



**Canadian Hospice Palliative Care Association**

**Association canadienne de soins palliatifs**

## **Lexicon of Commonly Used Terms**

**Advance Care Plan** – Advance care planning is a process of reflection and communication in which a person who is capable, makes decisions about future health and personal care in the event that they become incapable of giving informed consent. It involves:

- Thinking about what gives life meaning
- Talking to health care providers, family and friends about future health care wishes
- Thinking about who a person would like to speak for them, when they cannot speak for themselves
- Recording goals and wishes

**Advance Directive** – a verbal or written statement of the person’s future desires in the event that he or she should be unable to communicate his or her intentions in the future.

**Allow Natural Death (AND)** – “refers to decisions that can be made NOT to have any treatment or procedure that will only delay the moment of death and applies only where death is about to happen from natural causes”<sup>1</sup>

**Caregiver** – Anyone who provides care.<sup>2</sup>

**Formal caregivers** are members of an organization and accountable to defined norms of conduct and practice. They may be professionals, support workers, or volunteers. They are sometimes called “providers.”

**Informal caregivers** are not members of an organization. They have no formal training, and are not accountable to standards of conduct or practice. They may be family members or friends.

**Do Not Resuscitate (DNR)** – an order given by a patient or family, directing medical staff not to start CPR if a person’s heart stops beating. It does not mean "do not treat." Until the point when the heart stops beating, aggressive medical interventions may still be used. This also is not a form of assisted dying; the definition is included here only for reference.

**Family** – Those closest to the patient in knowledge, care and affection. May include:

- the biological family
- the family of acquisition (related by marriage/contract)
- the family of choice and friends (including pets)

**Health** – “a state of complete physical, mental, and social well-being and note merely the absence of

<sup>1</sup> [http://www.fraserhealth.ca/your\\_care/planning\\_for\\_your\\_care/](http://www.fraserhealth.ca/your_care/planning_for_your_care/)

<sup>2</sup> Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P. A Model to Guide Hospice Palliative Care. Ottawa, ON: Canadian Hospice Palliative Care Association, 2002.

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disease or infirmity.”<sup>3</sup>

**Hospice Palliative Care** – Hospice Palliative care aims to relieve suffering and improve the quality of living and dying.<sup>4</sup>

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.

**Pain** – An individual, subjective, unpleasant sensory and emotional experience that is primarily associated with tissue damage or described in terms of tissue damage, or both (Adapted from the International Association for the Study of Pain – see <http://www.iasp-pain.org/dict.html#RTFToC25>).<sup>5</sup>

**Proxy** – A person or agency of substitute recognized by law to act for, and in the best interest of the patient.

**Quality of Life** – “meaningful and valuable experiences” and “the capacity to have such experiences.”<sup>6</sup>

**Suffering** – A state of distress associated with events that threaten the intactness of a person. It may be accompanied by a perceived lack of options for coping.<sup>7</sup>

**Total pain** – Suffering related to, and the result of, the person’s physical, psychological, social, spiritual, and practical state.<sup>8</sup>

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<sup>3</sup> World Health Organization (WHO) Definition of Health, <http://www.who.int/aboutwho/en/definition.html>.

<sup>4</sup> Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P. A Model to Guide Hospice Palliative Care. Ottawa, ON: Canadian Hospice Palliative Care Association, 2002.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.