Chronic pulmonary diseases are important causes of morbidity and mortality in our patients. They are marked by both a gradual decline in functional capacity over time along with acute drops in function during exacerbation episodes. Most chronic pulmonary diseases cannot be cured, but interventions can improve quality of life for our patients in the absence of a cure. Palliative care, which is being used with increasing frequency in chronic respiratory disease, is any form of treatment that concentrates on reducing the severity of disease symptoms, rather than halting or delaying progression of the disease itself or providing a cure. One of the greatest challenges in our patients with chronic respiratory disease in the variability in the course of disease progression, particularly in its end stages. At the end stages of disease, when there is no reasonable hope for recovery, providing our patients with compassionate end of life care is important and challenging.

Key interventions for our patients at the end-of-life are as follows: relieving symptoms such as pain and dyspnea, treating comorbid disease such as depression and congestive heart failure, doing advance care planning, ensuring continuity of care, and relieving caregiver burden. Some barriers to implementing these interventions include uncertainty in the prognosis of our patients (see figure), unwillingness of patients and physicians to discuss end-of-life care, and lack of tools to guide practitioners as to when to refer for palliative care.

Improving care for our patients includes not only preventing the incidence and progression of disease but also, when appropriate, providing holistic palliative care at the end-of-life.