Definition of Hospice Palliative Care

Hospice palliative care aims to relieve suffering and improve the quality of living and dying.

Hospice palliative care strives to help patients and families:

- address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears
- prepare for and manage self-determined life closure and the dying process
- cope with loss and grief during the illness and bereavement.

Hospice palliative care aims to:

- treat all active issues
- prevent new issues from occurring
- promote opportunities for meaningful and valuable experiences, personal and spiritual growth, and self-actualization.

Hospice palliative care is appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care.

Hospice palliative care may complement and enhance disease-modifying therapy or it may become the total focus of care.

Hospice palliative care is most effectively delivered by an interdisciplinary team of healthcare providers who are both knowledgeable and skilled in all aspects of the caring process related to their discipline of practice. These providers are typically trained by schools or organizations that are governed by educational standards. Once licensed, providers are accountable to standards of professional conduct that are set by licensing bodies and/or professional associations.

The Origins of “Hospice Palliative Care”

Dame Cicely Saunders first conceived of the modern hospice movement in the United Kingdom in the mid 1960s to care for the dying.1 Balfour Mount coined the term “palliative care” in 1975 so that one term would be acceptable in both English and French as he brought the movement to Canada (from Latin palliare = to cloak or cover2).

Both hospice and palliative care movements have flourished in Canada, and internationally. Palliative care programs developed primarily within larger healthcare institutions, while hospice care developed within the community as free-standing, primarily volunteer programs. Over time, these programs gradually evolved from individual, grass roots efforts to a cohesive movement that aims to relieve suffering and improve quality of life for those who are living with, or dying from, an illness.

To recognize the convergence of hospice and palliative care into one movement, and their common norms of practice, the term “hospice palliative care” was coined. While hospice palliative care is the nationally accepted term to describe care aimed at relieving suffering and improving quality of life, individual organizations may continue to use “hospice”, “palliative care”, or another similarly acceptable term to describe their organization and the services they are providing.