

Review Article

Palliative and End-Of-Life Care In Nursing: A Review Of Best Practices And Ethical Considerations

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A B S T R A C T

Palliative and End-of-Life (EOL) care is a fundamental and indispensable component of modern nursing practice, aimed at improving the quality of life of patients living with life-limiting, chronic, or terminal illnesses, while also providing comprehensive support to their families. This specialized area of care focuses on a holistic and patient-centered approach that addresses not only physical symptoms such as pain, dyspnea, fatigue, and nausea, but also psychological distress, social challenges, and spiritual concerns that commonly arise during advanced illness trajectories.

Despite its global recognition as a core element of quality healthcare, significant gaps persist in the effective implementation of palliative and EOL care services across healthcare systems. These gaps are primarily attributed to inadequate formal training among healthcare professionals, ethical and moral complexities in end-of-life decision-making, cultural and religious influences, limited institutional resources, and inconsistent policy frameworks across different regions and healthcare settings. As a result, many patients continue to experience suboptimal symptom control and inadequate psychosocial and emotional support during the final stages of life.

This comprehensive narrative review critically examines current best practices in palliative and EOL nursing care, explores the ethical dimensions associated with end-of-life decision-making, and identifies contemporary strategies aimed at improving the quality and accessibility of care delivery. A wide range of peer-reviewed literature published between 2000 and 2025 was systematically examined using major scientific databases, including PubMed, Scopus, and CINAHL, to ensure a broad and evidence-informed synthesis of existing knowledge.

Keywords: Palliative Care, End-of-Life Care, Nursing Ethics, Symptom Management, Hospice Care, Advanced Nursing Practice

Introduction

Palliative care is a specialized, patient-centered approach designed to improve the quality of life of individuals and their families who are facing life-threatening or life-limiting illnesses. It focuses on early identification, comprehensive assessment, and effective management of pain along with other physical symptoms such as breathlessness, fatigue, nausea, and loss of appetite. In addition, it addresses psychological distress, social challenges, and spiritual concerns that significantly affect patients' overall well-being.¹ The primary goal of palliative care is not to hasten or postpone death, but to ensure comfort, dignity, and optimal quality of life throughout the course of illness.

End-of-life (EOL) care represents a critical component of palliative care and refers to the support and medical care provided during the final phase of life, typically when curative treatment is no longer effective, appropriate, or desired by the patient. This phase is often characterized by complex clinical, emotional, and ethical challenges that require skilled nursing intervention. Nurses play a central and continuous role in EOL care by providing comfort measures, symptom relief, emotional reassurance, family support, and active participation in ethical decision-making processes. Their presence at the bedside places them in a unique position to advocate for patient dignity and respect during the final stages of life.

Globally, the increasing burden of chronic and non-communicable diseases has significantly heightened the demand for palliative and end-of-life care services. Conditions such as cancer, heart failure, chronic obstructive pulmonary disease (COPD), stroke, renal failure, and neurodegenerative disorders like Alzheimer's disease and Parkinson's disease contribute substantially to long-term morbidity and mortality worldwide.² As medical advancements continue to prolong life, many patients now live longer with complex, progressive illnesses that require sustained supportive care rather than curative treatment alone. This shift in disease patterns has made palliative care an essential component of modern healthcare systems.

Despite its recognized importance, the integration of palliative care into mainstream healthcare systems remains inconsistent across many regions. Several barriers continue to limit its effective implementation. These include a shortage of adequately trained healthcare professionals in palliative care, widespread cultural misconceptions and stigma surrounding death and dying, and ethical challenges related to end-of-life decision-making. In many settings, palliative care services are introduced too late in the disease trajectory, limiting their potential benefits for patients and families. Additionally, insufficient policy support and limited healthcare resources further contribute to gaps in service delivery.

Cultural and societal attitudes toward death also play a significant role in shaping palliative care practices. In many communities, discussions about death are considered taboo, which can delay advance care planning and reduce opportunities for patient-centered decision-making. Ethical dilemmas such as withholding or withdrawing life-sustaining treatment, do-not-resuscitate (DNR) orders, and balancing patient autonomy with family expectations further complicate clinical practice in end-of-life care settings.

Given these challenges, there is a growing need to strengthen the knowledge, skills, and ethical competence of nurses in palliative and end-of-life care. This comprehensive review aims to synthesize current best practices and examine the ethical considerations associated with palliative and EOL nursing care. It also seeks to identify contemporary strategies to improve care delivery, enhance patient and family satisfaction, and promote dignified and compassionate care at the end of life.

Methodology

A narrative literature review design was adopted for this study to systematically synthesize existing evidence on palliative and end-of-life (EOL) nursing care, with a specific focus on best practices and ethical considerations. A narrative review approach was considered appropriate as it allows for a broad exploration and critical interpretation of diverse evidence sources, including empirical studies, systematic reviews, clinical guidelines, and theoretical papers.

Data Sources and Search Strategy

Relevant literature was retrieved from multiple reputable electronic databases, including PubMed, Scopus, CINAHL, and Google Scholar. These databases were selected due to their extensive coverage of nursing, medical, and interdisciplinary healthcare research. The literature search was conducted for studies published between 2000 and 2025 to ensure inclusion of both foundational and contemporary evidence related to palliative and end-of-life care practices.

A combination of keywords and Boolean operators was used to identify relevant studies. The primary search terms included:

- Palliative care nursing
- End-of-life care
- Hospice nursing
- Nursing ethics
- Symptom management
- Terminal care

These keywords were used individually and in combination to ensure a comprehensive retrieval of relevant literature across different databases.

Inclusion Criteria

Studies were included in this review if they met the following criteria:

- Peer-reviewed journal articles published in English
- Systematic reviews, meta-analyses, clinical guidelines, and original research studies
- Studies specifically focused on nursing roles in palliative care or end-of-life care
- Articles addressing clinical practice, symptom management, ethical issues, communication, or family support in terminal illness care

Exclusion Criteria

The following types of studies were excluded:

- Non-English language publications due to translation limitations
- Non-clinical opinion pieces, editorials, and anecdotal reports without empirical evidence
- Studies not directly related to nursing practice or palliative/end-of-life care settings
- Duplicate publications across databases

Data Extraction and Analysis

Relevant data were extracted from selected studies, including study design, population, key findings, and relevance to nursing practice. A thematic synthesis approach was used to analyze the data. This involved identifying recurring patterns and grouping findings into key themes such as symptom management, communication strategies, ethical decision-making, and family involvement in care.

The synthesized findings were then critically analyzed to identify best practices, gaps in knowledge, and emerging trends in palliative and end-of-life nursing care.

Conceptual Framework Of Palliative Care

The conceptual foundation of palliative care is primarily guided by the definition and principles established by the World Health Organization (WHO). According to the WHO, palliative care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness. This is achieved

through the prevention and relief of suffering by means of early identification, careful assessment, and treatment of pain and other physical, psychosocial, and spiritual problems.³

The WHO framework emphasizes several core principles that underpin effective palliative care delivery. These include:

- Relief from pain and other distressing symptoms, ensuring that patients experience maximum comfort throughout the course of illness.
- Affirmation of life while recognizing dying as a natural process, thereby avoiding unnecessary or aggressive interventions that do not contribute to quality of life.
- Integration of psychological and spiritual aspects of care, acknowledging that patients experience emotional distress, fear, anxiety, and existential concerns during terminal illness.
- Provision of a support system for families, both during the patient's illness and in bereavement, recognizing the emotional burden carried by caregivers.³

In addition to the WHO framework, nursing theoretical models strongly support a holistic and patient-centered approach to palliative care. These models emphasize dignity preservation, compassionate communication, and individualized care planning. Nurses are encouraged to view patients not only through a biomedical lens but also as individuals with emotional, cultural, and spiritual needs.

Furthermore, patient-centered communication is a critical component of the conceptual framework. It involves active listening, empathetic engagement, honest information sharing, and shared decision-making between healthcare providers, patients, and families. This ensures that care decisions align with the patient's values, preferences, and goals of care, particularly in end-of-life situations where treatment choices may be complex and ethically sensitive.

Overall, the conceptual framework of palliative care integrates biomedical, psychological, social, and spiritual dimensions of care, forming a comprehensive model that guides nursing practice toward improving dignity, comfort, and quality of life for patients facing life-limiting illnesses.

Table 1. Key Components Of Palliative And End-Of-Life Nursing Care

Care Domain	Description	Nursing Role	Clinical Outcome
Physical Care	Pain, Symptom Control	Assessment, Medication Administration	Reduced Suffering
Psychological Care	Anxiety, Depression, Distress	Counseling, Emotional Support	Improved Mental Well-Being
Social Care	Family And Caregiver Support	Education, Communication	Better Family Coping
Spiritual Care	Meaning, Faith, Existential Concerns	Spiritual Support, Referral	Peace And Acceptance

End-Of-Life Care	Final Stage Care Planning	Comfort Care, Dignity Preservation	Dignified Death
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Best Practices In Palliative And End-Of-Life Nursing Care

Symptom Management

Effective Symptom Control Is The Cornerstone Of Palliative Care. Common Symptoms Include Pain, Dyspnea, Fatigue, Nausea, And Anxiety.

Evidence Shows That:

- Opioid Therapy Is Effective For Pain Control
- Non-Pharmacological Interventions (Massage, Relaxation Therapy) Improve Comfort
- Regular Assessment Improves Outcomes.⁴

Communication In End-Of-Life Care

Clear, Compassionate Communication Is Essential In Palliative Care.

Best Practices Include:

- Honest Disclosure Of Prognosis
- Active Listening
- Shared Decision-Making
- Advanced Care Planning Discussions.⁵

Poor Communication Is Associated With Increased Anxiety And Reduced Patient Satisfaction.

Psychological And Emotional Support

Patients Facing Terminal Illness Often Experience Depression, Fear, And Existential Distress. Nurses Provide:

- Emotional Reassurance
- Counseling Support
- Family Engagement

Psychological Interventions Improve Quality Of Life Significantly.⁶

Spiritual Care

Spiritual Care Addresses Meaning, Purpose, And Existential Concerns. Nurses Support:

- Religious Practices
- Chaplain Referrals
- Meaning-Centered Conversations

Spiritual Care Is Strongly Linked To Peace And Acceptance At End Of Life.⁷

Family-Centered Care

Families Are Integral To Palliative Care. Nurses Support Caregivers Through:

- Education On Patient Condition
- Bereavement Support

- Involvement In Care Decisions

Family Satisfaction Improves When They Are Actively Involved.⁸

Interdisciplinary Collaboration

Palliative Care Is Multidisciplinary, Involving:

- Nurses
- Physicians
- Social Workers
- Psychologists
- Spiritual Care Providers

Collaboration Improves Holistic Outcomes And Reduces Care Fragmentation.⁹

Hospice Care Integration

Hospice Care Focuses On Comfort Rather Than Cure. Early Referral Improves:

- Symptom Control
- Patient Dignity
- Family Preparedness.¹⁰

Ethical Considerations In Palliative And End-Of-Life Care

Autonomy

Patients Have The Right To Make Informed Decisions About Their Care, Including Refusal Of Treatment.

Respecting Autonomy Is Central To Ethical Nursing Practice.¹¹

Beneficence And Non-Maleficence

Nurses Must Balance:

- Doing Good (Beneficence)
- Avoiding Harm (Non-Maleficence)

This Is Critical In Decisions Involving Life-Sustaining Treatments.

Truth-Telling And Disclosure

Ethical Care Requires Honest Communication About Prognosis While Maintaining Compassion.

End-Of-Life Decision-Making

Complex Decisions Include:

- Withdrawal Of Life Support
- Do-Not-Resuscitate (Dnr) Orders
- Palliative Sedation

These Require Ethical Sensitivity And Interdisciplinary Consensus.¹²

Cultural And Religious Ethics

Cultural Beliefs Strongly Influence End-Of-Life Decisions. Nurses Must Provide Culturally Competent Care.

Euthanasia And Assisted Dying

This Remains Ethically Controversial And Legally Restricted In Many Countries. Nurses Must Adhere To Legal Frameworks While Ensuring Comfort Care.¹³

Challenges In Palliative Care Nursing

Palliative care nursing is a highly specialized and emotionally demanding field that is associated with multiple clinical, organizational, cultural, and systemic challenges. These barriers often limit the delivery of timely, effective, and holistic care to patients with life-limiting illnesses.

One of the most significant challenges is the lack of formal training in palliative care among nurses. In many healthcare systems, palliative care education is not adequately integrated into undergraduate or postgraduate nursing curricula. As a result, nurses may feel underprepared to manage complex symptoms such as severe pain, breathlessness, delirium, and psychological distress, as well as to engage in sensitive end-of-life discussions with patients and families.

Another major concern is emotional burnout among nurses. Providing continuous care to terminally ill patients, witnessing suffering, and frequently dealing with death can lead to emotional exhaustion, compassion fatigue, and psychological stress. Over time, this may negatively affect nurses' well-being, job satisfaction, and quality of patient care.

Cultural taboos surrounding death and dying also present significant barriers to effective palliative care delivery. In many societies, discussions about death are considered inappropriate or distressing, leading to avoidance of advance care planning and delayed initiation of palliative services. This can prevent patients and families from making informed decisions about end-of-life care preferences.

Additionally, limited institutional support remains a critical issue. Many healthcare facilities lack dedicated palliative care teams, standardized protocols, and sufficient staffing to provide comprehensive end-of-life care. Resource constraints, including limited access to medications such as opioids for pain management, further exacerbate the problem.

Another important challenge is late referral to palliative care services. Patients are often referred only when they are in the advanced stages of illness, reducing the potential benefits of early palliative interventions. Early integration of palliative care has been shown to improve quality of life,

symptom control, and even survival in some conditions; however, delayed referral remains a widespread issue.

Contemporary Advances In Palliative Care

Despite existing challenges, significant advancements in technology and clinical practice are transforming palliative and end-of-life care delivery. These innovations aim to improve accessibility, enhance symptom management, and support healthcare professionals in providing high-quality care.

Tele-Palliative Care

Tele-palliative care has emerged as a valuable approach to expanding access to specialized care, particularly for patients in remote or underserved areas. Through virtual consultations, video conferencing, and remote monitoring systems, healthcare providers can assess patient needs, adjust treatment plans, and provide emotional support without requiring physical hospital visits.¹⁴

This approach is especially beneficial for patients with mobility limitations or those living in rural regions where palliative care services are scarce. Telehealth also facilitates continuous communication between patients, families, and healthcare teams, improving care coordination and reducing unnecessary hospital admissions.

Digital Symptom Tracking

The use of mobile health applications and digital platforms for symptom tracking has significantly enhanced patient-centered palliative care. These tools allow patients and caregivers to record real-time symptoms such as pain intensity, nausea, fatigue, mood changes, and sleep disturbances.

Healthcare providers can monitor these updates remotely and intervene promptly when symptom escalation is detected. This proactive approach improves symptom control, enhances patient comfort, and reduces the likelihood of emergency hospital visits. Additionally, digital tracking empowers patients to actively participate in their own care management.

AI-Based Predictive Tools

Artificial Intelligence (AI) is increasingly being integrated into palliative care to improve clinical decision-making and care planning. AI-based predictive models can analyze large datasets to identify patterns that indicate disease progression or clinical deterioration.¹⁵

These tools assist clinicians in anticipating patient needs, optimizing timing for palliative care referral, and developing individualized care plans. By enabling early identification of high-risk patients, AI contributes to more proactive and timely interventions, ultimately improving patient outcomes and resource allocation.

Advanced Pain Management Protocols

Effective pain management remains a cornerstone of palliative care. Recent advancements in multimodal analgesia protocols have significantly improved patient comfort by combining pharmacological and non-pharmacological approaches.

These protocols may include the use of opioids, non-opioid analgesics, adjuvant medications, nerve blocks, physiotherapy, psychological support, and complementary therapies. The integration of multiple modalities allows for more personalized and effective pain control while minimizing adverse effects.

Discussion

This review highlights that palliative and end-of-life (EOL) care represents a highly complex and multidimensional area of nursing practice that requires a strong combination of clinical expertise, effective communication skills, emotional intelligence, and ethical competence. Unlike routine clinical care, palliative nursing extends beyond disease-focused treatment and emphasizes comfort, dignity, and holistic well-being for patients facing life-limiting illnesses.

The findings strongly emphasize that best practices in palliative care are grounded in a holistic care model, which integrates physical symptom management with psychological, social, and spiritual support. Effective pain and symptom relief remain central to care delivery; however, equally important are interventions that address emotional distress, anxiety, depression, and existential suffering commonly experienced by patients in advanced illness stages. In addition, family involvement is a critical component of palliative care, as families often serve as primary caregivers and decision-makers, particularly during the end-of-life phase.

Ethical considerations are deeply embedded in palliative and EOL nursing practice. Key ethical principles such as autonomy, beneficence, non-maleficence, justice, and truth-telling frequently guide clinical decision-making. Nurses often face ethically challenging situations involving do-not-resuscitate (DNR) orders, withdrawal or withholding of life-sustaining treatments, and balancing patient autonomy with family expectations and cultural or religious beliefs. These situations require not only clinical judgment but also strong moral reasoning and communication skills to ensure that care decisions respect patient dignity and rights.

Despite global recognition of the importance of palliative care, significant barriers continue to hinder its effective implementation. These include inadequate training in palliative care nursing, limited institutional resources, late referral to specialized services, and persistent cultural

stigma surrounding death and dying. These challenges are particularly evident in developing healthcare systems, where palliative care services are often underdeveloped or inconsistently integrated into mainstream healthcare delivery.

In addition, emotional burden and burnout among nurses further complicate the delivery of high-quality palliative care. Continuous exposure to death and suffering can lead to compassion fatigue, which negatively impacts both nurse well-being and patient care quality. Therefore, supportive work environments and mental health support for healthcare providers are essential components of sustainable palliative care systems.

Overall, the findings underscore that improving palliative and end-of-life care requires a comprehensive, system-level approach that integrates education, policy development, organizational support, and interdisciplinary collaboration. Strengthening these areas is essential to ensure that patients receive compassionate, dignified, and high-quality care at the end of life.

Recommendations

Based on the synthesis of literature and identified gaps in practice, the following recommendations are proposed to enhance the quality and effectiveness of palliative and end-of-life nursing care:

- Integrate palliative care into nursing curricula at both undergraduate and postgraduate levels to ensure early exposure to fundamental principles, ethical considerations, and clinical skills required for end-of-life care.
- Provide specialized training programs for practicing nurses, focusing on pain management, communication skills, psychological support, and ethical decision-making in complex clinical scenarios.
- Develop and implement national palliative care policies that ensure standardized care delivery, equitable access to services, and integration of palliative care into all levels of the healthcare system.
- Promote structured ethical decision-making training, enabling nurses to effectively manage dilemmas related to autonomy, consent, truth-telling, and end-of-life treatment decisions.
- Strengthen interdisciplinary collaboration among nurses, physicians, social workers, psychologists, and spiritual care providers to ensure comprehensive and coordinated patient care.
- Expand hospice and home-based care services, allowing patients to receive compassionate and dignified care in familiar environments while reducing unnecessary hospital admissions.

- Enhance emotional and psychological support systems for nurses, including counseling services, debriefing sessions, and burnout prevention programs to ensure workforce sustainability.
- Increase public awareness and community education on palliative care, in order to reduce stigma surrounding death and encourage early acceptance and utilization of palliative services.

Conclusion

Palliative and end-of-life (EOL) care is a vital and indispensable component of modern nursing practice that ensures dignity, comfort, and the highest possible quality of life for patients living with terminal or life-limiting illnesses. It shifts the focus of care from curative intent to compassionate support, emphasizing relief from suffering, preservation of dignity, and holistic well-being for both patients and their families.

The effectiveness of palliative care delivery is strongly dependent on a combination of clinical competence, ethical sensitivity, advanced communication skills, and effective interdisciplinary collaboration. Nurses, as the primary caregivers at the bedside, play a central role in assessing symptoms, providing emotional support, facilitating family communication, and participating in complex ethical decision-making processes. Their ability to integrate clinical knowledge with empathy and ethical reasoning is essential for delivering high-quality end-of-life care.

This review highlights that optimal palliative care requires a holistic approach that addresses not only physical symptoms such as pain and breathlessness but also psychological distress, social concerns, and spiritual needs. In addition, the involvement of families in care planning and decision-making is crucial in ensuring that care remains patient-centered and culturally sensitive.

Despite its recognized importance, significant gaps remain in the global implementation of palliative and end-of-life care services. These gaps are primarily related to insufficient training of healthcare professionals, limited institutional support, cultural barriers surrounding discussions of death, and inconsistent integration of palliative care into mainstream healthcare systems. Furthermore, late referrals to palliative services often reduce the potential benefits of early intervention, resulting in suboptimal patient outcomes.

Addressing these challenges requires a coordinated and multidimensional strategy. Strengthening nursing education, enhancing ethical training, improving healthcare policies, and integrating palliative care into all levels of healthcare delivery are essential steps toward improving service quality. Additionally, the use of modern technologies

such as tele-palliative care and digital symptom monitoring can further enhance accessibility and continuity of care.

In conclusion, strengthening palliative and end-of-life care through education, policy reform, technological innovation, and interdisciplinary collaboration will significantly improve patient and family outcomes. It will also ensure that patients facing life-limiting illnesses receive compassionate, dignified, and ethically sound care during the most vulnerable stage of their lives.

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