Palliative Care: Do and Don't Say



Palliative care is often a misunderstood term. Therefore, it is critical that everyone working in palliative care is fully aware of what it is, how to define it correctly, and how to discuss it correctly. This document is meant to act as a quick and easy way of staying on track, on topic, and to help everyone convey the same message.

Note: Some of the terminology on this list (i.e., end-of-life language) may be necessary once a patient is in your care and you're having conversations such as delivering bad news, clinical decline, lack of response to treatment or patients tiring of treatment, etc. However, the <u>CAPC</u> <u>definition</u> should be used with all audiences, including providers.

DO SAY	DON'T SAY
 ✓ CAPC's evidence-based definition and messages ✓ "Palliative care is based on need, not prognosis" 	 x Do not define palliative care by what it is not Example: Palliative care is not hospice x Do not use end of life language when describing or defining palliative care (i.e., life-limiting, terminal, end of life, dying, hospice, etc.)
✓ Living with a serious illness	x End of life, death, dying, terminal, life-limiting
✓ Palliative care✓ Pal care (with one 'l')	x PCx Pall care (literally means shroud over a coffin)
✓ Serious illness✓ Illnesses such as✓ Care of a serious illness	x Advanced illness/advanced illness carex Serious illness care
✓ Nonpalliative care specialists	x Primary palliative care
 ✓ With palliative care ✓ Without palliative care Example: "As compared with patients not receiving palliative care, patients receiving early palliative care had less aggressive care" 	 X Usual care X Regular care X Routine care X Standard care Example: "As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care"