Framework