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Flexing Your Core: The Palliative Workout ECHO

The Leading Edge

March 5th, 2026

AGENDA ITEM	NOTES
Introductions	Session Facilitators: Sue Bartnik, RN Consultant, Practice and Education BCCPC. Laura Finkler-Kemeny, Clinical Lead, Serious Illness Communication
Objectives/ Overview	<p><u>Objectives</u></p> <ul style="list-style-type: none"> • Identify continuing palliative care education, especially in cultural safety and underserved populations learning • Identify potential quality improvement, evaluation & research activities. • Identify common ethical issues in palliative care and begin to discover how to address them. <p><u>Overview</u></p> <ul style="list-style-type: none"> • This session, titled "The Leading Edge," was the eighth and final session of the "Flexing Your Core" palliative care education series. • The facilitators, Sue and Laura, presented various aspects of leadership in palliative care, covering topics such as education, quality improvement, research, professional practice, and ethics. • The session was described as a "buffet" of ideas where participants could take what resonated with them and leave the rest.
Session Key Points and discussion	<p><u>Key Concepts or Theories:</u></p> <ul style="list-style-type: none"> • Seven dimensions of quality in healthcare: respect, safety, accessibility, effectiveness, efficiency, equity, and appropriate resource allocation. • Relational ethics: focusing on how ethics unfolds in relationships rather than just following rules and policies. • Professional boundaries: maintaining objectivity while being emotionally present.

- Ethical pillars in palliative care: autonomy, respect for wishes and beliefs, holistic care, and justice.

Important Questions Raised:

- How can healthcare providers maintain professional boundaries while providing compassionate care?
- What ethical frameworks can help navigate complex situations in palliative care?
- How can we ensure equitable access to palliative care services for underserved populations?
- What quality improvement initiatives can enhance palliative care delivery?

Key Takeaways and Summary

Quality and Evaluation in Palliative Care

- The session introduced the seven dimensions of quality in healthcare: respect, safety, accessibility, effectiveness, efficiency, equity, and appropriate resource allocation.
- The first five dimensions focus on individual experience, while the last two address system-level concerns.
- In palliative care, quality goes beyond clinical care to include whether the person felt heard, safe, and whether care matched their goals. Examples of effectiveness include whether interventions achieve outcomes like improved breathing or enabling more conversations with family members. Efficiency involves optimal use of resources, such as avoiding repetitive questioning of patients by multiple clinicians.
- Evaluation in palliative care focuses on assessing effectiveness, determining if interventions were helpful, and whether care was safe, respectful, and worked for everyone.
- Unlike other clinical settings that might focus on cure or elimination of symptoms, palliative care evaluation examines comfort, dignity, family support, bereavement support, and goal-concordant care. While validated tools can be useful for evaluation, they must be balanced against the risk of overburdening patients and staff with excessive surveys and assessments.



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Q: Are any of you currently using any tools in your work to assess quality or evaluate care, such as just-in-time feedback tools or patient surveys?

Participant: Some teams are using patient surveys in their areas to gather feedback on care experiences. In addition, being open as clinical teams and organizations to receiving feedback and actively seeking to understand patient experiences can help improve care and may also prevent issues from escalating or needing to be formally reported later on.

Research and Professional Practice

- Current research topics in palliative care include pediatric palliative care with a focus on supporting siblings and families, health equity and access for underserved populations, disability support, system navigation, and addressing language barriers.
- Clinicians can be involved in research through quality improvement projects, supporting studies by recruiting patients and obtaining consent, or simply by maintaining a curious and inquisitive mindset. This critical inquiry approach involves asking questions like why certain crises recur, what impedes comfort, and who isn't accessing good care.
- Professional practice in palliative care involves following professional standards, regular reviews, and creating learning plans. An important aspect is maintaining appropriate boundaries with patients and families. Elizabeth Koston's analogy describes families as being in their own dance on a dance floor with clear edges, while healthcare providers should support the dance without joining it. By maintaining this separation, providers can remain emotionally present while preserving the objectivity that benefits both the family and the provider's own wellbeing.

Q: How can healthcare providers manage professional boundaries and cope with grief when caring for patients whose situations deeply resonate with their own personal experiences or losses?

A: This is something many healthcare providers experience. Certain patients can touch us in profound ways, sometimes reminding us of our own families, losses, or personal experiences. It's important to recognize that these feelings are real



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and valid. Recent discussions have highlighted how healthcare providers also experience grief, and the importance of finding healthy ways to acknowledge, cope with, and manage that grief while maintaining professional boundaries. Developing supportive practices and spaces to reflect on these emotions can help providers care for both their patients and themselves.

Ethics in Palliative Care

- Ethical pillars in palliative care include autonomy (respecting people's right to make decisions), providing necessary information for informed consent, respecting wishes and beliefs, addressing medical, emotional, social, and spiritual issues holistically, and ensuring equal access to resources. When facing ethical dilemmas, it's recommended to speak with colleagues to determine if the issue is a personal preference or a larger objective concern, and to utilize available organizational resources.
- Relational ethics recognizes that ethics unfolds in relationships and requires attention to trust, respect, power differences, and culture. This approach focuses on potential unintentional harm that might result from decisions and how relationships might be affected. For example, when a care aide expresses discomfort with stopping tube feeds for a patient, a relational approach would involve acknowledging emotions, developing a shared understanding of the end-of-life process, protecting relationships with patients and families, and supporting staff experiencing moral distress.

Relevant Q&A

Q: How can one go about if a patient chooses medical assistance in dying (MAID) but does not want their spouse to be informed? This can feel uncomfortable.

A: Under the law and current MAID practice, the person has the right to confidentiality and can decide who they wish to share this information with. While this situation can feel uncomfortable for healthcare providers, it is important to respect the person's privacy and autonomy. At the same time, providers can gently explore the person's reasoning and encourage them to consider the impact on their loved ones. For example, you might say: "I hear that you don't want your spouse told, and you have the right to privacy, and I will respect that. Would you be open to talking about what's



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	<p>behind that choice?” It may also be helpful to discuss options such as leaving a letter or video message to support family members in their grief afterward.</p> <p>Q: What can be done when treatment seems medically futile, but the substitute decision maker insists on continuing it?</p> <p>A: In situations like this, it is important to clarify whether the substitute decision maker (SDM) is representing the patient’s previously expressed wishes and values, or their own preferences. Healthcare teams can support both the patient and family by facilitating discussions about goals of care and decision-making responsibilities. Additional resources such as ethics consultation, decision-making supports, and grief or bereavement services may help families navigate these difficult choices while ensuring the patient’s values remain central to the decision-making process.</p>
Actions/ Resources	<p><u>Actionable Next Steps</u></p> <ul style="list-style-type: none">• Reflect on what peaks your interest from today's session and identify your learning edge.• Consider what could improve your work life and the care of patients and families.• Make a commitment to learn more about a specific topic (education, research, quality, evaluation, professionalism, or ethics).• Identify ethical issues in your practice that need further exploration.• Consider exploring research articles on areas of interest or concern. <p><u>Supplemental Resources and Readings</u></p> <ul style="list-style-type: none">• Healthcare Excellence Canada.• BC Health Quality Forum.• Professional organizations for palliative care.• Pallium Canada - recorded education available on their Palliative ECHO site.• Knowledge exchange fact sheets on underserved populations (unhoused people, Indigenous populations, immigrants, LGBTQ+, neurodivergent individuals, rural and remote communities).• Canadian Virtual Hospice online module on palliative care within Indigenous cultural safety lens.



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End of FYC Series	Other upcoming ECHO sessions listed here .
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