Palliative Care: Do and Do Not Say

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 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 and definition. Use the content as material for emails, letters, speeches, presentations etc. Note: This list does not pertain to clinical conversations.

<table>
<thead>
<tr>
<th>DO SAY</th>
<th>DON’T SAY</th>
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| ✓ Use CAPC’s evidence-based definition and messaging  
✓ Use “palliative care is based on need, not prognosis” | x Do not define palliative care by how it is not hospice or how it is different from hospice  
 x Do not use end of life language when describing palliative care (i.e., life-limiting, terminal, end of life, dying, etc.) |
| ✓ Living with a serious illness | x End of life, death, dying (when defining palliative care) |
| ✓ Palliative care  
✓ Pal care (with one 'l') | x PC  
 x Pall care (literally means shroud over a coffin) |
| ✓ Serious illness  
✓ Illnesses such as . . .  
✓ Care of a serious illness | x Advanced illness/advanced illness care  
 x Serious illness care |
| ✓ People/person with a serious illness | x The seriously ill |
| ✓ Skills in XYZ (e.g., complex pain and symptom management, communication skills) | x Primary palliative care skill |
| ✓ With palliative care  
✓ Without palliative care  
**Correct:** “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  
**Incorrect:** “As compared with patients receiving standard care, patients receiving early palliative care had less aggressive care…” |