Domain 1: Structure and Processes of Care

The Structure and Process Domain was enhanced to describe and accentuate the current state of the field with emphasis on interdisciplinary Team (IDT) engagement and collaboration with patients and families. There is emphasis on coordinated assessment and continuity of care across healthcare settings. Clarity and specificity of interdisciplinary team composition, team member qualifications, necessary education, training, and support are described. Finally, the quality assessment process and improvement section incorporates the new mandates for quality under the Patient Protection and Affordable Care Act.

Domain 2: Physical Aspects of Care

The Physical Domain emphasizes the assessment and treatment of physical symptoms with appropriate, validated tools. Management of symptoms is multidimensional with pharmacological, interventional, behavioral, and complementary interventions. The utilization of explicit policies for the treatment of pain and symptom management, as well as safe prescribing of controlled medications is recommended.

Domain 3: Psychological and Psychiatric Aspects

The Psychological and Psychiatric Domain has been significantly revised and expanded to focus on the collaborative assessment process of psychological concerns and psychiatric diagnoses. Essential elements are described and include patient-family communication on assessment, diagnosis, and treatment options for common conditions in context of respect for goals of care of the patient and family. New to the domain are the description and required elements of a bereavement program.

Domain 4: Social Aspects of Care

The Social Domain now has greater emphasis on interdisciplinary engagement and collaboration with patients and families to identify, support, and capitalize on patient and family strengths. Essential elements of a palliative care social assessment are defined. The role of the professional social worker with a bachelor’s or master’s degree in social work is described.

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

The Spiritual Domain now includes a definition of spirituality, stressing assessment, access, and staff collaboration in attending to spiritual concerns throughout the illness trajectory. Requirements for staff training and education in provision of spiritual care are offered. There is stronger emphasis on the responsibility of the interdisciplinary team, inclusive of an appropriately trained chaplain, to explore, assess, and attend to spiritual issues of the patient and family. The domain promotes spiritual and religious rituals and practices for comfort and relief.

Domain 6: Cultural Aspects of Care

The Cultural Domain defines “culture” and cultural competence for the interdisciplinary team, underscoring culture as a source of resilience and strength for the patient and family. New content accentuates cultural and linguistic competence including plain language, literacy, and linguistically appropriate service delivery.
Domain 7: Care of the Patient at the End of Life

The Care of the Patient at the End of Life Domain highlights communication and documentation of signs and symptoms of the dying process in the circle of care: the patient, the family, and all other involved health providers. The importance of meticulous assessment and management of pain and other symptoms is underscored. The essential attention to family guidance as to what to expect in the dying process and the post death period is emphasized. Bereavement support beginning with anticipatory grief in the period before the actual death and continues through the actual death is stressed. Social, spiritual, and cultural aspects of care are of utmost concern throughout the process.

Domain 8: Ethical and Legal Aspects of Care

The Ethical and Legal Domain is now restructured into three sections: advance care planning, ethics, and the legal aspects of care. Under advance care planning, the responsibility of the palliative care team to promote ongoing discussion about goals of care along with completion and documentation of advance care planning documents is emphasized. Under ethical issues, there is acknowledgement and affirmation of the frequency and complexity of ethical issues in palliative care. Team competencies in the identification and resolution of commonly encountered ethical issues are described, with emphasis on the importance of seeking advice and counsel from ethics committees. Under legal issues, there is acknowledgement of the complex legal and regulatory issues that arise in palliative care that require team members to understand their respective scope of practice within the provision of palliative care. Finally, there is new emphasis on the necessity of and access to expert legal counsel, essential for navigating the intricate and sensitive legal and regulatory issues in palliative care.