ÖPG Österreichische PalliativGesellschaft

Roles and Responsibilities of the Allied Health Professions

Dietitians, Occupational Therapy, Speech and Language Therapy, and Physiotherapy in Hospice and Palliative Care

1st Edition 2026

Brigitte Loder-Fink | Birgit Nienhusmeier | Bernadette Pichler-Holzer | Rainer Simader

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Contact: office@palliativ.at

Authors:
Brigitte Loder-Fink
Birgit Nienhusmeier
Bernadette Pichler-Holzer
Rainer Simader

With contributions from: Susanne Domkar, Susanne Javorszky und Barbara Kurz

Editorial Work: Jenny Taylor, Cabral Peter Pearce, Lea Sixtl, Alexander Müller
Layout: Rainer Simader

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1 Allied Health Professions in the Context of Quality of Life at the End of Life

Hospice and palliative care are shaped by interprofessional collaboration and rely on the coordinated work of various professions. The Allied Health Professions (AHP) - dietitians, occupational therapy, speech and language therapy, and physiotherapy - make a substantial contribution.

The following chapters provide an overview of fundamental aspects of hospice and palliative care. They outline definitions and target groups, the relevance of quality of life at the end of life, and the legal frameworks in Austria that support the involvement of these AHP clinicians.

1.1 Hospice and Palliative Care

Palliative care is an approach aimed at improving the quality of life of patients and their families who face challenges associated with life-threatening illness. This is achieved by preventing and alleviating suffering through early identification, thorough assessment, and treatment of pain and other physical, psychosocial, and spiritual problems [1].

Hospice and palliative care approaches apply across all settings where people live and die. The tiered hospice and palliative care systems for adults, as well as those for children, adolescents, and young adults, describe these settings and services. They include specialist services such as palliative care units or mobile palliative care teams, as well as basic care settings such as home care or long-term care facilities [2].

1.2 Target Groups of the Allied Health Professions in Hospice and Palliative Care

Dietitians, occupational therapists, speech and language therapists, and physiotherapists are part of the Allied Health Professions. Their services primarily address patients. Additional target groups include

- family members and close others and
- members of the multiprofessional team

A detailed description of the respective professional roles follows in the sections dedicated to each discipline.

1.3 Quality of Life at the End of Life

As outlined in the WHO definition, adequate symptom management is a key contributor to quality of life at the end of life [3].

Impairments in **body functions and structures** cause symptoms such as pain, dyspnoea, or other forms of distress. Their relief is a central focus of palliative care. However, it is equally important and key to address the levels of **activity** and **participation**. Only by considering all three domains can quality of life be improved, as described in the WHO's International Classification of Functioning, Disability and Health (ICF).

- **Activity:** Patients assess quality of life by what they can still do - how they can shape their remaining time and to what extent they can engage in personally meaningful activities. Examples include mobility, eating and drinking, personal care, communication, and hobbies.

- **Social participation:** A key aspect of quality of life at the end of life is the ability to maintain social roles and to experience oneself as part of a social system [4].
- **Functioning** describes how well a person can manage everyday life. It encompasses body functions and structures, daily activities (e.g., mobility, personal care, communication), and participation in social life (e.g., family, work, hobbies). Functioning is influenced not only by the illness itself but also by personal factors (e.g., age, motivation, lifestyle) and environmental factors (e.g., support from relatives, assistive devices, access to healthcare services).

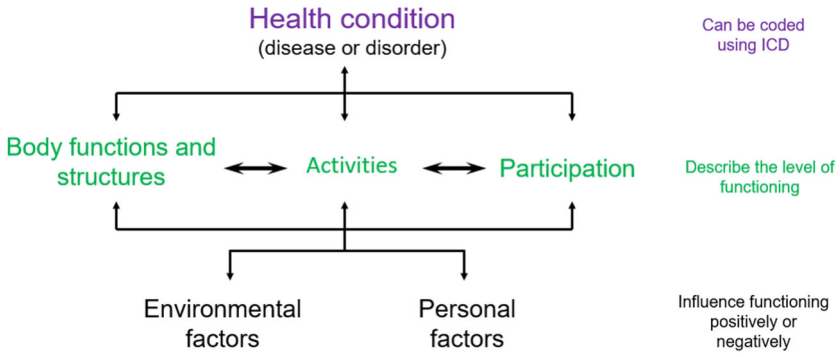

Figure 1: Representation of the biopsychosocial model as the basis of the ICF, 2025

Improving symptoms or bodily functions alone does not automatically translate into improved quality of life. Patients and their families often need therapeutic support to make progress in activity and participation and to achieve personal goals [3, 5].

To reach goals related to activity and participation, resource-orientated and enabling - i.e., rehabilitative - approaches remain important in hospice and palliative care. Dietitians, occupational therapists, speech and language therapists, and physiotherapists are the experts for these areas within the interprofessional team. It is essential to include them as core members of the palliative care team as recommended by the WHO [3] and involve them early in the course of illness [1].

The topic of rehabilitative palliative care is addressed in more detail in Chapter 2.

1.4 Legal Framework

The legal foundations governing the work of the Allied Health Professions are essential for ensuring high-quality support. The AHP Act (Federal Law Gazette I No. 100/2024) specifies that palliative tasks are part of the professional scope of these occupations [6]. The Hospice and Palliative Care Fund Act (Federal Law Gazette I No. 29/2022) regulates the establishment of a fund to support hospice and palliative care services. This includes funding for day centres, and inpatient palliative care services, as well as mobile palliative teams [7].

The quality criteria for hospice and palliative care developed by Gesundheit Österreich GmbH (GÖG) as part of the legislative process reinforce the importance of the four Allied Health Professions within multiprofessional care. They define that Allied Health Professions must be available or integrated to support people receiving palliative care [2].

Together, interprofessional support that includes the AHP, a clear legal framework, and high-quality education and training form the foundation for caring for people with serious illness - supporting their quality of life, independence, and self-determination. This approach equally respects the patients' environment, their family and close others, and the treatment team.

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2 The Importance of the Interprofessional Rehabilitative Approach in Hospice and Palliative Care

Palliative care aims to support people with incurable illnesses in the best possible way and to safeguard their quality of life. Traditionally, the focus has been placed on symptom relief in the final phase of life. Tiberini and Richardson [1] broaden this perspective by introducing the concept of rehabilitative palliative care, which integrates rehabilitation, enablement, and self-management into hospice and palliative care.

2.1 Rehabilitative Approach: Actively Shaping Life

At the centre lies the question: How can people continue to live active and self-determined lives despite progressive illness? Rehabilitative palliative care enables patients and their families to pursue personal goals, maintain everyday functions as far as possible, and preserve normality, dignity, and a sense of control. This approach does not view rehabilitation as a curative process but as support for "living while dying." It incorporates all measures that empower both patients and their families. Examples include promoting mobility, adapting assistive devices, implementing self-manageable non-pharmacological interventions, enabling activities of daily living, preparing appropriate meals, supporting communication, or facilitating meaningful and purposeful activities [1].

2.2 Interprofessional Collaboration: Enablement as a Culture

Rehabilitative palliative care is interdisciplinary by design and extends beyond the professions traditionally associated with rehabilitation - though these play a central role. Alongside dietitians, occupational therapists, speech and language therapists, and physiotherapists, physicians, nurses, psychosocial and pastoral professionals, and volunteer hospice workers are all relevant in implementing this approach. They work closely together and align their efforts with the priorities of the patients. Important - beyond goals related to symptom relief - are those focused on a person's activity levels. These form the basis for an enabling approach.

The rehabilitative approach represents a cultural shift: away from a stance of "over-care" and towards active enablement. It supports people in "living fully until they die" and underscores that palliative care is not only end-of-life accompaniment but also life-shaping care. This perspective can also help make the field more attractive [1].

2.3 Relevance for Hospice and Palliative Care Services and the Healthcare System

Tiberini and Richardson [1] emphasise that hospice and palliative care organisations must adapt to demographic and societal changes. Rising numbers of patients requiring palliative care and workforce shortages in other health professions make it necessary to maintain or improve independence, self-efficacy, and self-enablement for as long as possible - even towards the end of life [2, 3]. A purely symptom-oriented model is insufficient in this context. Rehabilitative palliative care creates opportunities to reduce dependency and care needs, and in doing so can contribute to economic sustainability.

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3 Role Descriptions of the Allied Health Professions in Hospice and Palliative Care

The following chapter provides an overview of the roles of dietitians, occupational therapists, speech and language therapists, and physiotherapists in the hospice and palliative care context.

It addresses the following questions:

- What does each profession's work in hospice and palliative care include?
- Why is it important for supporting people in this situation?
- What responsibilities are involved?
- In which areas of practice and settings does the work take place?
- How can therapists from each profession be identified or contacted?

3.1 Nutrition and Dietetics

What Is Nutrition and Dietetics in Hospice and Palliative Care?

Nutrition and dietetics includes nutrition-related medical treatment and counselling with the aim of using nutrition to promote health, relieve symptoms, and improve quality of life. Dietitians are specialists in the prevention and treatment of diseases influenced by nutrition [1]. The focus is always on the individual needs, habits, and life circumstances of the patient [2].

Why Is Dietitians' Support Important in the Palliative Context?

In hospice and palliative care, nutrition therapy plays a key role in supporting quality of life. It can reduce distressing symptoms (e.g., gastrointestinal issues, chewing and swallowing difficulties, treatment side effects) and lessen psychosocial strain [3, 4, 5]. In this phase of life, nutrition is not only about nutrient intake, but also about pleasure, normality, and social participation. Support from dietitians helps tailor care to the individual, from strengthening and stabilisation in earlier stages of illness to symptom control and psychosocial support later on. In this way, dietitians contributes significantly to the wellbeing of patients and their families [6].

What Are the Tasks of Dietitians in Hospice and Palliative Care?

Dietitians provide individual counselling and education for patients and their families and also work in food and nutrition service management [7, 8]. Their responsibilities include:

- Dietary history and development of individual recommendations [9]
- Reducing distress and anxiety related to eating [9]
- Considering not only physical but also social, cultural, and emotional aspects of eating [9]
- Supporting quality of life, autonomy, and enjoyment of food [9]
- Developing diet modifications, meal plans, and recipes
- Serving as contact people for food procurement
- Selecting and calculating products for artificial nutrition
- Contributing to nutrition-related quality standards

Where Do Dietitians Work in Hospice and Palliative Care?

Dietitians supporting people with palliative illness and their families work in employee and freelance roles. The involvement of dietitians is recommended in the following setting:

- Specialist hospice and palliative care services for children, adolescents, young adults, and adults
- Hospitals, including specialised outpatient clinics
- Rehabilitation centres
- Long-term care facilities
- Care and support facilities
- Private practice
- Home-visit settings
- Support services

Where Can You Find Dietitians?

Dietitians can be found through Diaetologie Austria – Association of Austrian Dietitians: **https://diaetologie.at/fuer-patientinnen/diaetologin-finden/**

DIETITIANS MAKE A DIFFERENCE.

Professionally delivered nutrition therapy strengthens physically, eases emotional burden, and supports psychological wellbeing. It makes a substantial contribution to quality of life.

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3.2 Occupational Therapy

What Is Occupational Therapy in Hospice and Palliative Care?

Occupational therapy enables people with serious and life-limiting illnesses to continue engaging in meaningful activities across different areas of life. Their personal life context is always taken into account [1, 4].

Examples of such activities include personal care, household tasks, shopping, meal preparation, childcare, and leisure activities. In hospice and palliative care, occupational therapy aims to maintain the person's ability to act, participate, and remain connected - to the very end [1, 4, 6, 7].

Why Is Occupational Therapy Important in the Palliative Context?

Severe illness affects not only body functions and structures but also daily life and shared living arrangements. Meaningful activities are a central anchor in hospice and palliative care: they provide purpose, support self-determination, and strongly shape quality of life [2, 5].

The focus lies in identifying individually relevant life roles (e.g., as a parent or partner), the person's occupational history with its hobbies and routines, and the resulting occupational needs - such as being able to eat independently or maintain social connections. These guide the therapeutic goal-setting process. To address the effects on everyday life, occupational therapists draw on a range of interventions [2, 5, 6, 7].

What Are the Tasks of Occupational Therapy in Hospice and Palliative Care?

Occupational therapists work resource-oriented, patient-centred, and holistically, considering both the individuals and their environment. They actively involve patients and families in all phases of the therapy process [2, 5].

Their tasks include [2, 5, 6, 11]:

- Training in everyday activities (e.g., personal care, dressing, toileting, household tasks, leisure, using public transport)
- Developing and training strategies to manage daily life despite symptoms such as fatigue, pain, or dyspnoea - for example through energy management, planned breaks, use of assistive devices such as shower stools, grabbers, or dressing aids, and compensatory techniques such as one-hand dressing methods
- Provision of assistive devices, home environment assessment, and home adaptations, including modifications to support meaningful activities (e.g., enabling ergonomic postures - standing, sitting, or lying - through height-adjustable work or dining tables, adjustable beds, or suitable positioning aids)
- Facilitating individually meaningful, low-energy creative or craft-based activities such as knitting, crocheting, sewing, painting, or simple clay or woodwork. These activities help individuals maintain identity, autonomy, and quality of life even in advanced illness, and they can relieve worries and anxiety [8, 9].
- Interventions that maintain and promote participation in meaningful life areas- for example, family and social life (e.g., attending family gatherings, cooking together, meeting friends); in children, this explicitly includes participation in play [10]

For children, adolescents, and young adults, occupational therapists additionally take on the following tasks:

- Supporting motor, cognitive, social, and emotional development to promote functional ability and participation (e.g., handwriting and drawing skills through graphomotor training; cognitive skills such as planning and attention through rule-based games; social competence through participation in group or school activities)
- Providing counselling and training for family members to support daily life and caregiving

Where Do Occupational Therapists Work in Hospice and Palliative Care?

Occupational Therapists supporting people with palliative illness and their families work in employee and freelance roles. The involvement of dietitians is recommended in the following setting:

- Specialist hospice and palliative care services for children, adolescents, young adults, and adults
- Hospitals, including specialist outpatient clinics
- Rehabilitation centres
- Long-term care facilities
- Care and support facilities
- Private practice
- Home-visit settings
- Support services

Where Can You Find Occupational Therapists?

Occupational therapists can be found through Ergotherapie Austria – Federal Association of Occupational Therapists of Austria: **https://www.ergotherapie.at/therapeutinnen-suche**

OCCUPATIONAL THERAPY MAKES A DIFFERENCE.

Occupational therapy enables people in palliative phases of life to shape their everyday activities with autonomy and meaning. This supports participation and active involvement in all life decisions. The possibility to make choices, maintain relationships, carry out personal roles, and experience oneself as capable and active strengthens identity, autonomy, and hope.

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3.3 Speech and Language Therapy

What Is Speech and Language Therapy in Hospice and Palliative Care?

Speech and language therapy focuses on the prevention, diagnosis, and treatment of disorders of communication, speech, language, swallowing, and voice. Communication is a core element of human identity, social participation, and quality of life- especially at the end of life.

Speech and language therapists support people in maintaining their ability to communicate and to take food orally for as long as possible- aligned with their individual needs, values, and goals. Quality of life, autonomy, and dignity remain central throughout [1, 2].

Why Is Speech and Language Therapy Important in the Palliative Context?

Dysphagia, speech and language impairments, and communication difficulties frequently occur at the end of life- caused by neurological disease, tumours, or age-related degeneration. These symptoms can lead to fear, isolation, pain, and nutritional complications [3, 4].

Speech and language therapists help people with progressive illness preserve as much independence and joy in daily situations as possible, stay connected with others, express thoughts, concerns, and wishes, and reduce distress such as choking anxiety or malnutrition. Communication and the ability to swallow food are expressions of self-determination and social connectedness- even in dying [5, 6, 7].

What Are the Tasks of Speech and Language Therapy in Hospice and Palliative Care?

Speech and language therapists are key contacts for all aspects of communication- whether voice, tracheostomy management to enable speech, articulation, or assistive and augmentative communication systems [8]. Their work also includes hearing tests and dizziness diagnostics; they can support people in using hearing aids effectively after fitting [2]. Assessment and possible treatment of swallowing disorders are likewise part of their professional responsibilities [4, 9].

Speech and language therapists work patient-centred and in close collaboration with other professions to…

- support or restore communication abilities (e.g., through language therapy or augmentative and alternative communication),
- develop individually adapted, risk-accepting nutrition concepts in cases of dysphagia,
- advise family members, caregivers, and professionals on managing communication and swallowing disorders,
- implement measures for symptom control in oral discomfort such as dry mouth or chewing difficulties,
- teach breathing and voice-coordination strategies,
- strengthen psychosocial aspects such as identity, self-esteem, and social participation,
- protect autonomy, dignity, and quality of life until the end.

Where Do Speech and Language therapists Work in Hospice and Palliative Care?

Speech and Language Therapists supporting people with palliative illness and their families work in employee and freelance roles. The involvement of dietitians is recommended in the following setting:

- Specialist hospice and palliative care services for children, adolescents, young adults, and adults
- Hospitals, including specialist outpatient clinics
- Rehabilitation centres
- Long-term care facilities
- Care and support facilities
- Private practice
- Home-visit settings
- Support services

Where Can You Find Speech and Language Therapists?

Speech and language therapists can be found through logopädie austria – Professional Association of Austrian Speech and Language Therapists*:* **https://logopaedieaustria.at/logopaedin-suche**

SPEECH AND LANGUAGE THERAPY MAKES A DIFFERENCE.

Speech and language therapy promotes communication, participation, self-determination, and safety in oral nutrition- even at the end of life.

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3.4 Physiotherapy

What Is Physiotherapy in Hospice and Palliative Care?

Physiotherapeutic interventions remain important until the end of life. They help relieve pain, ease breathing and fatigue, improve joint mobility, muscle strength, endurance and balance - always with the aim of enabling social participation, improving quality of life, and preserving independence in daily living for as long as possible [1]. This is based on a patient-centred approach and shared goal-setting [2].

Why Is Physiotherapy Important in the Palliative Context?

The focus is on maintaining functional independence- such as mobility or carrying out everyday activities - all of which are key elements of dignity for patients. Physiotherapy enhances quality of life and reduces reliance on care services and family members, benefiting everyone involved [3, 4]. Improved functional abilities also promote safety in daily life [5].

Physical closeness and touch, both central components of physiotherapy, can further enhance wellbeing [6].

As in all hospice and palliative care, support is directed not only at patients but also at their families and close others. Education and empowerment are important components [7]. By intentionally sharing tasks, benefits extend to both patients and family members, who can be actively involved in the care process [8].

Physiotherapy strengthens physical resources and thereby creates space to address psychosocial and spiritual needs [9].

What Are the Tasks of Physiotherapy in Hospice and Palliative Care?

The core tasks of physiotherapists in palliative care include [10]:

- Alleviating and supporting patients to self-manage symptoms such as pain, dyspnoea, fatigue, oedema, constipation, or anxiety through non-pharmacological measures (e.g., respiratory physiotherapy, strength training, endurance training, manual lymphatic drainage, massage techniques)
- Optimizing mobility and function within limitations of advancing illness: promoting strength, endurance, balance, and flexibility to support independence and social participation (gait training, functional mobility, positioning for activities of daily living, etc.)
- Supporting people to adapt to loss in physical function and explore alternative solutions including assistive devices to maximise independence and self-determination (walking aids, wheelchair selection and adjustments, orthoses, seat cushions, seating systems, etc.)
- Promoting self-control and self-efficacy in a phase of life often marked by loss of control- for example, being able to use the toilet independently or walk to the nearest pharmacy
- Providing education and counselling for patients, relatives, and caregivers to facilitate care and support
- Enhancing wellbeing through resource-orientated physiotherapeutic measures (respiratory therapy, positioning, transfers, positioning, etc.)

For children, adolescents, and young adults, physiotherapists additionally:

- support age-appropriate motor development and enable social participation (e.g., kindergarten, school, leisure activities)
- promote movement and play to improve self-efficacy and quality of life
- provide movement therapy and sensorimotor support through specific physiotherapy approaches and assistive devices
- manage symptoms such as pain, dyspnoea, tone regulation disorders (changes in baseline muscle tone), and other complaints with e.g. respiratory physiotherapy, relaxation techniques, positioning, activity pacing)
- advise and support families on positioning, transfers, daily adaptations, and opportunities for movement and play

Where Do Physiotherapists Work in Hospice and Palliative Care?

Physiotherapists supporting people with palliative illness and their families work in employee and freelance roles. The involvement of dietitians is recommended in the following setting:

- Specialist hospice and palliative care services for children, adolescents, young adults, and adults
- Hospitals, including specialist outpatient clinics
- Rehabilitation centres
- Long-term care facilities
- Care and support facilities
- Private practice
- Home-visit settings
- Support services

Where Can You Find Physiotherapists?

Physiotherapists can be found through Physio Austria, the Austrian Physiotherapy Association: **https://www.physioaustria.at/therapeutinnensuche**

PHYSIOTHERAPY MAKES A DIFFERENCE.

Physiotherapy relieves symptoms, maintains and enhances mobility and independence, strengthens wellbeing and self-efficacy, and creates space for social, psychosocial, and spiritual participation until the end of life.

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4 Education and Training

At present, many- though not all- Austrian bachelor's degree programmes of the four Allied Health Professions described in this document provide basic knowledge for the therapeutic support of people with palliative illnesses.

Positive effects of integrating palliative care into basic training are well documented. Including this content leads to a significant increase in subject-specific knowledge, greater professional self-efficacy, and more confidence when working in palliative situations [1]. It is recommended not only to teach palliative care theoretically, but also to include communication and ethical competencies required in interprofessional contexts [2]. The topic should also be embedded in discipline-specific clinical placements [3, 4, 5]. All training and continuing education content should be orientated towards the ten core competencies defined by the European Association for Palliative Care [6] and adapted in depth to the respective educational level.

Under the legal requirements of the Allied Health Professions Act (Section 38), members of the AHP are obliged to undertake continuous professional development.

The following training programmes and ongoing quality-assurance measures are recommended:

- Interprofessional basic course in palliative care (Level I, master's programme)*
- Advanced discipline-specific course for MTD professions (Level II, master's programme)*
- Master's programme in palliative care (Level III, master's programme)*
- *or an equivalent qualification
- Deepening professional expertise within one's own therapeutic discipline, for example through training offered by professional associations or continuing education institutions
- Personal reflection and experiential learning on one's own mortality, as well as on experiences with loss, death, and dying
- Individual and group supervision
- Networking with professional colleagues and the multiprofessional team, e.g., participation in discipline-specific or interprofessional working group

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Medizinische Universität Wien
Universitätsklinik für Innere Medizin I
Währinger Gürtel 18-20, 1090 Wien
Tel: + 43 1 40400 27520
office@palliativ.at

www.palliativ.at

German language information for patients and their carers on the roles of dietitians, occupational therapy, speech and language therapy, and physiotherapy in hospice and palliative care, as well as a German version of this document, can be found here:

https://www.palliativ.at/die-opg/arbeitsgruppen/mtd-berufe-inkl-heilmasseurinnen/informationen-downloads