but there is a disconnect between this and the support provided in the hospice in-patient setting.

**Aim** To assess whether rehabilitative palliative care (RPC) enables HPPC to be integrated in the in-patient setting.

**Method** Using participatory action research, a co-operative inquiry group planned how to integrate RPC in a UK Hospice in-patient unit paying attention to the facilitators and barriers.

The findings from this study and the literature were examined to identify the alignment and dissonance between HPPC and RPC.

**Results** A post intervention review indicated that RPC had been implemented, but there was conflict, also identified in the literature, between a model perceived to be focused on caring (palliative), and one based on enabling (rehabilitation). Factors demonstrating the similarities between HPPC and RPC were presented:

- democracy, empowerment and participation were underpinning principles
- focused on enablement, control, choice and independence where self-esteem, self-determination and self-reliance co-existed with high levels of physical dependence
- participatory models with an emphasis on social interaction
- encouraged health care professionals to relinquish an expert-led approach to enable patients to become active participants in their care
- interdisciplinary – involving all health and social care professionals, patients, families, communities and volunteers.

Claims challenging whether RPC could be considered as HPPC, e.g. lack of community involvement, a failure to address death education, RPC was death denying and perpetuated a clinical model of death and dying were discussed and alternative perspectives presented.

**Conclusion** Despite its close associations with community initiatives, the principles of HPPC can be integrated in a hospice in-patient setting using RPC.