



Palliative nursing in the 21st century

Palliative care is the active holistic care of individuals across all ages with serious health-related suffering due to severe illness, and especially those near the end of life. Palliative care aims to improve the quality of life of patients, their families and their caregivers (1). This field of care is inclusive of all health care settings, throughout the course of an illness, and across the lifespan.

The earliest models of palliative care were grassroots oriented hospices with a subsequent evolution into the acute and chronic care settings. The earliest models were informal and mostly targeted patients with cancer at the end of life. The evolution to a broader field of care and research is captured in the recently published IAHPHC diagnosis. In addition, the 4th edition of the Clinical Practice Guidelines for Quality Palliative Care has been released (2).

The scope of palliative care delivery and research is as broad as there are settings of care, conditions producing serious illness, and lifespan populations. The evidence-base is likewise expanding. In this special issue of the journal, we highlight palliative care nursing and topics that capture the breadth of our field.

There has been a long history of interventions for parents who have experienced a perinatal loss in the obstetrics and neonatal units of hospitals. Wool and Catlin (3) are advancing these established interventions across other settings in which a pregnancy loss occurs, including the perioperative area, the emergency department, and the obstetrics ambulatory clinics.

Cancer is the leading cause of death from disease beyond infancy in children. Yet, pediatric-focused palliative care services have not been adopted with the same frequency as adult-focused programs. Spruit and Prince-Paul (4) provide a review of pediatric palliative care services in the care of children with cancer.

In another pediatric-focused paper, Akard and co-authors (5) describe select interventions that enhance life and decrease suffering for children with life-limiting illness and their families, including interventions for legacy building, addressing parent-sibling bereavement, and communication among the health care team. In addition, these nurse scientist authors provide insight into research recruitment methods.

Beasley *et al.* (6) bring a systematic review of non-hospice palliative care services, particularly for persons with chronic illness who are not at the end of life but have unmet palliative care needs. Palliative care services in this context may improve quality of life, mood and symptoms.

Advance practice nurses have been leaders in clinical practice, systems-level care delivery, research and policy. Dahlin and Coyne (7) provide a description of palliative care leadership and opportunities across domains that include clinical care, education, policy, research and administration.

Symptom management is a core function of palliative care practitioners. Campbell (8) provides a viewpoint about using evidence to guide treatment of the commonly occurring pharyngeal secretion retention (death rattle). Pharmacological treatments have little empiric support, yet, assuaging listener distress is an important consideration with little testing of non-pharmacological interventions.

In summary, nurses are uniquely positioned to add to the evidence base that enriches our evolving field of palliative care. These papers represent a snapshot of nurse leadership and research.

Acknowledgements

None.

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doi: 10.21037/apm.2019.01.02

Conflicts of Interest: The authors have no conflicts of interest to declare.

View this article at: <http://dx.doi.org/10.21037/apm.2019.01.02>

Cite this article as: Campbell ML, Lai TT. Palliative nursing in the 21st century. *Ann Palliat Med* 2019;8(Suppl 1):S3-S4. doi: 10.21037/apm.2019.01.02