Palliative Care is an often-misunderstood term. Therefore, it is critical that everyone working in palliative care is fully aware of what it is, how to define it, and how to discuss it correctly. It is about improving quality of life during serious illness, providing an extra layer of support, and having a team focus to patient care. It is also about helping both the patient and the family. This document provides a quick and easy way of staying on track and on topic, and will help everyone convey the same message.

**Defining Palliative Care**

National research conducted by Public Opinion Strategies in 2011, and again in 2019, showed that it matters how you define palliative care. The definition developed from, and tested in, this research made palliative care clear to both public and provider audiences.

**Full Evidence-Based Definition**

Palliative care (pronounced pal-lee-uh-tiv) is specialized medical care for people living with a serious illness. It focuses on providing patients with relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially-trained team of doctors, nurses, and other specialists who work together with a patient’s other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

**Short “Elevator” Definition**

Palliative care is specialized medical care that treats the symptoms and stress of a serious illness. The goal is to improve quality of life.

**Key Messages**

The following messages specifically address the topic/question: "What is palliative care?"

→ Palliative care is specialized medical care that focuses on providing patients with relief from the symptoms and stress of a serious illness.

→ The goal of palliative care is to improve quality of life for both the patient and the family.

→ Palliative care is provided by a specially-trained team of doctors, nurses, and other specialists who work together with a patient’s other doctors to provide an extra layer of support.
Palliative care is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

Palliative care is based on need, not prognosis.

**Basic Messaging Principles**

According to research conducted by Message Lab, a project of The John A. Hartford Foundation and the Cambia Health Foundation, the following principles should be applied:

1. **Talk up the benefits.** Show how palliative care improves peoples’ lives. Don't talk about death and dying. These concepts are not benefits.
2. **Present choice.** At every stage of an illness, emphasize that people have input and choice in their care. People often assume clinicians will tell them what they have to do.
3. **Use positive stories.** People want to hear from people like them. Be positive and aspirational. Trying to scare them into doing something to avoid a bad outcome doesn’t work.
4. **Invite dialogue.** The call to action is to talk with someone (e.g., clinician). Most people welcome a chance to interact, but they don’t want to be lectured.
5. **Invoke a new team.** Patients, the people who matter to them, health care providers, and their community all have a role. Many people think they are on their own. Patients want to know they are active participants in their care team.