### Management of dystonia in paediatric palliative care

Slater T, Hughes G, Lumsden DE, et al  
*Archives of Disease in Childhood* 2019;104:102-103.  
Dystonia is a challenging neurological symptom found in paediatric palliative care (PPC). While well defined as a movement disorder characterised by sustained or intermittent muscle contractions associated with abnormal movement and posturing, dystonia is less well recognised and identified by clinicians. A wide range of therapies exist but consensus is often lacking regarding choice of treatment. We analysed differences in management of dystonia between palliative care and neurology services.

### Parental decision-making following a prenatal diagnosis that is lethal, life-limiting, or has long term implications for the future child and family: a meta-synthesis of qualitative literature

Claire Blakeley, et al  
*BMC Medical Ethics* volume 20, Article number: 56 (2019)  
Little is known about how parents make choices after finding out their unborn child has a disorder or illness which might seriously affect their chance of surviving or increase their likelihood of having a severe disability after birth. For this reason, we undertook a review of studies that help us understand how parents make decisions. The findings of this review will be helpful for health professionals who look after women and their partners when problems are identified during pregnancy. We offer new insights into why and how parents reach decisions they do about what course of action they take.

### Fifteen-minute consultation: Not the whole story—considering children’s spirituality and advance care planning

Clayton M, Aldridge J
In a society of diverse views, faiths and beliefs, what can paediatric palliative care contribute to our understanding of children’s spirituality? By failing to recognise and respond to their spirituality in this work, we risk missing something of profound importance to children and their families. We overlook their search for wholeness in the absence of cure and fall short of offering truly holistic care. This paper explores how developments in advance care planning and related documentation are addressing these issues. Since children’s spirituality is elusive and rarely explored in practice, it aims to clarify our understanding of it with a variety of examples and contains suggestions for hearing the voice of the child amid the needs of parents and professionals.

Parents’ experiences of requests for organ and tissue donation: the value of asking  
Darlington A, et al  
Archives of Disease in Childhood 2019;104:837-843.  
A proportion of children die, making them potentially eligible to be organ/tissue donors. Not all are approached for donation, and experiences of those parents are not well understood. The objective was to investigate to what extent organ and tissue donation (OTD) is discussed as part of end-of-life care and to explore parents’ and healthcare professionals’ (HCPs) experiences. The findings add new knowledge about parents’ assumptions about the value of their child’s organs when discussions about OTD are not raised, and that HCPs do not routinely ask, are sometimes hesitant to ask in fear of damaging relationships, and the reality of the complexity of the donation process. Given the current levels of awareness around OTD, the topic should be raised.

Buccal opioids for breakthrough pain in children with life-limiting conditions receiving end-of-life care  
Cheryl Norman et al  
International Journal of Palliative Nursing Vol. 25, No. 10  
Many palliative care health settings that care for children and young people (CYP) at the end of life use the buccal mucosa as a route of drug administration to manage the sudden onset of symptoms, such as seizures, agitation and dyspnoea, and for breakthrough pain management. The buccal route is a minimally invasive method that delivers fast symptom relief and is useful for those with swallowing impairment or reduced enteral absorption. Buccal opioids, specifically buccal diamorphine, are an effective strategy to treat breakthrough pain or dyspnoea in CYP.

Communication  
Plissit interventions and sexual functioning: useful tools for social work in palliative care?  
Bennett, Michael R  
The PLISSIT model is a framework to effectively initiate the conversation about sexual concerns. This rapid review and small meta-analysis explores and clarifies knowledge about the effectiveness of PLISSIT in resolving sexual dysfunction and considers its utility as a social work intervention in a palliative care setting.

Conditions and Diseases  
Hospitalization at the end of life among nursing home residents with dementia: a systematic review  
Falk Hoffmann, Anke Strautmann & Katharina Allers  
BMC Palliative Care volume 18, Article number: 77 (2019)  
Half of nursing home residents (NHR) suffer from dementia. End-of-life hospitalizations are often burdensome in residents with dementia. A systematic review was conducted to study the occurrence of hospitalizations at the end of life in NHR with dementia and to compare these figures to NHR without dementia. We found large variations in end-of-life hospitalizations of NHR with dementia, probably being explained by differences between countries. The influence of sex and age might differ when compared to residents without dementia. More studies should compare NHR with dementia to those without and assess the influence of sex and age.

Advance care planning for patients with cirrhosis in a structured inpatient/outpatient hepatology program  
Najafian N, et al  
Patients with end-stage liver disease (ESLD) have high mortality, but low utilization of palliative care. A transitional care liver clinic (TCLC), bridging inpatient hepatology care to outpatient clinics, should offer the ideal setting for advance care planning (ACP). We examine ACP and related outcomes for TCLC patients who died
within one year of the initial TCLC visit. Despite a structured program for ESLD patients, there were no ACP discussions until the terminal hospitalization. These findings support the need to integrate palliative care interventions in the management of ESLD patients, especially taking advantage of postdischarge visits.

**Outcomes of palliative care consultations for hospitalized patients with liver disease.**
Ufere NN, et al.
Although palliative care (PC) has been shown to improve symptoms and end-of-life (EOL) care for patients with cancer, data are lacking on the patterns of use and outcomes of PC consultations for hospitalized patients with liver disease. Hospitalized patients with liver disease were more likely to have a PC referral to address goals of care compared with those with cancer and were more likely to die in the hospital. Despite late PC consultations, patients with liver disease experienced improvement in symptoms and clarification of their goals of care, similar to those with cancer.

**End-of-life care among patients with schizophrenia and cancer: a population-based cohort study from the French national hospital database**
Fond, G. et al
*JAMA Oncology* volume 4, issue 11, pe583-e591, November 01, 2019
Patients with schizophrenia represent a vulnerable, underserved, and undertreated population who have been neglected in health disparities work. Understanding of end-of-life care in patients with schizophrenia and cancer is poor. We aimed to establish whether end-of-life care delivered to patients with schizophrenia and cancer differed from that delivered to patients with cancer who do not have diagnosed mental illness. Our findings suggest the existence of disparities in health and health care between patients with schizophrenia and patients without a diagnosis of mental illness. These findings underscore the need for better understanding of health inequalities so that effective interventions can be developed for this vulnerable population.

**End-of-life care and place of death in adults with serious mental illness: A systematic review and narrative synthesis.**
Wilson R et al
People with serious mental illness have greater mortality risk than the general population. They experience health care inequalities throughout life; it is not clear if this persists to end of life. We assess the empirical evidence describing end-of-life care and place of death for people with serious mental illness. The evidence was sparse and heterogeneous, demonstrating variability in patterns and reporting of health care use and with little consensus on where people with serious mental illness are likely to die. Given that people with serious mental illness have increased mortality risk, this gap in the knowledge around end-of-life care outcomes is concerning; this area of research needs further development.

**Association of Early Palliative Care Use With Survival and Place of Death Among Patients With Advanced Lung Cancer Receiving Care in the Veterans Health Administration.**
Sullivan DR et al
*JAMA Oncol.* 2019 Sep 19.
Palliative care is a patient-centered approach associated with improvements in quality of life; however, results regarding its association with a survival benefit have been mixed, which may be a factor in its underuse. We assess whether early palliative care is associated with a survival benefit among patients with advanced lung cancer. The results suggest that palliative care was associated with a survival benefit among patients with advanced lung cancer. Palliative care should be considered a complementary approach to disease-modifying therapy in patients with advanced lung cancer.

**Palliative care interventions for people with multiple sclerosis**
Latorraca, C.O.C et al
*Cochrane Systematic Review - Intervention Version:* 22 October 2019
People with multiple sclerosis (MS) have complex symptoms and different types of needs. These demands include how to manage the burden of physical disability as well as how to organise daily life, restructure social roles in the family and at work, preserve personal identity and community roles, keep self-sufficiency in personal care, and how to be part of an integrated care network. Palliative care teams are trained to keep open full and
competent lines of communication about symptoms and disease progression, advanced care planning, and end-of-life issues and wishes. Teams create a treatment plan for the total management of symptoms, supporting people and families on decision-making. Despite advances in research and the existence of many interventions to reduce disease activity or to slow the progression of MS, this condition remains a life-limiting disease with symptoms that impact negatively the lives of people with it and their families. Based on the findings of the RCTs included in this review, we are uncertain whether palliative care interventions are beneficial for people with MS. There is low- or very low-certainty evidence regarding the difference between palliative care interventions versus usual care for long-term health-related quality of life, adverse events, and hospital admission in patients with MS. For intermediate-term follow-up, we are also uncertain about the effects of palliative care for the outcomes: health-related quality of life (measured by different assessments: SEIQoL or MSIS), disability, anxiety, and depression.

Equality and diversity
Meeting the needs of people who identify as lesbian, gay, bisexual, transgender, and queer in palliative care settings
Higgins, Agnes; Hynes, Geralyn
Journal of Hospice & Palliative Nursing, 2019 21(4) p.286-290
The end-of-life needs of people who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ) are in many ways identical to those of non-LGBTQ people; however, for a variety of reasons, they are at risk of receiving suboptimal care, irrespective of whether they are being cared for at home or in a nursing home, hospital, or hospice. Although research on the needs of LGBTQ people at the end of life is sparse, drawing on what is available this article explores some of their unique concerns that practitioners should consider during their interactions.

Ethical and legal issues
Deep brain stimulation at end of life: clinical and ethical considerations
Lauren R Sankary, et al
Journal of Palliative Medicine, 2019 August 12
Questions arise at the end of life concerning how to provide best care for patients with a deep brain stimulation (DBS) device, including its continued benefit or potential complications, yet no published articles provide guidance for hospice providers. With contributions from hospice physicians, a neurosurgeon, and ethicists, this article provides recommendations to address clinical and ethical challenges in optimizing DBS for patients with Parkinson’s Disease nearing the end of life.

Physician-assisted dying
BMA 15 November 2019
We represent doctors and medical students who, like the wider public, hold a wide range of views on physician-assisted dying. Since 2006, however, our policy position has been to oppose assisted dying in all its forms. This year, for the first time, we will be asking all members for their views on what the BMA’s position should be on a change in the law to permit physician-assisted dying. The information we get will inform a debate and vote on BMA policy at our ARM (annual representative meeting) in June 2020.

Interventions to reduce aggressive care at end of life among patients with cancer: a systematic review
Abedini, Nauzley C et al.
The Lancet Oncology, Volume 20, Issue 11, e627 - e636
Little is known about effective interventions to reduce aggressive end-of-life care in patients with cancer. We did a systematic review to assess what interventions are associated with reductions in aggressive end-of-life cancer care. Evidence for improving aggressive end-of-life cancer care is limited by the absence of standardised measurements and poor study design. Policies and studies to address the gaps present in end-of-life care for cancer are necessary.

Families
Challenges and support needs of parents and children when a parent is at end of life: A systematic review
Jeffrey R Hanna et al
Palliative Medicine, 2019 33(8) p.1017-1044
This review synthesised evidence on the experiences of parents and children when a parent is at the end of life
to discern their challenges, support needs and the factors that facilitated good practice. Lack of understanding in relation to the parent's prognosis, denial and feeling ill-equipped were suggested as barriers for parents to share the news with their children. Engagement with social networks, including extended family relatives and peers, and maintaining routines such as attending school were suggested supportive by parents and children.

Guidelines

**Hospice and palliative care funding allocations: 2019 to 2020**
Department of Health and Social Care 29 October 2019
Sets out the amount of funding received by clinical commissioning groups (CCGs) for hospice and palliative care services in the 2019 to 2020 financial year.

**End of life care for adults: service delivery**
NICE guideline [NG142] October 2019
This guideline covers organising and delivering end of life care services, which provide care and support in the final weeks and months of life (or for some conditions, years), and the planning and preparation for this. It aims to ensure that people have access to the care that they want and need in all care settings. It also includes advice on services for carers.

**Older people who died in hospital: England 2017**
Public Health England 11 October 2019
This report provides information of numbers of deaths in hospital and length of hospital admissions ending in death, by age, sex, deprivation, and cause of death.

**Care at the End of Life**
The Faculty of Intensive Care Medicine October 2019
Critical care teams frequently have to deal with uncertainty of prognosis and outcome, simultaneously react to changing physiology with resuscitative measures, consider palliative interventions and communicate (with empathy) rapidly changing situations to patients and families during very distressing times. Shared decision-making is regarded as best practice but lack of capacity often precludes this. If more information about patients’ wishes and beliefs were available ICU teams would be better positioned to make Best Interests decisions, enabling individualised care, thereby minimising confusion and conflict due to clear communications about advance care planning. This document (full and abridged versions) plus the accompanying lay summary provides recommendations for effective decision-making and resources for clinical teams and the general public. It hopes to encourage open, clear, honest discussions with patients and families enabling improved advance care. Such arrangements will enhance care planning and empower patients, carers and clinical teams to better engage in shared decision-making processes that respect both the philosophical and physiological aspects of individuals’ lives.

**Palliative and end of life care**
Public Health England 11 October 2019
The palliative and end of life care data, profiles and reports are produced by the National End of Life Care Intelligence Network (NEoLCIN) and cover: Palliative and end of life care profiles, Data and intelligence, Data analysis reports, and Resources

**Medicine Information**

**Benefit of tetrahydrocannabinol versus cannabidiol for common palliative care symptoms.**
Casarett DJ, et al
We determine the relative contributions of tetrahydrocannabinol (THC) and cannabidiol (CBD) to patients' self-ratings of efficacy for common palliative care symptoms. These preliminary results offer a unique view of real-world medical cannabis use and identify several areas for future research.

**Benzodiazepines and/or neuroleptics for the treatment of delirium in palliative care? a critical appraisal of recent randomized controlled trials.**
Gaertner J, et al
Delirium is a frequent condition in patients in a palliative care situation and most often associated with substantial burden or even danger for the persons concerned as well as caregivers and health-care professionals. Despite the lack of randomized-controlled-trials (RCTs) benzodiazepines and neuroleptic agents are used extensively in palliative care for the pharmacological management of delirium. A focused review for RCTs assessing pharmacotherapy with benzodiazepines and neuroleptics for the treatment of delirium in patients treated in a palliative care or hospice setting published in 2017 was performed in PubMed. A narrative summary of the findings of the RCTs and practical recommendation are presented.

**Cannabis hyperemesis syndrome in palliative care: a case study and narrative review.**
Howard I.
Cannabis is increasingly used by persons at end of life to ameliorate symptoms such as pain, spasticity, anorexia, or anxiety. Cannabis hyperemesis is a distressing adverse effect of chronic use and may cause significant morbidity. Unfortunately, the clinical presentation of this syndrome may be subtle in a person with complex medical issues or disability. Providers must remain vigilant for possible variations in presentation in these populations. We assess literature on cannabis hyperemesis and present unique considerations for clinical assessment and treatment for patients at end of life. The presentation of cannabis hyperemesis may be atypical in palliative care patients due to disability. More work is needed to improve risk stratification for patients using cannabis for palliative care.

**Opioid crisis: Equianalgesia dosing considerations for home care cancer patients.**
Lee VY, Kowalski SL.
*Home Healthc Now.* 2019;37(6).
As a result of the opioid epidemic, strategies have been implemented to reduce opioid consumption. These include regulatory policies, reduced opioid production, and nonopioid approaches for pain management. Although these policies may reduce opioid prescribing, there has been an unintended consequence for patients with severe cancer pain. Opioids are foundational for cancer pain management and are often required for patients during end-of-life care. Shortages of some opioid medications require knowledge of equianalgesic dosing. Equianalgesia is the conversion of comparable pain-relieving effects from one medication to another. There is a lack of consensus with regard to conversion standardization so researchers have created dosing principles that clinicians can follow. This article will describe some of these dosing principles and provide readers with sources for on-line dosage calculators.

**Drug management in end-of-life hospitalized palliative care cancer patients: The RHESO cohort study.**
Vallard A, et al.
Little data about the management of drugs in terminally ill palliative care cancer patients is available. The present study aimed at describing the evolution of anticancer and non-anticancer treatments (NACTs) in cancer patients in palliative care units. The second objective was to identify factors leading to the medical decision to withdraw or not NACTs. NACT prescription remained commonplace in terminally ill palliative cancer patients, although their benefit is questionable.

**Place of care**

**Top ten tips palliative care clinicians should know about telepalliative care**
Calton, Brook Anne et al
*Journal of Palliative Medicine* 2019 22(8) p.981-985
The latest in the 'Top Ten' series, this article looks at the application of telehealth technologies to palliative care and how they may help address important challenges inherent to the specialty, such as geography and clinician staffing. Telepalliative care can take many forms, including, but not limited to, video visits between clinicians and patients, smartphone applications to promote caregiver well-being, and remote patient symptom-monitoring programs. Experts in telehealth and palliative care, provide a review of the current evidence for telepalliative care and potential applications and practical tips for using the technology.

**'It all depends!': a qualitative study of preferences for place of care and place of death in terminally ill patients and their family caregivers**
Gerber, Katrin; et al
It is often suggested that terminally ill patients favour end-of-life care at home. Yet, it is unclear how these preferences are formed, if the process is similar for patients and family caregivers, and if there are discrepancies between preferences for place of care and place of death. Understanding these nuances is essential to support people in their decision-making and ultimately provide better care at the end-of-life. The authors conclude that in many cases end-of-life decision-making does not conclude with a clear and stable choice. Understanding the reasons for the malleability of preferences and the process of how they are formed has implications for both clinicians and researchers.

Physical and occupational therapy

How can activity monitors be used in palliative care patients?
To, Timothy H.M et al
Journal of Palliative Medicine, 2019 22(7) p.830-832
Objective measurement of physical activity in palliative care patients is challenging. In this article, the authors highlight their experiences of activity monitoring in palliative care patients as part of a telehealth trial. They highlight the strengths and limitations of activity monitoring in this patient group and potential applications. They conclude that although the advent of consumer technology for activity measurement makes their use seem attractive in palliative clinical settings, there are a number of issues that must be considered, in particular the reason for the activity monitoring and associated limitations in the technology.

Music in palliative care: a qualitative study with patients suffering from cancer
Sandrine Pomeret, et al
BMC Palliative Care volume 18, Article number: 78 (2019)
The palliative care unit is an emotionally challenging place where patients and their families may feel at loss. Art can allow the expression of complex feelings. We aimed to examine how cancer patients hospitalized in the palliative care unit experienced a musical intervention. Although music appeared to benefit the patients, it sometimes reminded them of their altered state. The difficulties experienced by patients during the experience were also related to physical exhaustion. Additional studies are needed to determine the benefits of music for patients and their families in the palliative care unit.

Quality of Health Care

Quality improvement in hospice settings: perceptions of leaders
Jitendra Singh, et al
International Journal of Health Care Quality Assurance, 2019 32(7) p.1098-1112
The purpose of this paper is to explore and examine attitudes and perceptions of leaders on application of quality improvement (QI) strategies in a palliative and hospice care organization using qualitative research methodology. Data analysis suggests that use of QI approach in palliative and hospice care enhances the quality of care provided for patients and can help improve patient satisfaction. This research can provide useful practical tips to leaders as they work on implementing QI projects in their organization.

Which outcome domains are important in palliative care and when? An international expert consensus workshop, using the nominal group technique
de Wolf-Linder, Susanne; et al
Palliative Medicine, 2019 33(8) p.1058-1068
When capturing patient-level outcomes in palliative care, it is essential to identify which outcome domains are most important and focus efforts to capture these, in order to improve quality of care and minimise collection burden. The group recommended the domains of 'overall wellbeing/quality of life', 'pain', and 'information needs/preferences' for regular measurement, assessed using 'Phase of Illness'. International adoption of these recommendations will help standardise approaches to improving the quality of palliative care.

Patient safety incidents in advance care planning for serious illness: a mixed-methods analysis
Dinnen T, Williams H, Yardley S, et al
BMJ Supportive & Palliative Care Published Online First: 28 August 2019.
Advance care planning (ACP) is essential for patient-centred care in the last phase of life. There is little evidence available on the safety of ACP. This study characterises and explores patient safety incidents arising from ACP processes in the last phase of life. This national analysis identifies priority concerns and questions whether it is
possible to develop strong system interventions to ensure safety and quality in ACP without significant improvement in human-dependent issues in social programmes such as ACP. Human-dependent issues (ie, varying patient, carer and professional understanding, and confidence in enacting prior ACP when required) should be explored in local contexts alongside systems development for ACP documentation.

**Barriers to palliative and hospice care utilization in older adults with cancer: A systematic review.**
Parajuli J et al

The number of older adults with cancer and the need for palliative care among this population is increasing in the United States. The objective of this systematic review was to synthesize the evidence on the barriers to palliative and hospice care utilization in older adults with cancer. A systematic literature search was conducted. Findings revealed that male, racial minority, unmarried individuals, individuals with low socio-economic status or residing in rural areas, and fee-for-service enrollees were less likely to use palliative or hospice care. Lack of communication with care providers is also a barrier of using palliative or hospice care. The factors identified in this review provide guidance on identification of high-risk population and intervention development to facilitate the use of palliative and hospice care in older adults with cancer. Larger prospective studies on this topic are needed to address this critical issue.

**The AMBER care bundle for hospital inpatients with uncertain recovery nearing the end of life: the ImproveCare feasibility cluster RCT**
Koffman J, et al
*Health Technology Assessment* Volume: 23, Issue: 55, October 2019

Patients admitted to hospital with a terminal illness and uncertain recovery often receive inconsistent care and do not have the opportunity to die in their preferred place of death. Previous end-of-life care packages, such as the Liverpool Care Pathway for the Dying Patient, have sometimes been badly implemented. The AMBER (Assessment; Management; Best practice; Engagement; Recovery uncertain) care bundle was developed to remedy this. It has not been evaluated in a randomised trial, but a definitive trial would face many hurdles. This feasibility trial has demonstrated that an evaluation of the AMBER care bundle among an acutely unwell patient population, although technically possible, is not practical or feasible. The intervention requires optimisation.

**Spiritual and psychological care**

**Spiritual care at the end of life: does educational intervention focused on a broad definition of spirituality increase utilization of chaplain spiritual support in hospice?**
Soroka, Jacek T.; et al
*Journal of Palliative Medicine*, 2019 22(8) p.939-944

Despite the benefits of spiritual care, evidence shows that many patients and caregivers (P/C) refuse it when a hospice team offers it, possibly resulting in unnecessary suffering. The aim of this study was to better understand what contributes to spiritual support acceptance in hospice care. This research suggests that educational intervention that explains spiritual care in hospice and its benefits contributes importantly to greater acceptance and allows P/C to gain the benefits of spiritual support during end-of-life care.

**Spiritual care at the end of life in the primary care setting: experiences from spiritual caregivers – a mixed methods study**
Koper, I. et al.
*BMC Palliative Care* Vol.18, 98 (2019)

Spiritual care is an important aspect of palliative care. In the Netherlands, general practitioners and district nurses play a leading role in palliative care in the primary care setting. When they are unable to provide adequate spiritual care to their patient, they can refer to spiritual caregivers. This study aimed to provide an overview of the practice of spiritual caregivers in the primary care setting, and to investigate, from their own perspective, the reasons why spiritual caregivers are infrequently involved in palliative care and what is needed to improve this. Spiritual caregivers provide broad spiritual care at the end of life, and discuss many different topics beside spiritual issues with patients in the palliative phase, supporting them when making medical end-of-life decisions. Spiritual care in the primary care setting may be improved by better cooperation between spiritual caregiver and other healthcare providers, through improved education in spiritual care and better promotion of spiritual caregivers’ services.
In what ways might group clinical supervision affect the development of resilience in hospice nurses?

Francis, Amy; Bulman, Chris


There is limited evidence which focuses on the influence of clinical supervision in the development of resilience in hospice nurses. From their research, the authors suggest that it affects the development of resilience by developing confidence at work, regulating emotions, offering a coping strategy, managing expectations, and developing self-awareness, dependent upon individual preference and experience, the local organisational context, and wider social and political factors. Recommendations for practice are offered to enhance the development of resilience through clinical supervision.

Distress and self-care among chaplains working in palliative care

White, Kelsey B; et al

*Palliative & Supportive Care*, 2019 17(5) p.542

Although limited, research suggests low levels of burnout or distress among healthcare chaplains; however, there has been no research among chaplains working in specific clinical contexts, including palliative care. This study explored the distress, self-care, and debriefing practices of chaplains working in palliative care. It found that these Chaplains appear moderately distressed, possibly more so than chaplains working in other clinical areas. They use debriefing, with non-chaplain palliative colleagues, to process clinical experiences.

Palliative care training addressed to hospital healthcare professionals by palliative care specialists: a mixed-method evaluation

Giovanna Artioli, et al

*BMC Palliative Care* volume 18, Article number: 88 (2019)

Despite the great advances in the concept of palliative care (PC) and its benefits, its application seems to be delayed, leaving unfulfilled the many needs of patients and family members. One way to overcome this difficulty could be to develop a new training programme by palliative care specialists to improve PC primary skills in healthcare professionals. The aim of this study was to evaluate the training’s impact on trainees within a hospital setting using Kirkpatrick’s and Moore’s models. It is necessary to further develop rigorous research on training evaluation, at the most complex orders of the Kirkpatrick and Moore models, to measure primary PC skills in health care professionals. This will develop the effectiveness of the integration of I- and II-level palliative care competencies in hospitals and improve outcomes of patients’ and families’ quality of life.

The use of ketamine in the management of refractory cancer pain in a palliative care unit.

Cheung KWA et al


Ketamine has been used as an adjuvant to opioid therapy for the management of refractory cancer pain but the current evidence is insufficient to draw any conclusions regarding its efficacy. We aimed to assess the response to ketamine in patients with refractory cancer pain treated in an oncology palliative care unit. These data demonstrated the efficacy and safety of ketamine in a population of patients with refractory cancer pain. The use of more than one co-analgesic was associated with a favourable response to ketamine. Further large and multi-centred studies are warranted to confirm these data.

Clinical practice guidelines and consensus statements about pain management in critically ill end-of-life patients: A systematic review.

Durán-Crane A et al.


We identify and synthesize available recommendations from scientific societies and experts on pain management at the end-of-life in the ICU. In spite of the lack of high-quality evidence, recommendations for pain management at the end-of-life in the ICU are homogeneous and are justified by ethical principles and agreement among experts. Considering the growing demand for the involvement of palliative care teams in the management of the dying patients in the ICU, there is a need to clearly define their early involvement and to further develop comprehensive evidence-based pain management strategies. Based on the study findings, we propose a management algorithm to improve the overall care of dying critically ill patients.
Managing cancer pain, monitoring for cancer recurrence, and mitigating risk of opioid use disorders: A team-based, interdisciplinary approach to cancer survivorship.
Goodlev ER et al
This review frames a model for pain management in cancer survivorship that balances analgesia with the imperative to minimize risk of OUD, recognizes signs of disease recurrence, and provides whole-person care. The management of pain in cancer survivorship is complex and requires interdisciplinary care that balances analgesia with the imperative to reduce long-term inappropriate opioid use and manage OUD, while maintaining therapeutic presence with patients in the spirit of palliative care.

Short-term effects of 10% lidocaine ointment on allodynia in cancer pain: A randomized, double-blind, placebo-controlled crossover study.
Hasuo H, et al
There is currently no established therapy for allodynia, which is a type of neuropathic pain. However, high concentrations of topical anaesthetics can anesthetize the skin and increase the sensory threshold to tactile stimulation. We aimed to evaluate the short-term effects and safety of 10% lidocaine ointment for treating allodynia in cancer pain. Lidocaine ointment 10% can alleviate allodynia for two to eight hours after application.

Factors associated with improvement in uncontrolled cancer pain without increasing the opioid daily dose among patients seen by an inpatient palliative care team.
Qian Y. et al
Increasing the total opioid dose is the standard approach for managing uncontrolled cancer pain. Other than simply increasing the opioid dose, palliative care interventions are multidimensional and may improve pain control in the absence of opioid dose increase. The purpose of this study was to determine the proportion of patients referred to our inpatient palliative care (IPC) team who achieved clinically improved pain (CIP) without opioid dose increase. Nearly half of the patients achieved CIP without MEDD increase, suggesting that the multidimensional palliative care intervention is effective in improving pain control in many opioid-tolerant patients without the need to increase the opioid dose.

Prescribing in palliative care
BNF October 2019
Palliative care is an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. Careful assessment of symptoms and needs of the patient should be undertaken by a multidisciplinary team.

Unrelieved Pain in Palliative Care in England
Zamora, B., Cookson, G. and Garau, M.
Office of Health Economics September 2019
In England, an estimated 378,427 people receive palliative care each year in a range of specialised and generalised services. Overall, the quality of palliative care in England and the wider UK is widely regarded as excellent. However, despite the generally high level of care, many patients receiving palliative care die in pain every year. Yet, to date, there is little evidence of the scale of this problem. This study estimates that currently there are approximately 125,971 end-of-life patients receiving, or in need of, palliative care suffering from unrelieved pain. Of these, an estimated 16,130 patients experience no relief from their pain at all in the last three months of life. Some of these patients suffer unnecessarily because of variations in the quality of care across care settings (e.g. hospice versus at home services).

The effectiveness of aromatherapy, massage and reflexology in people with palliative care needs: A systematic review.
Candy B et al
Aromatherapy, massage and reflexology are widely used in palliative care. Despite this, there are questions
about their suitability for inclusion in clinical guidelines. The need to understand their benefits is a public priority, especially in light of funding pressures. To synthesise current evidence on the effectiveness of aromatherapy, massage and reflexology in people with palliative care needs. This review identified a relatively large number of trials, but with poor and heterogeneous evidence. New clinical recommendations cannot be made based on current evidence. To help provide more definitive trial findings, it may be useful first to understand more about the best way to measure the effectiveness of these therapies in palliative care.

Breathlessness is common in chronic conditions but often goes unidentified by clinicians. It is important to understand how identification and assessment of breathlessness occurs across health care settings, to promote routine outcome assessment and access to treatment. The objective of this study was to summarise how breathlessness is identified and assessed in adults with chronic conditions across different health care settings. Various measures were identified, reflective of the setting’s purpose. However, this highlights missed opportunities for breathlessness management across settings; primary care is particularly well placed to diagnose and support breathlessness. The chronic obstructive pulmonary disease approach (where symptoms and quality of life are part of disease management) could apply to other conditions. Better documentation of holistic patient-reported measures may drive service improvement in specialist palliative care.

Chronic breathlessness is a clinical syndrome that results in significant distress and disability. Morphine can reduce chronic breathlessness when the contributing aetiologies are optimally treated. There was no signal of benefit from oxycodone over placebo. Future research should focus on investigating the existence of an opioid class effect on the reduction of chronic breathlessness.

Antiemetics are being used both for the treatment and prophylaxis of opioid-induced nausea and vomiting (OINV) in clinical practice, despite the lack of evidence for the prophylactic benefit. Studies among Japanese physicians demonstrated over 80% prescribe antiemetics, with neuroleptic antipsychotics as the most commonly prescribed drugs. Our objective was to elucidate the current scenario of the prophylactic use of antiemetics for OINV among Italian physicians. Italian physicians do not commonly prescribe prophylactic antiemetics for OINV. Unlike previously reported data, dopamine antagonists resulted the most commonly prescribed drugs. Prospective clinical trials are necessary to evaluate the real efficacy of this practice.

The use of ketamine in palliative care is becoming more common for challenging symptom management, namely cancer related pain and psychiatric conditions. However, there is much that remains unstudied and uncertain about ketamine’s clinical utility. In this case we examine a young cancer patient who was struggling with challenging neuropathic pain and significant existential anguish in the setting of metastatic pancreatic cancer and delirium. Despite concerns regarding baseline delirium we successfully used ketamine to better manage neuropathic pain, decrease overall opioid need, without exacerbating the preexisting delirium. Our case highlights the benefits of ketamine for neuropathic pain control in the face of delirium.

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