A palliative approach takes principles of palliative care and **ADAPTS** strategies to meet patient and family needs. **ADOPTS** them EARLY in the course of a person’s life-limiting condition. **EMBEDS** practices into usual care in settings that do not specialize in palliative care.

**HOW?**

- **A**cknowledge the anticipated course of the illness in the plan of care, not just in the treatment.
- **D**etermine and treat symptom distress alongside disease treatment.
- **A**just the care plan to reflect the person’s goals of care.
- **P**repare the person and family for anticipated changes and the possibility of dying.
- **T**ailor palliative knowledge and skill to the chronic condition.

**WHY?**

- Aligns treatment decisions better with goals and wishes.
- Improves quality of life when preferences are known and respected.
- Reduces inappropriate or futile treatments.
- Encourages healthcare teams to “get on the same page” as the person and family.
- Supports communication and shared care planning among teams caring for the person.
- Gives team members permission to have conversations with the person and family about serious illness.

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