

**HOSPICE PALLIATIVE CARE NURSING
CERTIFICATION EXAMINATION**

List of Assumptions and Competencies

December 2008

ASSUMPTIONS

“Hospice Palliative Care aims to relieve suffering and improve the quality of living and dying” (Canadian Hospice Palliative Care Association, 2002, p. 17).

It is our vision that “all persons and their families living with and dying from advanced illness will have access to nurses who provide knowledgeable and compassionate care to lessen the burden of suffering and improve the quality of living and dying” (Canadian Hospice Palliative Care Association Nursing Standards Committee, 2002, p. 8).

Our mission is to “bring specialized knowledge, skills and attitudes to the delivery of comprehensive, coordinated and compassionate care to all persons and families living with advanced illness. The focus is on quality of life throughout the illness continuum, dying, and bereavement. Care is provided in the setting that the person and family choose. Hospice palliative care nursing has a commitment to public and professional education, leadership, research, and advocacy in caring for the person and family living with advanced illness” (Canadian Hospice Palliative Care Association Nursing Standards Committee, 2002, p. 8).

Hospice palliative care nursing practice is based on:

- Code of Ethics for Registered Nurses (2008);
- Canadian Nurses Association Standards of Practice (2002);
- Canadian Hospice Palliative Care Association Nursing Standards of Practice (2002);
- Canadian Hospice Palliative Care Association Principles and Norms of Practice (2002);
- Canadian Hospice Palliative Care Association Principles and Norms of Pediatric Practice (2006);
- Canadian Hospice Palliative Care Association Pan-Canadian Gold Standards in Palliative Home Care: Toward Equitable Access to High Quality Hospice Palliative and End-of-Life Care at Home (2006).

The philosophical beliefs of hospice palliative care nursing are organized below according to the fundamental units that are of the greatest importance to nursing: person, environment, health and nursing.

Person

“You matter because you are you and you matter to the last moment of your life. We will do all we can to help you, not only to die peacefully but to live until you die” (Saunders, 1976).

The hospice palliative care nurse believes the following.

- The unit of care is the person living with life-limiting illness and the person’s family.
- The family is defined by the person with life-limiting illness.
- Each person has an intrinsic value as an autonomous and unique individual.
- The person and the family include individuals from all groups, regardless of age, gender, national and ethno-cultural origin, geographical location, language, creed, religion, sexual orientation, diagnosis, prognosis, socio-economic class, social marginalization, disability, stage of development and/or availability of a primary care provider.
- The person living with life-limiting illness and family experience unique physical, psychosocial and spiritual issues.
- The person or substitute decision-maker has the right to be informed and make decisions about all aspects of care, while respecting the varying levels of participation as desired by the person and family.
- The person has a right to a dignified and comfortable death.

Environment

The hospice palliative care nurse believes the following.

- Care is provided, as much as possible, in the setting chosen by the person and family.
- There should be accessibility to hospice palliative care in all settings of care, including community, acute care and long-term/continuing care settings in urban, rural and remote areas.
- Care is provided in community care settings, including homes, hospices, lodges, prisons, group homes, rehabilitation centres, shelters and ambulatory centres (primary care clinics, cancer centres, dialysis clinics, etc.).
- Care is provided in institutional care settings, including specialized units such as intensive care, and specialized facilities such as mental health.
- Care is best provided through the collaborative practice of members of an interprofessional team to meet the physical, psychosocial and spiritual needs of the person and his/her family living with life-limiting illness.

Health

The hospice palliative care nurse believes the following.

- Health is a state of complete physical, mental, spiritual and social well-being, not merely the absence of disease. Global health is the optimal well-being of all humans from the individual and the collective perspective. Health is considered a fundamental right and should be accessible by all (CNA, 2003, 2007; World Health Organization, 2006).
- Life has value, and death is a natural process.
- Health for the person with life-limiting illness is a relative and dynamic state with the person experiencing varying states of wellness until the moment of death.
- Each person and/or family defines their quality of life.
- Facing death and the experience of suffering may be a personal or spiritual growth experience for each person.
- Health promotion, in the setting of life-limiting illness, relates to quality of life and involves assisting persons to achieve his/her optimum state of health and well-being during illness and in the natural process of dying.
- Even with the provision of excellent hospice palliative care, the death of a loved one is accompanied by grief, the experience of which is unique.

Nursing

The hospice palliative care nurse believes the following.

- Nurses have a unique and primary responsibility to advocate for a persons' right to maintain his/her quality of life for as long as possible and to experience a dignified and comfortable death.
- Nurses collaborate with members of an interprofessional team to meet the physical, psychosocial and spiritual needs of the person and his/her family living with life-limiting illness.
- Exemplary care is guided by best practice and/or is evidence-informed.
- Exemplary care respects the dignity and integrity of the person and family.
- Hospice palliative care nursing includes a therapeutic relationship and provides comprehensive, coordinated, compassionate whole-person care, including the physical, psychosocial and spiritual domains.
- Care spans the continuum from the diagnosis of a life-limiting illness until death of the person and includes bereavement for the family.
- Specialized knowledge, skill, attitude and creativity are integral components of primary, secondary and tertiary care provided to the person living with life-limiting illness and the family.

- The unique body of knowledge of hospice palliative care nursing practice includes assessment and management of pain and other symptoms, as well as psychosocial, spiritual, grief and bereavement needs.
- Ethical principles are integrated in the provision of hospice palliative care and service delivery.
- Leadership, education, research, mentorship, collaboration, coordination and advocacy are essential to advance the clinical delivery of hospice palliative care nursing.

COMPETENCIES

1. Care of the Person and Family

The hospice palliative care nurse:

- 1.1 Assists the person and family in identifying their reactions and responses to the diagnosis and experience of living with life-limiting illness.
- 1.2 Acknowledges the cumulative losses inherent in the experience of life-limiting illness and its impact on person and family (e.g., anticipatory grief).
- 1.3 Assesses and understands the connection between the life-limiting illness experience and:
 - 1.3a cultural practices (e.g., values, beliefs, traditions);
 - 1.3b spiritual practices (e.g., values, beliefs, traditions);
 - 1.3c family dynamics, roles, responsibilities (e.g., role change, stressors);
 - 1.3d age of children in the family (e.g., considering developmental concept of illness and dying and death); and
 - 1.3e life experience of the person and family.
- 1.4 Assists the person and family to identify, develop and use coping strategies in adapting to life-limiting illness and the dying experience.
- 1.5 Conveys to the person and family a sense of personal comfort when facilitating discussion of issues related to dying and death.
- 1.6 Uses effective communication (e.g., presence, empathy, reflective listening) to facilitate discussion and understanding with the person and family about issues related to:
 - 1.6a diagnosis;
 - 1.6b prognosis;
 - 1.6c goals of care;
 - 1.6d decision-making;
 - 1.6e treatments, procedures and/or investigations;
 - 1.6f location of care;
 - 1.6g dying and death; and
 - 1.6h loss, grief and bereavement.
- 1.7 Assists the person and family to determine components that contribute to their quality of life through exploration of beliefs and values about living and dying.
- 1.8 Supports the person and family in making choices that are consistent with their values and beliefs.
- 1.9 Recognizes and responds to the uncertainty and vulnerability experienced by the person and family.
- 1.10 Assists the person with life-limiting illness and the person's family to explore and address sensitive, personal and privacy issues related to:
 - 1.10a intimacy;
 - 1.10b sexuality and sexual function;

- 1.10c body image;
- 1.10d self-concept and self-esteem; and
- 1.10e abuse/neglect (e.g., physical, verbal, emotional, financial, sexual).
- 1.11 Assists the person to maintain and promote functional capacity and independence, to the extent possible, as the life-limiting illness advances.
- 1.12 Empowers the person and family to attain their desired level of control as the illness advances.
- 1.13 Explores and addresses stressors of caregiving that lead to exhaustion of family.
- 1.14 Uses strategies to facilitate communication between the person and family, with consideration of:
 - 1.14a family structure and function;
 - 1.14b stage of development and associated tasks; and
 - 1.14c conflict resolution.
- 1.15 Prepares the family for the end of the nurse-family relationship.

2. Pain Assessment and Management

The hospice palliative care nurse:

- 2.1 Demonstrates knowledge of the concept “total pain.”
- 2.2 Identifies the multidimensional factors that influence the person’s “total pain” experience.
- 2.3 Integrates accepted principles of pain assessment and management into the delivery of care.
- 2.4 Demonstrates knowledge of the physiology of pain:
 - 2.4a transduction;
 - 2.4b transmission;
 - 2.4c modulation; and
 - 2.4d perception.
- 2.5 Comprehends the classifications of pain and their importance in effective management:
 - 2.5a acute;
 - 2.5b chronic;
 - 2.5c malignant;
 - 2.5d non-malignant;
 - 2.5e neuropathic; and
 - 2.5f nociceptive (somatic and visceral).
- 2.6 Completes and documents a comprehensive pain assessment.
- 2.7 Analyzes the pain assessment to identify the possible causes of pain.
- 2.8 Selects appropriate validated assessment tools for initial and ongoing pain assessment.

- 2.9 Demonstrates knowledge of the special considerations of pain assessment and management for children and older adults with life-limiting illness.
- 2.10 Demonstrates knowledge of the special considerations of pain assessment and management for persons with special needs (e.g., cognitive impairments, communication disorders, language barriers).
- 2.11 Demonstrates knowledge of the stepped approach to pain assessment and management based on the type and severity of the pain (e.g., incident pain, phantom pain).
- 2.12 Identifies and addresses barriers to pain assessment and management, including myths and misconceptions held by the person, family and health-care provider.
- 2.13 Identifies and addresses health system barriers to pain assessment and management.
- 2.14 Collaborates with the person, family and interprofessional team to develop a pain management plan.
- 2.15 Evaluates, reassesses and revises pain management goals and plan of care.
- 2.16 Uses the oral route as the preferred method of medication administration, if indicated.
- 2.17 Uses medication administration techniques appropriate to the types and severity of pain, and condition of person (e.g., breakthrough doses, routes, scheduling, titration, pumps).
- 2.18 Demonstrates knowledge of medication commonly used for pain management and responds to potential side effects, interactions, or complications.
- 2.19 Describes the indications for opioid rotation.
- 2.20 Applies knowledge of equianalgesic conversions and collaborates with the interprofessional team to implement indicated changes.
- 2.21 Demonstrates understanding of the pharmacological and physiological use of adjuvant medications in managing pain in life-limiting illness (e.g., bisphosphonates, non-steroidal anti-inflammatory drugs, corticosteroids, anticonvulsants, antidepressants, antipsychotics, chemotherapy).
- 2.22 Demonstrates understanding and use of non-pharmacological interventions in managing pain in life-limiting illness (e.g., radiation therapy, surgery, physiotherapy, rehabilitation therapy).
- 2.23 Recognizes the use and potential impact of complementary and alternative therapies for pain management.
- 2.24 Acknowledges and supports the person's and family's decision to seek complementary and alternative therapies for pain management, and reinforces the importance of accurate information and open communication to assist in decision-making.
- 2.25 Encourages the person and family to inform the health-care team about the use of complementary and alternative therapies to assess compatibility and safety with other treatments where possible.

3. Symptom Assessment and Management

The hospice palliative care nurse:

- 3.1 Completes and documents a comprehensive symptom assessment.
- 3.2 Analyzes the symptom assessment to identify the possible causes of the symptoms.
- 3.3 Incorporates appropriate, validated assessment tools in initial and ongoing symptom assessment.
- 3.4 Anticipates, recognizes, manages and evaluates common and expected symptoms, including:
 - 3.4a neurologic:
 - i) aphasia
 - ii) dysphasia
 - iii) extrapyramidal symptoms
 - iv) lethargy or sedation
 - v) paresthesia or neuropathies
 - vi) seizures
 - 3.4b cognitive changes:
 - i) agitation and terminal restlessness
 - ii) confusion
 - iii) delusions
 - iv) delirium
 - v) dementia
 - vi) hallucinations
 - vii) paranoia
 - 3.4c cardiovascular:
 - i) angina
 - ii) arrhythmia
 - iii) edema
 - iv) syncope
 - 3.4d respiratory:
 - i) congestion/excess secretions
 - ii) cough
 - iii) dyspnea
 - iv) apnea
 - v) hemoptysis
 - vi) hiccoughs
 - 3.4e gastrointestinal:
 - i) nausea and vomiting
 - ii) constipation
 - iii) diarrhea
 - iv) bowel incontinence
 - v) bowel obstruction
 - vi) dysphagia
 - vii) jaundice

- 3.4f nutrition and metabolic:
 - i) anorexia
 - ii) cachexia
 - iii) decreased intake of food/fluids
 - iv) dehydration
 - v) electrolyte imbalance

- 3.4g genitourinary:
 - i) bladder spasms
 - ii) urinary incontinence
 - iii) urinary retention

- 3.4h immune system:
 - i) medication reactions/interactions (e.g., allergic response, anaphylaxis)
 - ii) infection (e.g., sepsis, pneumonia, herpes, stomatitis, candidiasis, urinary tract infection)
 - iii) pyrexia

- 3.4i musculoskeletal:
 - i) pathological fractures
 - ii) weakness
 - iii) muscle spasm

- 3.4j skin and mucous membranes:
 - i) candidiasis
 - ii) malignant wounds (e.g., fungating, fistulas)
 - iii) mucositis
 - iv) pressure areas
 - v) pruritus
 - vi) xerostomia

- 3.4k psychosocial and spiritual:
 - i) anxiety
 - ii) anger
 - iii) denial
 - iv) depression
 - v) fear
 - vi) guilt
 - vii) suicidal or homicidal ideation
 - viii) grief
 - vix) suffering
 - vx) distress
 - vxi) meaning and purpose of life and illness
 - vxi) hope
 - vxi) forgiveness/acceptance
 - vxi) love and relatedness
 - vxi) transcendence

- 3.4l other:
 - i) ascites
 - ii) fatigue/asthenia
 - iii) lymphedema
 - iv) myelosuppression (e.g., anemia, neutropenia, thrombocytopenia)

- v) myoclonus
- vi) sleep disturbances

- 3.5 Anticipates, recognizes and responds to signs and symptoms of common emergencies and incidents:
- 3.5a acute bowel obstruction;
 - 3.5b cardiac tamponade;
 - 3.5c delirium;
 - 3.5d abnormal laboratory values (e.g., hypercalcemia, hyperkalemia);
 - 3.5e falls;
 - 3.5f hemorrhage;
 - 3.5g opioid or medication toxicity;
 - 3.5h pulmonary embolism and pleural effusion;
 - 3.5i respiratory depression/distress;
 - 3.5j seizures;
 - 3.5k spinal cord compression; and
 - 3.5l superior vena cava syndrome.
- 3.6 Identifies and implements interventions to correct reversible causes of symptoms with consideration of the person's goals of care.
- 3.7 Collaborates with the person, family and interprofessional team to develop an individualized care plan.
- 3.8 Evaluates, reassesses and revises symptom management goals and plan of care.
- 3.9 Uses the oral route as the preferred method of medication administration, if indicated.
- 3.10 Uses medication administration techniques appropriate to the types and severity of symptoms, and condition of person (e.g., breakthrough doses, routes, scheduling, titration, pumps).
- 3.11 Demonstrates knowledge of medication commonly used for symptom management and responds to potential side effects, interactions or complications.
- 3.12 Demonstrates understanding of the pharmacological and physiological use of medications in managing symptoms in life-limiting illness (e.g., steroids, anticholinergics, prokinetics, neuroleptics, antidepressants, antipsychotics, chemotherapy).
- 3.13 Demonstrates understanding of the non-pharmacological approaches used in managing symptoms in life-limiting illness (e.g., radiation therapy, surgery, physiotherapy, rehabilitation therapy, complementary therapies).
- 3.14 Demonstrates knowledge of the special considerations of symptom assessment and management for children and older adults with life-limiting illness.
- 3.15 Demonstrates knowledge of the special considerations of symptom assessment and management for individuals with special needs with life-limiting illness (e.g., cognitively impaired, communication disorders, language barriers).
- 3.16 Uses strategies that promote the possibility of personal and spiritual growth throughout the experience of living with a life-limiting illness (e.g., life review/legacy, reconciliation strategies, presence).

- 3.17 Demonstrates knowledge of the special considerations of symptom assessment and management for advanced, end-stage illnesses other than cancer (e.g., acquired immune deficiency syndrome (AIDS), chronic obstructive pulmonary disease (COPD), amyotrophic lateral sclerosis (ALS), congestive heart failure).
- 3.18 Recognizes the use and potential impact of complementary and alternative therapies for symptom management.
- 3.19 Acknowledges and supports the person's and family's decision to seek complementary and alternative therapies for symptom management, and reinforces the importance of accurate information and open communication to assist in decision-making.
- 3.20 Encourages the person and family to inform the health-care team about the use of complementary and alternative therapies to assess compatibility and safety with other treatments where possible.

4. Last Days/Hours/Imminent Death Care

The hospice palliative care nurse:

- 4.1 Anticipates, recognizes and responds to the signs and symptoms of imminent death.
- 4.2 Demonstrates knowledge of pain and symptom assessment and management strategies unique to the last hours of life.
- 4.3 Teaches family the signs of imminent death:
 - 4.3a cognitive changes (e.g., decreased awareness, increased drowsiness, restlessness); and
 - 4.3b physical changes (e.g., profound weakness, respiratory changes, skin coloration, difficulty swallowing, decreased urinary output).
- 4.4 Educates family about comfort measures associated with imminent death.
- 4.5 Assists family during the dying process to:
 - 4.5a cope with their emotional responses to imminent death (e.g., uncertainty, fear, anger, guilt, remorse, relief);
 - 4.5b maintain a desired level of control;
 - 4.5c communicate their preferences and needs;
 - 4.5d determine the appropriate setting for the death;
 - 4.5e contact significant others;
 - 4.5f contact the appropriate resources and support; and
 - 4.5g communicate meaningfully in the person's last days.
- 4.6 Assists the person and family to prepare for the time of death (e.g., notification of appropriate health-care professionals, providing resources regarding funeral arrangements, organ, tissue, and body donation, developing a list of people to contact at time of death, autopsy).
- 4.7 Assesses and respects the family's need for privacy and closure at the time of death, offering presence as appropriate.
- 4.8 Provides support to the family immediately after death.

- 4.9 Supports the family's wishes and death rituals (e.g., religious, cultural, spiritual).
- 4.10 Facilitates arrangements for pronouncement of death and certification of death, where appropriate.
- 4.11 Provides care of the body and arranges transportation of the deceased, where appropriate.

5. Loss, Grief and Bereavement Support

The hospice palliative care nurse:

- 5.1 Demonstrates knowledge of loss, grief and bereavement.
- 5.2 Assists the family in understanding the concept of loss and the process of grief and bereavement, considering developmental stages and making referrals as needed.
- 5.3 Identifies types of grief:
 - 5.3a anticipatory;
 - 5.3b uncomplicated;
 - 5.3c complicated;
 - 5.3d disenfranchised; and
 - 5.3e unresolved.
- 5.4 Recognizes the manifestations of grief:
 - 5.4a physical;
 - 5.4b cognitive;
 - 5.4c emotional;
 - 5.4d behavioural/social; and
 - 5.4e spiritual.
- 5.5 Recognizes the differences between depression and grief.
- 5.6 Identifies persons at risk for complicated grief.
- 5.7 Assists the family to anticipate and cope with their unique grief reactions to loss and death, considering the unique needs of children at various developmental stages.
- 5.8 Assists the family to recognize the person's legacy.
- 5.9 Facilitates the family's transition into ongoing bereavement services and programs, where indicated.

6. Interprofessional/Collaborative Practice

The hospice palliative care nurse:

- 6.1 Communicates effectively the strengths and needs of the person and family with the interprofessional team.
- 6.2 Collaborates with the person, family, caregiver, substitute decision-maker and interprofessional team to define goals of care and to develop, implement and evaluate a plan of care.
- 6.3 Collaborates with the person's primary care provider or team (e.g., family physician, community health nurse).
- 6.4 Assumes a leadership role in coordinating care and making referrals to appropriate interprofessional team members.

- 6.5 Participates in and/or leads family conferences.
- 6.6 Facilitates the integration of unregulated personnel (e.g., students, volunteers, personal support workers) and supervises as required.
- 6.7 Facilitates and coordinates a smooth transition between institutions, settings and services.
- 6.8 Assists the person with life-limiting illness, family and caregiver to access appropriate resources to address:
 - 6.8a psychological needs;
 - 6.8b social needs;
 - 6.8c physical needs;
 - 6.8d spiritual needs;
 - 6.8e practical needs; and
 - 6.8f illness management.
- 6.9 Contributes effectively to the overall functioning and well-being of the interprofessional team.

7. Education

The hospice palliative care nurse:

- 7.1 Promotes awareness and provides education to the public about end-of-life issues and the beliefs, attitudes and practices of hospice palliative care.
- 7.2 Educates health-care professionals, students and/or volunteers about the competencies unique to hospice palliative care.
- 7.3 Provides relevant information appropriate to the uniqueness of the person and family about:
 - 7.3a disease process and progression of life-limiting illness;
 - 7.3b interprofessional team members and their roles;
 - 7.3c opportunities and challenges of care in specific settings;
 - 7.3d pain and symptom assessment and management;
 - 7.3e physical, psychosocial and spiritual support during the progression of the life-limiting illness;
 - 7.3f medication administration routes and treatments;
 - 7.3g family dynamics and effective communication;
 - 7.3h dying process and death;
 - 7.3i age-appropriate resources on death and dying; and
 - 7.3j loss, grief and bereavement.

8. Ethics and Legal Issues

The hospice palliative care nurse:

- 8.1 Collaborates with the person, family, caregiver, substitute decision-maker and the interprofessional team to recognize and address ethical issues related to end-of-life care.

- 8.2 Uses an ethical process (e.g., consult, grid, decision-making process, lens) for addressing challenging issues and controversial clinical situations, such as:
- 8.2a withdrawing/withholding life-sustaining treatment (e.g., nutrition, hydration, ventilation, transfusion, pacemakers);
 - 8.2b advance directives;
 - 8.2c do not resuscitate/code status;
 - 8.2d euthanasia/assisted suicide;
 - 8.2e futility;
 - 8.2f medical abandonment;
 - 8.2g palliative sedation;
 - 8.2h principle of double effect;
 - 8.2i research at end of life;
 - 8.2j resource allocation; and
 - 8.2k truth telling/disclosure.
- 8.3 Supports informed decisions that the person, family, caregiver, substitute decision-maker and interprofessional team have made.
- 8.4 Provides guidance to the person and family in identifying and addressing relevant legal issues (e.g., advance/health-care directives, guardianship and trusteeship, power of attorney, proxy/substitute decision-maker, assisted suicide).

9. Professional Development and Advocacy

Professional Growth and Self-Care

The hospice palliative care nurse:

- 9.1 Demonstrates knowledge of the historical evolution of the modern hospice palliative care movement.
- 9.2 Demonstrates knowledge of the values and principles of hospice palliative care.
- 9.3 Integrates Canadian Hospice Palliative Care Association Norms of Practice and Hospice Palliative Care Nursing Standards into practice.
- 9.4 Recognizes how personal values and beliefs related to life, death, spirituality, religion, culture and ethnicity may influence the provision of care.
- 9.5 Recognizes the benefits inherent in hospice palliative care nursing that promote self-growth.
- 9.6 Recognizes stressors unique to hospice palliative care nursing and utilizes coping strategies that promote well-being.
- 9.7 Recognizes and takes appropriate measures to cope with multiple and cumulative losses and grief reactions (e.g., debriefing, physical or social activities, peer support).
- 9.8 Demonstrates an understanding of the issues related to professional boundaries within the field of hospice palliative care nursing (e.g., role ambiguity, role strain, identification with person and family, awareness of personal vulnerabilities).

9.9 Participates in ongoing educational activities and applies new knowledge to hospice palliative care nursing.

Research and Evaluation

The hospice palliative care nurse:

- 9.10 Applies knowledge gained from research in hospice palliative care and related areas.
- 9.11 Identifies the potential opportunities and barriers to nursing research unique to hospice palliative care (e.g., vulnerability of the population).
- 9.12 Participates, when possible, in research activities appropriate to the individual's position, education and practice environment (e.g., data collection, participation in projects).
- 9.13 Integrates current knowledge in approaches to hospice palliative care practice (e.g., reflective practice, research-based standards, clinical guidelines and pathways, and outcome measures).
- 9.14 Participates in the development, monitoring and evaluation of the quality of hospice palliative care programs and services.

Advocacy

The hospice palliative care nurse:

- 9.15 Advocates for the rights of the person with life-limiting illness and family by:
 - 9.15a recognizing potential vulnerabilities (e.g., burden of care, caregiver job protection, potential misuse of medications, abuse);
 - 9.15b supporting autonomous decision-making; and
 - 9.15c promoting the most equitable and timely access to appropriate resources.
- 9.16 Advocates for health-care professionals to have continuing education and adequate resources to provide hospice palliative care.
- 9.17 Advocates for the development, maintenance and improvement of health care and social policy related to hospice palliative care at the appropriate level (e.g., institutional, community).