The National Consensus Guidelines for Palliative Care, Clinical Practice Guidelines 4th ed. 2018. National Coalition for Hospice and Palliative Care.

An Overview of the History and a Review of the Eight Domains of Palliative Care

# History of the National Consensus Project’s Guidelines

In 2002, leaders from across the country gathered to discuss the development of consensus guidelines for quality palliative care so that patients with serious illness who were not hospice-eligible could access palliative care. Representatives of hospice and palliative care organizations collaborated in the development of the first edition of the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care (NCP Guidelines), which described core concepts and structures and processes necessary for quality palliative care, including eight domains of practice.

The first edition of the NCP Guidelines, published in 2004, presented a blueprint for excellence in the delivery of palliative care and palliative care education. Moreover, the research supporting palliative care practice was included. For the first time outside of hospice, teams working with individuals with serious illness had a framework to guide the development of quality palliative care services. Since that time, palliative care has continued to mature, necessitating updated NCP Guidelines in 2009 and 2013. The second edition of the NCP Guidelines, published in 2009, reflected the tremendous growth and transformation in the field of hospice and palliative care, acknowledging the diverse array of models and approaches to care for this complex population. The third edition of the NCP Guidelines, published in 2013, emphasized continuity, consistency, and quality of care and an inpatient pediatric focus. The fourth edition focuses on community palliative care and pediatric palliative care across health settings.

**The Eight Domains of the NCP Guidelines**

**Domain 1: Structure and Processes of Care**

The composition of an interdisciplinary team is outlined, including the professional qualifications, education, training, and support needed to deliver optimal patient- and family-centered care.

Domain 1 also defines the elements of the palliative care assessment and care plan, as well as systems and processes specific to palliative care. Coordination of care is emphasized as an important element of care, especially when patients receive community-based palliative care. In addition, there are principles for ongoing sustainability for team members.

**Domain 2: Physical Aspects of Care**

The palliative care assessment, care planning, and treatment of physical symptoms are described, emphasizing patient- and family-directed holistic care, the use of evidence based tools and practice with a focus on optimizing functional status on quality of life.

**Domain 3: Psychological and Psychiatric Aspects**

The domain focuses on the processes for systematically assessing and addressing the psychological and psychiatric aspects of care in the context of serious illness and the use of evidence based tools and practice. The roles of social work, the palliative care team, and mental health specialists to complete a mental health assessment is emphasized. Important content includes anticipatory and post-death grief and bereavement.

**Domain 4: Social Aspects of Care**

This domain provides the palliative care approach to assessing and addressing patient and family social support needs. The assessment of social supports, relationships, practical resources and safety are emphasized. Important content includes the use of social workers.

**Domain 5: Spiritual, Religious, and Existential Aspects of Care**

The spiritual, religious, and existential aspects of care are described, including the importance of screening for unmet needs. The responsibility of all clinicians serving the seriously ill to assess and respond to spiritual care needs is emphasized, along with the need for ensuring adequate spiritual care training and flexible approaches for providing spiritual care.

**Domain 6: Cultural Aspects of Care**

The domain outlines the ways in which culture influences both palliative care delivery and the experience of that care by the patient and family, from the time of diagnosis through death and bereavement. Specific elements of a cultural assessment and cultural humility are emphasized. The influence of culture within families is delineated, with specific attention to the role of the child or adolescent in treatment decisions is outlined.

**Domain 7: Care of the Patient Nearing the End of Life**

This domain focuses on the symptoms and situations that are common in the final days and weeks of life. The concept of bereavement is expanded, emphasizing the responsibility of all clinicians caring for the seriously ill to ensure access to bereavement services are offered, whether or not hospice is involved with care.

**Domain 8: Ethical and Legal Aspects of Care**

This domain emphasizes advance care planning, surrogate decision-making, regulatory and legal considerations, and related palliative care issues, focusing on ethical imperatives and processes to support patient autonomy. Ethical principles are described with a clear distinction that in all cases the surrogates are obligated to represent the patient’s preferences, not the surrogates’ preferences.