

**Guideline 8.2 The palliative care program is aware of and addresses the complex ethical issues arising in the care of persons with life-threatening debilitating illness. (123, 126)**

Criteria:

- Ethical concerns commonly encountered in palliative care are recognized and addressed, using ethical principles to prevent or resolve ethical dilemmas, including: beneficence, respect for persons and self-determination, and associated regulatory requirements for truth-telling, capacity assessment, confidentiality, assent and permission for persons not of legal age to consent, and informed consent; attention to justice and nonmaleficence and associated avoidance of conflicts of interest. (123, 126) The team recognizes the role of cultural variation in the application of professional obligations, including truth-telling, disclosure, decisional authority and decisions to forgo therapy. (See Domain 6: Cultural Considerations). Attention must be paid to the role of children and adolescents in decision-making. (35)
- Care is consistent with the professional codes of ethics, and the scope, standards and code of ethics of palliative care practice are modeled on existing professional codes of ethics for all relevant disciplines. (128, 129)
- The palliative care team aims to prevent, identify and resolve ethical dilemmas related to specific interventions such as withholding or withdrawing treatments (including nutrition and hydration), instituting DNR orders, and the use of sedation in palliative care. (127, 130, 131)
- Ethical issues are documented; (39) referrals are made to ethics consultants or a committee, as appropriate. (132)

**Guideline 8.3 The palliative care program is knowledgeable about legal and regulatory aspects of palliative care. (123)**

Criteria:

- Palliative care practitioners are knowledgeable about legal and regulatory issues, including federal and state statutes and regulations regarding medical decision-making, advance care planning and directives; (123) the roles and responsibilities of surrogate decision-makers; (124, 125) barriers to pain relief, the legal requirements for use of controlled substances and the imperative that regulatory policy not interfere with patient care; (16a) pronouncing death; (134, 135) request for autopsy and organ transplant; (136) and associated documentation in the medical record.
- Patients and families are routinely advised of the need to seek professional advice on creating or updating property wills and guardianship agreements. (133)