Every year an estimated 1.4 million people are diagnosed with cancer and more than 560,000 die of the disease (Horner et al., 2009), making 1 out of every 4 deaths in the United States a cancer-related death (American Cancer Society [ACS], 2008). Cancer is the second most common cause of death in the United States, surpassed only by deaths from heart disease (ACS). With so many cancer-related deaths, oncology nurses are providing end-of-life (EOL) care for patients with cancer on a daily basis.

In 1995, the study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT) brought attention to shortcomings in EOL care of seriously ill hospitalized adults. Patients were reported to die in pain, with minimal communication with care providers and without having their identified wishes met (SUPPORT Investigators, 1995). In response, the World Health Organization (2002) issued a statement that patients with terminal illnesses and their caregivers deserve supportive and reliable care, which could improve patients’ quality of life and help them to be as active as possible until the time of their death.

Two other national associations have spoken out regarding their visions for EOL care for patients with cancer. The Oncology Nursing Society (ONS) and the Association of Oncology Social Work (2003) position statement concluded that EOL care should reflect the needs of patients and families in a coordinated and interdisciplinary manner that is strengthened and supported by evidence-based research. The two national associations also stated that optimal EOL care should reduce the physical suffering patients with cancer experience through excellent assessment, reassessment, and management of physical symptoms and that psychosocial and spiritual care should be integrated to support coping.

Since the SUPPORT investigation, several studies have addressed various aspects of EOL care, such as patient and family perceptions of EOL care (Heyland et al., 2006; Lynn et al., 1997; Steinhauser et al., 2000), help for patients in discussing EOL issues with physicians (Clayton et al., 2007), and quality of medical care at EOL (Yabroff, Mandelblatt, & Ingham, 2004). Studies involving oncology nurses in the United States have been limited to nurses’ perceptions of education related