a. Discuss the laws in your state related to the nurse practitioner's (NP) role and responsibility in creating and signing advanced directives (ADs). Indicate if the NP can independently complete AD documents or a physician is required to sign or cosign the documents.

b. Consider clients you've encountered in practicum (or in your practice as a registered nurse). Identify at least ONE client who may have benefited from a referral to hospice or palliative care. Indicate why this client would have benefited from these services. Describe how as an NP you might approach the conversation with the client.

c. Discuss at least TWO recommendations you have for improving palliative and hospice care access to vulnerable and underserved populations in your community.

In Connecticut, nurse practitioners (NPs) have full practice authority, meaning they can independently manage patients, including diagnosing, prescribing medications, and creating treatment plans. With that being said, Connecticut law allows NPs to create and sign advance directives, such as living wills or appointing healthcare representatives, without requiring a physician to sign or cosign (*APRN Practice*, 2024). NPs in Connecticut can have these important discussions with patients and assist in completing the documents as part of their role in providing patient-centered care.

During my practicum, (I did not see this patient but my preceptor discussed this case with me) a patient was diagnosed with stage 4 gastric cancer, who was undergoing chemotherapy but not responding well. The patient had significant challenges, including not eating or drinking, indicating a decline in overall condition. We discussed this patient would have greatly benefited from a referral to hospice or palliative care, as they were likely experiencing severe symptoms such as pain, fatigue, and difficulty maintaining nutrition, all of which could be better managed through specialized care focused on comfort rather than curative treatment.

As an NP, I would approach the conversation with the patient and their family with empathy and a focus on understanding their goals for care. I would acknowledge the challenges they have faced with treatment and explain that palliative or hospice care could offer support in managing symptoms like pain and improving comfort, especially for those with life-threatening illnesses (WHO, 2020). I would ensure the patient and family understand that this care is centered on improving their quality of life, regardless of whether they continue other treatments. My goal would be to guide the conversation in a patient- centered way, addressing concerns and helping them make informed decisions about their care.

To improve access to palliative and hospice care for vulnerable and underserved populations, healthcare providers must first be educated on the differences between these two types of care. Many providers, including physicians, physician assistants, and nurses, often lack sufficient training or comprehensive knowledge in this area (Sheikh et al., 2022). As a result, they may not have the necessary tools or may provide inaccurate information to patients. Once healthcare providers are properly informed, they can share this knowledge with their patients or volunteer at free or public clinics. These clinics are frequently the primary point of care for underserved populations. Another method for improving access to palliative and hospice care is to educate family caregivers who are the primary support for their loved