

Title	Apply a palliative care approach in a health or wellbeing setting		
Level	4	Credits	8

Purpose	<p>People credited with this unit standard are able to, in a health or wellbeing setting:</p> <ul style="list-style-type: none"> • identify and describe potential ethical issues in palliative care; • contribute to supporting a person with a life-limiting or life-threatening condition and their family and whānau using a palliative care approach; • contribute to supporting a person and their family and whānau during the last days of life. • use self-care strategies to preserve emotional and physical health in a palliative care setting.
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Classification	Health, Disability, and Aged Support > Health and Disability Principles in Practice
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Available grade	Achieved
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Guidance Information

1 It is recommended that candidates complete unit standard 28738, *Describe the key principles of palliative care and a support worker's role in a palliative approach to care* before attempting this standard.

2 Assessment conditions

Evidence for the practical components of this unit standard must be generated in a health or wellbeing setting.

People awarded credit for this unit standard must work under the guidance and delegation of a health professional in accordance with own role and responsibilities, and organisational policies and procedures.

3 Range

Evidence generated for assessment against this standard must reflect workplace requirements specified in:

- documented organisational policies, procedures, and methodologies;
- applicable health and safety plans, contract work programmes, and quality assurance programmes.

Evidence generated for assessment against this standard must reflect the values, processes, and protocols required to work with Māori, Pasifika, and people from diverse cultures.

Evidence generated for assessment against this standard must reflect the legislative and regulatory requirements specified in:

- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (the Code of Rights);
- Health and Disability Services (Safety) Act 2001;
- Health Practitioners Competence Assurance Act 2003;
- Health and Safety at Work Act 2015;
- Human Rights Act 1993;
- Medicines Act 1981;
- Privacy Act 2020.

Evidence generated for assessment against this standard must reflect the best practice guidelines and principles specified in:

- NZS 8134.0:2008 *Health and disability services (general) Standard*;
- NZS 8134.1:2008 *Health and disability services (core) Standards*;
- NZS 8158:2012 *Home and Community Support Sector Standard*.

NZ standards can be retrieved from <http://www.standards.co.nz/>.

4 References

- Hospice New Zealand. (2012). *Fundamentals of Palliative Care*. Retrieved on February 10, 2021, from <https://tinyurl.com/1cd637kn>
- Ministry of Health. (2015). *New Zealand Palliative Care Glossary*. Retrieved from <https://tinyurl.com/29rokok2>
- Ministry of Health. (2017). *Te Ara Whakapiri: Principles and guidance for the last days of life*. Retrieved from <https://tinyurl.com/56qajkgm>
- Ministry of Health. (2017). *Te Ara Whakapiri: Toolkit*. Retrieved from <https://tinyurl.com/3v9w2gyt>
- Palliative Care Council of New Zealand. (2010). *Positioning Palliative Care in New Zealand: A review of Government Health Policy in relation to the provision of Palliative Care Services in New Zealand*. Retrieved from <https://tinyurl.com/qr356j7l>

5 Definitions

Advance Care Planning refers to the desired outcome of the process. It is an articulation of wishes, preferences, values and goals relevant to all current and future care. An advance care plan may itself be regarded as an advance directive and should be consistent with, and considered in conjunction with, any advance directive that exists (New Zealand Palliative Care Glossary 2015).

Functional status refers to a person's ability to perform everyday physical activities. This may include but is not limited to – mobility, meeting basic needs, independence, and maintaining health and wellbeing.

Health or wellbeing setting includes but is not limited to the aged care, acute care, community support, disability, mental health, social services, whānau ora providers, and youth development sectors.

Last days of life is the period when a person is dying. It is 'the period of time when death is imminent and may be measured in hours or days' (New Zealand Palliative Care Glossary 2015).

Life-limiting condition is a condition for which there is no reasonable hope of cure and from which the person is expected to die. Some of these conditions cause progressive deterioration rendering the person increasingly dependent on family and carers (New Zealand Palliative Care Glossary 2015).

Life-threatening condition is a life-threatening condition is usually of short duration with an acute or unexpected onset and may or may not occur in the context of a pre-existing life-limiting condition (New Zealand Palliative Care Glossary 2015).

Organisational policies and procedures: policies, procedures, and methodologies of an organisation. They include legislative and regulatory requirements which may apply across an organisation, a specific site, or a workplace. Requirements are documented in organisational health and safety plans, contract work programmes, quality assurance programmes, policies, and procedural documents such as job descriptors and employment contracts.

Palliative care is care for people of all ages with a life-limiting or life-threatening condition which aims to: 1) optimise an individual's quality of life until death by addressing the person's physical, psychosocial, spiritual and cultural needs, and 2) support the individual's family, whānau, and other caregivers where needed, through the illness and after death. Palliative care is provided according to an individual's need, and may be suitable whether death is days, weeks, months or occasionally even years away. It may be suitable sometimes when treatments are being given aimed at improving quantity of life (New Zealand Palliative Care Glossary 2015).

Palliative care approach is an approach to care which embraces the definition of palliative care. It incorporates a positive and open attitude toward death and dying by all service providers working with the person and their family, and respects the wishes of the person in relation to their treatment and care (New Zealand Palliative Care Glossary 2015).

Total suffering indicates that there are many factors which contribute to the experience of pain and other physical symptoms. Each person must be treated with the knowledge that physical symptoms cannot be treated in isolation.

Outcomes and performance criteria

Outcome 1

Identify and describe potential ethical issues in palliative care.

Performance criteria

1.1 Potential ethical issues for supporting the person are identified and described.

Range issues may include but are not limited to – artificial nutrition and hydration, palliative sedation, limitation of treatments, do not resuscitate or allow natural death, informed consent, advance care planning, advance directives.

Outcome 2

Contribute to supporting a person with a life-limiting or life-threatening condition and their family and whānau using a palliative care approach.

Performance criteria

- 2.1 Advocacy or support for self-advocacy is provided for the person and their family and whānau.
- 2.2 Health professionals are assisted to assess and manage the person's pain and symptoms.
- 2.3 Knowledge of total suffering is demonstrated when supporting the person and their family and whānau.
- 2.4 The cultural and spiritual needs of the person and their family and whānau are supported, and respect for the person's dignity is maintained.
- 2.5 The person and their family and whānau are supported to deal with feelings of loss and grief that arise in a palliative care situation.
- 2.6 The person's health, wellbeing, and functional status is recorded and reported in accordance with organisational policies and procedures.

Outcome 3

Contribute to supporting a person and their family and whānau during the last days of life.

Performance criteria

- 3.1 Care principles are applied for a person in the last days of life.
- 3.2 The person and their family and whānau are supported to deal with feelings of loss and grief that arise in the last days of life.
- 3.3 The cultural and spiritual needs of the person and their family and whānau are supported, and respect for the person's dignity is maintained.
- 3.4 The person's health, wellbeing, and functional status is recorded and reported in accordance with organisational policies and procedures.

Outcome 4

Use self-care strategies to preserve emotional and physical health in a palliative care setting.

Performance criteria

- 4.1 Self-care strategies are used to preserve own emotional and physical health when supporting a person and their family and whānau in a palliative care setting.

Planned review date	31 December 2025
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Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	19 May 2016	31 December 2022
Review	2	23 November 2017	31 December 2022
Rollover and Revision	3	24 October 2019	31 December 2022
Review	4	MM 2021	

Consent and Moderation Requirements (CMR) reference	0024
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This CMR can be accessed at <https://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact Careerforce info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.