

NORTH CAROLINA

Resources & Information

Position Statements

End-of-life responsibilities and palliative care

📌 **Categories:** Clinical Practice, Licensee-Patient Relationship 📅 Adopted Oct 1999 | Amended Oct 2014

Assuring Patients

When appropriate processes have determined that the use of life prolonging measures or invasive interventions will only prolong the dying process, it is incumbent on licensees to accept death “not as a failure, but the natural culmination of our lives.”*

It is the position of the North Carolina Medical Board that patients and their families should be assured of competent, timely, comprehensive palliative care at the end of their lives. Licensees should be knowledgeable regarding effective and compassionate pain relief, and patients and their families should be assured such relief will be provided. The Board recognizes there are times when a hospice patient needs medications to manage pain or other symptoms in an urgent situation. Under these circumstances a hospice physician who is an employee of, under contract with, or a volunteer with a Medicare-certified hospice may prescribe medications to a patient admitted to the hospice program who he has not seen when the needs of the patient dictate.

Palliative Care

Palliative care is specialized medical care for people with serious illnesses. It is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by healthcare providers who work together with a patient’s other caregivers to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.**

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten nor postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- [may be] applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.***

Opioid Use

The Board will assume opioid use in such patients is appropriate if the responsible licensee is familiar with and abides by acceptable medical guidelines regarding such use, is knowledgeable about effective and compassionate pain relief, and maintains an appropriate medical record that details a pain management plan. (See the Board's position statement on the Policy for the Use of Controlled Substances for the Treatment of Pain for an outline of what the Board expects of licensees in the management of pain.) Because the Board is aware of the inherent risks associated with effective symptom relief in such situations, it will not interpret their occurrence as subject to discipline by the Board.

* Steven A. Schroeder, MD, President, Robert Wood Johnson Foundation.

** Taken from the Center to Advance Palliative Care (2012) <http://www.capc.org/building-a-hospital-based-palliative-care-program/case/definingpc>

*** Taken from the World Health Organization definition of Palliative Care (2002) <http://www.who.int/cancer/palliative/definition/en>

Physical Address: 1203 Front Street, Raleigh, NC, 27609-7533

Mailing Address: PO Box 20007, Raleigh, NC, 27619-0007

Telephone: (919) 326-1100 or (919) 326-1109 | Free Long Distance: (800) 253-9653

General Fax: (919) 326-0036 | Licensing Dept. Fax: (919) 326-1130

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