HPC Consultation Services
Waterloo Wellington

Hospice Palliative Care
Tip of the Month – November 2026

Part 1: Trauma-Informed Care in Palliative Practice

Trauma informed care is not a new concept; in fact, in 2022, HPC Consultation Services featured Tips of the Month on Trauma-Informed Care – see Parts 1 & 2 [5]. However, continued research and practice development recognizes that conventional care models may fail to address the complex intersection between serious illness, unresolved trauma, and medical trauma.

Integrating trauma-informed principles within palliative practice ensures clinicians recognize how histories of adverse childhood experiences (ACEs), structural discrimination, and medical trauma shape the patient experience, thereby minimizing the risk of secondary trauma and optimizing psychological safety.

Part 1
Trauma-Informed Care
in Palliative Practice

What is unique about trauma-informed care for palliative providers

Individuals nearing end of life frequently experience reactivation of trauma. "Past trauma is also known to be missed or misinterpreted at the end of life, particularly when people are dying with cognitive impairment, delirium, dementia, pain, and anxiety. Symptoms can represent first-time emergence and re-emergent experiences of trauma." [2]

Signs of trauma reactivation are often misinterpreted and labelled as "difficult" behaviours and/or attributed to personality disorders and may include heightened physical pain, anxiety, hyperarousal, dissociation, death anxiety, sleep disturbances, distrust of medical staff or being reactive, easily triggered, easily offended or angered. [1,2,3]



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Medical Illness as a Triggering Event

"Medical trauma comes from within. When our bodies are the source of danger, it can seem that a safe haven is not available to us. Perhaps most salient is the changed understanding of our own vulnerability to pain, suffering, and death. Our previous worldview — in which the world and our place in it were things we understood — has been shattered by illness, and our perception of safety has been altered irrevocably." [4]

Markers of Trauma

It is not necessary to take a detailed past trauma history to create an environment that is receptive and responsive to an individual's trauma. It may actually be detrimental to do so, as it could be very overwhelming for people who do not have coping mechanisms or who are actively using substances. However, clinicians can look for markers of trauma to help guide conversations and treatment options offered. [1]

Markers of trauma are the health conditions that are highly correlated with recent and past trauma, including: heart, lung, and liver disease; obesity and diabetes; substance abuse and overdose; and mental health issues such as depression, post-traumatic stress disorder (PTSD), and anxiety.

How to Inquire about Past Trauma [1]

It is important to recognize that the approach chosen is dependent on the resources, expertise, and patient population of individual providers and practices.

Option 1	**Assume a history of trauma instead of asking** All patients can be approached using a "trauma lens" that assumes that difficult life experiences may have contributed to current illnesses and coping behaviors. Regardless of whether a patient chooses to disclose their trauma history, referrals can be offered to address experiences and consequences of past trauma.
Option 2	**Screen for the impacts of past trauma instead of the trauma itself** Screen for symptoms of common conditions that are highly correlated with traumatic experiences (see What are Markers of Trauma?). These conditions are often "markers" for past trauma and benefit greatly from being addressed in a trauma-informed manner.
Option 3	**Inquire about trauma using open-ended questions** Open-ended questions included in routine history taking allow patients to disclose any form of trauma they feel is relevant to their well-being. An open-ended script may look like the below example: "Difficult life experiences, like growing up in a family where you were hurt, or where there was mental illness or drug/alcohol issues, or witnessing violence, can affect our health. Do you feel like any of your past experiences affect your physical or emotional health?"
Option 4	**Use a structured tool to explore past traumatic experiences** Multiple validated scales exist to screen for past trauma. If a structured screening tool or process is used, carefully consider when, how, and by whom it will be administered, as well as who will have access to the information.

References

1. *Meier, D. E., & Machtinger, E. (2024, December 18). An interview with Dr. Edward Machtinger: Lessons of trauma-informed care. Center to Advance Palliative Care.* https://capc.org
2. *Johnston, N., Chapman, M., Gibson, J., Paterson, C., Turner, M., Strickland, K., Liu, W. M., Phillips, C., & Bail, K. (2024).* Re-living trauma near death: an integrative review using Grounded Theory narrative analysis*. Palliative care and social practice, 18, 26323524241277851.* https://doi.org/10.1177/26323524241277851
3. *Ho, J. J., Brown, C. K., Bemis, H., Cotter, L. E., DiBiase, J., Gerber, M. R., Greenfield, D. E., Kusmaul, N., Matinrad, H., Mills, J., Nathanson, A., Peck, S., Radbill, L. M., Wallace, C. L., & Rosa, W. E. (2026).* Top Ten Tips Palliative Care Clinicians Should Know About Trauma-Informed Care*. Journal of palliative medicine, 29(8), 1145–1152.*
4. *Virant, K. W. (2019, May 12).* Chronic illness and trauma disorders*. Psychology Today.*
5. *HPC Consultation Services. (2022, November 1).* Trauma-informed palliative care: Part 2*. HPC Connection.* https://hpcconnection.ca/trauma-informed-palliative-care-part-2/

Upcoming Tip
Dec 2026
Part 2:
Responding to a Trauma Disclosure:
How to Care for your Patient and Yourself