

Based on these key aims, the recommendations within this BPG focus on quality of life, emphasizing a holistic approach to care that incorporates the person’s individuality and preferences, and that recognizes the person and family as the unit of care. **Figure 2** identifies complex issues persons and their families may face when receiving palliative care, which are categorized into eight equally important domains (10).

**Figure 2: Domains of Issues Associated with Illness and Bereavement**



\* Other common symptoms include, but are not limited to:  
 Cardio-respiratory: breathlessness, cough, edema, hiccups, apnea, agonal breathing patterns  
 Gastrointestinal: nausea, vomiting, constipation, obstipation, bowel obstruction, diarrhea, bloating, dysphagia, dyspepsia  
 Oral conditions: dry mouth, mucositis  
 Skin conditions: dry skin, nodules, pruritus, rashes  
 General: agitation, anorexia, cachexia, fatigue, weakness, bleeding, drowsiness, effusions (pleural, peritoneal), fever/chills, incontinence, insomnia, lymphoedema, myoclonus, odor, prolapse, sweats, syncope, vertigo

**Source:** Reprinted from the Canadian Hospice Palliative Care Association (CHPCA). A model to guide hospice palliative care: based on national principles and norms of practice. Revised and condensed edition [Internet]. Ottawa (ON): CHPCA; 2013. Available from: <http://www.chpca.net/media/319547/norms-of-practice-eng-web.pdf>. Reprinted with permission.

End-of-life care is a component of the palliative care trajectory, and it specifically refers to care for persons who are expected to die in the foreseeable future and their families (refer to **Figure 1**). It includes helping persons and families prepare for death, ensuring their comfort and supporting decision making that is consistent with the person’s prognosis and goals of care (3).