## PALLIATIVE CARE BULLETIN
### December 2019

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"Death from a broken heart": A systematic review of the relationship between spousal bereavement and physical and physiological health outcomes.
Ennis J, Majid U.

The loss of a loved one is often associated with "death from a broken heart" for the survivor, and there is evidence that shows that widowers and widows are at risk for higher morbidity and mortality than the general population. This systematic review will summarize the physical and physiological health outcomes of spousal bereavement. A systematic database search was conducted, and 38 studies were analyzed. The majority of studies found a statistically significant and positive association between spousal bereavement and adverse physical and physiological health outcomes such as inflammation, cardiovascular risk, chronic pain, and mortality.

Bereavement practices employed by hospitals and medical practitioners toward attending funeral of patients: A systematic review.
Kim K, et al.
Medicine (Baltimore). 2019 Sep;98(36):e16692

We ascertain bereavement practices offered by hospitals and medical practitioners (MPS), factors that influence the likelihood of MPS' involvement in funeral attendance, the benefits and barriers to attendance to a patient's funeral as perceived by MPS and the rate of attendance to patients' funeral by MPS. Several bereavement practices are provided by hospitals and MPS. Funeral attendance is an uncommon bereavement practice. MPS' attitudes toward attending a patient's funeral are understudied in many specialties. Patient factors that influence MPS' participation in bereavement practices are poorly understood.

Chronic Pain and Grief
Garciañeda Imaz JA, Rozo Reyes CM.
The aim of this article was to conduct a systematic review in order to find information that enables a connection between chronic pain and the grieving process to be established, beyond the intuitive relationships that connects them. The connection between chronic pain and grief has been mentioned intuitively as a condition taken for granted. However, little evidence of this relationship has been published, which suggests that this topic has not been widely researched.

The prevalence of complicated grief among Chinese people at high risk: A systematic review and meta-analysis.
Pan H, Liu F.

This unprecedented systematic review aims to unearth the rate of complicated grief (CG) among Chinese people. Results warrant the need to conduct a population-based and quality study to investigate the prevalence of CG in Chinese people. Many suggestions on treatment for Chines people with CG were provided.

Peer Support Services for Bereaved Survivors: A Systematic Review.
Bartone PT et al

This systematic literature review assesses the evidence regarding benefits of peer support services for bereaved survivors of sudden or unexpected death. Reports were included that addressed peer support services for adults who experienced death of a family member, close friend, or coworker. Of the 32 studies meeting all inclusion criteria, most showed evidence that peer support was helpful to bereaved survivors, reducing grief symptoms and increasing well-being and personal growth. Studies also showed benefits to providers of peer support, including increased personal growth and positive meaning in life. Several studies addressed the growing trend of Internet-based peer support programs, finding that these are beneficial in part due to their easy accessibility. Peer support appears to be especially valuable for survivors of suicide loss, a result that may be related to stigma and lack of support from family and friends experienced by many suicide survivors. The reviewed studies provide consistent evidence that peer support is beneficial to bereaved survivors.

Mental wellbeing in bereaved carers: A Health Survey for England population study.
Hodiamont F, et al
The experience of caregiving may affect carers' well-being into bereavement. We explored associations between mental well-being and previous experience of bereavement of, and caring for, someone close at the end-of-life. Mental well-being in bereavement was worse in people with self-reported poor/very poor general health and those with a worse caregiving experience. Although causality cannot be assumed, interventions to help people with worse mental and physical health to care, so that their experience is as positive as possible, should be explored prospectively.

Carers
Informal Caregivers' Perceptions of Needs From Hospice Providers: An Integrative Review.
Engbers RA.
In the United States, informal caregivers (ICs) provide care to over 70% of patients at the end of life. Approximately 500,000 ICs contribute to the end-of-life care for patients in the United Kingdom. Hospice care is expanding worldwide to meet the needs of these ICs. Because ICs play an instrumental role in the provision of hospice services, and their perspective of their needs of formal services requires further clarity, the purpose of this review is to synthesize research that elucidates perceptions of ICs regarding their experiences with hospice providers. Particular attention must be paid to ensuring that the IC is acknowledged as an expert part of the team. Clearly explaining available services, creating better ways to ease the IC's transition from caregiving to bereavement, and recruiting minority hospice providers are other important efforts that could improve the caregiving experience. The needs of ICs are complex, but by listening to their perspective, we can begin to clarify the best ways to aid them in their difficult job.

Children
A Transition Toolkit for Duchenne Muscular Dystrophy.
Trout CJ et al
The care of individuals with Duchenne muscular dystrophy (DMD) now extends into adulthood. Childhood to adulthood transition planning is an important aspect of care, affecting health outcomes as well as other important aspects of adult life. In this article, we address transition planning as it relates to DMD health care, education, steps toward vocations, personal care, accessing the home and community, and the importance of relationships with others. Because of the complex, disabling, and progressive nature of DMD, coordinated, well-timed planning is critical to ensure that all components of transition are accomplished. In this article, we introduce the DMD Transition Toolkit. The toolkit is designed to help assess readiness for transition, track progress toward transition goals, and provide a template for documenting key elements of medical care, medical equipment, and services. The transition readiness assessment for young adults with DMD is used to gauge readiness for adult health care and living practices. Consistent with the 2018 DMD Care Considerations, the transition checklist for young adults with DMD is a comprehensive list to be considered, discussed, and planned for during transition. The medical summary for young adults with DMD can be used by a provider or individuals with DMD to communicate details of their health plan, provider contacts, and medical equipment needs. It can be used in transition handoffs, when adding new providers, or when informing new nursing agencies or personal care attendants. It could also be useful in urgent care settings by providing baseline information about the individual with DMD.

A workforce in crisis: children’s palliative care in 2019
Together for Short Lives October 2019
Seriously ill children can have complex and unpredictable conditions and often need round the clock care provided by their families, seven days a week. They may need palliative care from the point at which their condition is diagnosed or recognised until the end of their lives. This care is mainly provided by families at home, 24 hours a day. They are supported by medical, nursing and other professionals in a mix of settings that include hospitals, children’s homes and children’s hospices. The number of children with life-limiting conditions are who are likely to need palliative care is growing. Worryingly, however, too few children’s palliative care services in England are sustainably staffed. This means that too many children and families are missing out on the care and support they need, when and where they need it. There is a children’s palliative care workforce crisis
Parallel planning and the paediatric critical care patient
Archives of Disease in Childhood 2019;104:994-997.
A growing number of children with life-limiting conditions (LLCs) are being cared for in paediatric critical care (PCC) settings. Children with LLCs admitted to PCC are at a high risk of developing complications and many die after prolonged admissions. Relatively few of these patients and their parents or carers have had documented discussions about their wishes for care in the event of a serious clinical deterioration before admission to PCC. There is a need for improved understanding of (1) how parents arrive at decisions regarding what is best for their child at times of critical illness and (2) the role of parallel planning and advance care plans in that process. This review examines the complexities of decision-making in children with LLCs who are admitted to PCC settings.

Approaches to community-based palliative care provision by children’s hospices in the UK
Tatterton MJ
Nursing Children and Young People. 03 September 2019
The number of children in the UK with life-limiting conditions and the demand for home-based palliative care is increasing. Children’s hospices remain a dominant provider of palliative care. This study aimed to determine the approaches taken by children’s hospices across the UK in meeting the planned and unplanned health needs of children and their families who receive palliative care at home. In addition, the survey aimed to identify the professional composition of community teams and the number of children and families supported by each service. Out of hours care was usually offered in the form of telephone support. Models of community-based care are evolving to include nurses practising at specialist and advanced levels, allowing more children with increasingly complex conditions to be cared for at home.

Communication
End-of-life communication: a nationwide study of bereaved parents’ perceptions.
Lykke C et al
We investigate bereaved parents’ perception of end-of-life communication with healthcare professionals after losing a child due to life-limiting diagnoses. Parents request accurate and timely information. However, a substantial number of the parents surveyed reported that healthcare professionals communicated too late about palliative care and end-of-life issues. Even though healthcare professionals strive to communicate effectively with dying children and their parents, barriers were identified that may hinder even the best of intentions. National guidelines addressing communication issues and improved education of healthcare professionals should form part of any future agenda.

Conditions and Diseases
Palliative care for people with substance use disorder and multiple problems: a qualitative study on experiences of patients and proxies
Anne Ebenau et al
BMC Palliative Care 2019 18:56
This study aims to explore the issues and needs of patients with SUD and multiple problems, and their proxies, in the palliative care phase. It shows that talking about and anticipating palliative care with this patient-group appears hard due to patients’ closed and avoiding communication. Furthermore, some of the patients’ EOL preferences and needs, and coping strategies, seem to differ from the more generally-accepted ideas and practices. The authors offer suggestions for the improvement in communication with this patient-group, the identification of the palliative care phase and person-centred care.

Palliative care for persons with Parkinson’s disease: a qualitative study on the experiences of health care professionals
Herma Lennaerts, et al
BMC Palliative Care 2019 18:53
The aim of this study was to examine health care professionals’ experiences of potential barriers and facilitators in providing palliative care for people with Parkinson’s Disease in the Netherlands. In daily practice, they struggled to identify persons’ needs due to PD-specific symptoms such as cognitive decline and communication deficits. Timely advance care planning to explore the personal preferences for palliative care was identified as an
important facilitator. Findings indicate a perceived lack of care continuity, fragmentation of services, time pressure and information discontinuity and a need to improve the knowledge of complex PD.

**The use of digital legacies with people affected by motor neurone disease for continuing bonds: an interpretative phenomenological analysis study**
Claburn, Oliver et al
*Palliative Medicine*, 2019 33(7) p.812-822
The aims of this study were to investigate the views, perceptions and experiences of digital legacies with people affected by motor neurone disease. Creating a digital legacy provided a sense of purpose for people with motor neurone disease and a way to convey personality and life experiences. Bereaved young people can modify disease-related memories of the person and gain comfort from hearing and seeing videos.

**Exploring palliative care nursing of patients with pre-existing serious persistent mental illness**
Brown, Russell; et al
*Progress in Palliative Care*, 2019 27(3) p.117-121
This paper explores the key concepts of palliative care for people with serious and persistent mental illness (SPMI), the challenges present in nursing practice, and the making of end-of-life decisions, in order to consider how comprehensive, person-centred care might be given. Although some improvements have been reported over the past 14 years, this population appears to remain underserved in palliative care. The need for more specialized education for nurses in both palliative care and mental health care, and better communication and collaboration between the two specialties is needed to ensure that these patients receive the same standard of care experienced by the general population.

**Psychosocial interventions for pain management in older adults with dementia: a systematic review of randomized controlled trials**
Pu L; et al.
*Journal of Advanced Nursing*, 2019 75(8) p.1608-1620
The findings of this review suggest that psychosocial interventions may be potentially effective alternatives for pain management in people with dementia, perhaps leading to a reduction in pain medication. However, the authors warn that caution is needed in interpreting these results due to limited studies, risk of bias and heterogeneity across studies.

**Palliative care for people with dementia living at home: A systematic review of interventions**
Miranda, Rose; et al
*Palliative Medicine*, 2019 33(7) p.726-742
The aim of this review was to examine evidence on home palliative care interventions in dementia, in terms of their effectiveness on end-of-life care outcomes, factors influencing implementation, the extent to which they address the European Association for Palliative Care palliative care domains and evidence gaps. The evidence, albeit of generally weak quality, showed the potential benefits of the interventions in improving end-of-life care outcomes, for example, behavioural disturbances. The interventions most commonly focused on optimal symptom management, continuity of care and psychosocial support.

**Palliative care for people living with heart failure - European Association for Palliative Care Task Force expert position statement.**
Sobanski PZ; et al
*Cardiovascular Research*, August 2019
The authors conclude that the inclusion of Palliative Care within the regular clinical framework for people with heart failure results in a substantial improvement in quality of life as well as comfort and dignity whilst dying.

**Equality and Diversity**

**Homeless persons’ experiences of health- and social care: A systematic integrative review.**
Omerov P, et al
*Health Soc Care Community*. 2019 Sep 16.
Homelessness is associated with high risks of morbidity and premature death. Many interventions aimed to improve physical and mental health exist, but do not reach the population of persons experiencing homelessness. Despite the widely reported unmet healthcare needs, more information about the barriers and
facilitators that affect access to care for persons experiencing homelessness is needed. A systematic integrative review was performed to explore experiences and needs of health- and social care for persons experiencing homelessness. The findings highlight that persons in homelessness often must prioritize provision for basic human needs, such as finding shelter and food, over getting health- and social care. Bureaucracy and rigid opening hours, as well as discrimination and stigma, hinder these persons' access to health- and social care.

Resilience in Koreans With Cancer: Scoping Review.
Lee SY, et al.  
Cancer is a major cause of mortality and morbidity in Korea. However, there has been no previous nursing literature review on the phenomenon of resilience among cancer patients in Korea. The purpose of this study was to identify information about theories, instruments, correlates, and outcomes of resilience in the cancer experiences of Korean adults. This review suggests that a nursing theory reflecting Korean culture and qualitative research concerning the phenomenon of resilience should be conducted as research priorities as the foundation for developing culturally appropriate tools for resilience. This will lead to enhanced quality of life among Korean cancer patients, which is the core of palliative nursing care.

**Ethics**

**Physicians' perceptions of palliative sedation for existential suffering: a systematic review.**
Rodrigues P, Menten J, Gastmans C.  
Palliative sedation for existential suffering (PS-ES) is a controversial clinical intervention. Empirical studies about physicians' perceptions do not converge in a clear position and current clinical practice guidelines do not agree either regarding this kind of intervention. We gain deeper insight into physicians' perceptions of PS-ES, the factors influencing it, the conditions for implementing it and the alternatives to it. To date, there is still no consensus on physicians' perceptions of PS-ES. Further research is necessary to understand factors that influence physicians' perceptions and philosophical-ethical presuppositions underlying this perceptions.

**When is hastened death considered suicide? A systematically conducted literature review about palliative care professionals' experiences where assisted dying is legal.**
Gerson SM, et al  
Laws allowing assisted suicide and euthanasia have been implemented in many locations around the world but some individuals suffering with terminal illness receiving palliative care services are hastening death or die by suicide without assistance. This systematic review aims to summarise evidence of palliative care professionals' experiences of patients who died by suicide or hastened death in areas where assisted dying is legal and to understand when hastened death is considered to be a suicide. There are a range of experiences and emotions professionals' experience with patients who die by euthanasia, assisted suicide, or hasten death without assistance. The included literature suggests improved communication among professionals is needed but does not explicitly identify when a hastened death is deemed a suicide in areas where assisted dying is practiced. More research is needed to help clarify what hastened death means in a palliative care context and identify how and if assisted dying impacts issues of suicide in palliative care settings.

**'To die, to sleep' - assisted dying legislation in Victoria: A case study.**
Gilbert J, Boag J.  
Assisted dying remains an emotive topic globally with a number of countries initiating legislation to allow individuals access to assisted dying measures. Victoria will become the first Australian state in over 13 years to pass Assisted Dying Legislation, set to come into effect in 2019. The passing of this legislation by the Victorian parliament was prolonged, emotive and divided not only the parliament but Australian society. Many advocates for this legislation proclaimed it was well overdue and will finally meet the needs of contemporary society. Protagonists claim that medical treatment should not provide a means of ending life, despite palliative care reportedly often failing to relieve the pain and suffering of individuals living with a terminal illness.

**Has there been a change in the end-of-life decision-making over the past 16 years?**
Physicians' decision-making in end-of-life (EOL) care includes many medical, ethical and juridical aspects. We studied the changes of these decisions over time and factors influencing them. Our findings may reflect the transition to a stronger emphasis on patient-centred care and a stronger tendency to avoid futile therapies that have only short-term goals. The results highlight that education in all aspects of EOL care should be incorporated into the post-graduate training of medical specialties that take care of dying patients.

Families

**Early parental loss in childhood and depression in adults: A systematic review and meta-analysis of case-controlled studies.**
Simbi CMC, et al
Many researchers have concluded that early parental loss during childhood is a risk factor for depression in late life of adults; however others didn't find any association. The objective of this systematic review is to assess whether this association exists or not by conducting a meta-analysis of published studies. The study concluded that parental loss, parental death, and parental separation before age 18 are risk factors of depression in adulthood.

**Interventions available to adolescents and young adults bereaved by familial cancer: a systematic literature review.**
Ing V, et al
We assess the availability and efficacy of interventions open to adolescents and young adults (AYAs; 15-25 years) bereaved by a parent’s or sibling’s cancer. Considering the very limited number of interventions specific to bereavement by familial cancer and the lack of interventions targeting AYAs specifically, it is unclear whether currently available interventions would benefit this population. The population of AYAs bereaved by familial cancer is clearly under-serviced; further development and evaluation of interventions is needed.

Nutrition

**Integration of palliative, supportive, and nutritional care to alleviate eating-related distress among advanced cancer patients with cachexia and their family members.**
Amano K, et al
*Crit Rev Oncol Hematol.* 2019 Sep 17;143:117-123.
Advanced cancer patients with cachexia and their families can suffer from eating-related distress. This complex entity encompasses patients' struggle to nourish themselves, emotional and social consequences of their inability to maintain food intake, and profound disturbance in family relationships. With evidence-based nutritional care, as well as symptom management to enable food intake, cachexia can be mitigated to some degree. In addition, patients and families require psychosocial support and education to understand and cope with this condition. Only by taking an integrated approach can health care teams alleviate eating-related distress, improve quality of life (QOL), reduce interpersonal conflicts, and alter perceptions of nutritional neglect for patients and families. However, few studies have investigated eating-related distress among patients and families. The aim of this narrative review is to describe what is known about eating-related distress and the roles of integrated palliative, supportive, and nutritional care in improving QOL of patients and families.

Place of care

**Advance care planning and longer survival in the terminally ill: a randomised controlled trial unexpected finding.**
Neergaard M, et al.
Advance care planning (ACP) can be a way to meet patients’ end-of-life preferences and increase awareness and quality of end-of-life care. In a recent publication, we investigated the effect of ACP in a randomised controlled trial of incurably ill patients with mixed diagnoses within the areas of cancer, lung and cardiac diseases.

**Telehealth in palliative care is being described but not evaluated: a systematic review.**
Hancock S, et al.
Telehealth is growing and its application in palliative care is seen as a solution to pressures on palliative care services. A 2010 UK review reported growing awareness of telehealth in palliative care but a lack of evidence-based research to support its use. The primary aim of this review was to describe the current use of telehealth in palliative care in the UK and evaluate telehealth initiatives against a digital service standard. The secondary aim was to explore whether telehealth results in a reduction in emergency care access.

Quality of Health Care

Systematic review of barriers and enablers to the delivery of palliative care by primary care practitioners. Carey ML et al
There is increasing demand for primary care practitioners to play a key role in palliative care delivery. Given this, it is important to understand their perceptions of the barriers and enablers to optimal palliative care, and how commonly these are experienced. We explore the type and prevalence of barriers and enablers to palliative care provision reported by primary care practitioners. A holistic approach addressing the range of barriers reported in this review is needed to support primary care providers to deliver palliative care. This includes better training and addressing barriers related to the interface between healthcare services.

Reciprocal Dynamics of Dignity in End-of-Life Care: A Multiperspective Systematic Review of Qualitative and Mixed Methods Research. Choo PY et al
Preserving terminally ill patients' dignity and well-being through dignified and holistic care has become the overarching goal in palliative care services. However, dignity is a multifaceted concept with a wide range of interpretations under different cultural contexts. The aim of this review is to understand the variations in subjective interpretations and constitutions of dignity in palliative or end-of-life care via an integrative worldview. The Dynamic Reciprocity of Dignity model highlights the importance of adopting a systemic lens to address dignity-related needs and concerns at the end of life, while providing insights on how compassionate care and self-compassion can serve as the foundation of dignified care, which in turn serve as a buffer against patients' existential suffering as well as caregivers' burnout and fatigue. Recommendations for clinical practice and future research directions are discussed.

End-of-Life Care, Palliative Care Consultation, and Palliative Care Referral in the Emergency Department: A Systematic Review. Wilson JG et al
There is growing interest in providing palliative care (PC) in the emergency department (ED), but relatively little is known about the efficacy of ED-based PC interventions. A 2016 systematic review on this topic found no evidence that ED-based PC interventions affect patient outcomes or health care utilization, but new research has emerged since the publication of that review. This systematic review provides a concise summary of current literature addressing the impact of ED-based PC interventions on patient-reported or family reported outcomes, health care utilization, and survival. Existing data support that PC in the ED is feasible, may improve quality of life, and does not appear to affect survival.

Does inpatient palliative care consultation impact outcomes following hospital discharge? A narrative systematic review. Scott M et al
While most patients desire to die at home or in a community-based hospice, the transition from hospital to community settings often lacks streamlined coordination of care to ensure that adequate support is provided in the preferred care setting. The impact of hospital-based palliative care consultations on post-discharge care and outcomes has not been extensively studied. The aim of this study was to appraise available research on the impact of inpatient palliative care consultations on transitions from hospital to community settings. Existing evidence suggest that inpatient palliative care consultations have a positive impact on patient outcomes and transitions to the community, demonstrating the potential to improve patient quality of life and relieve overburdened acute care systems.
Research into palliative care

A focused mapping review and synthesis of current practice in qualitative end of life research with the bereaved.
McCallum KJ, Jackson D, Walthall H, Aveyard H. 
Nursing research is dedicated to improving care, but research into end of life care can be challenging because of a possible reluctance by researchers to invite bereaved people to take part in studies. We use a focused mapping approach to explore the recruitment to studies of grieving and bereaved people. There is no 'gold standard' method of recruitment and no best way to approach participants. The outcome of each method, measured by the percentage of potential participants recruited, appears to be unrelated to the approach used. There is no evidence that participation in research harms those who have recently been bereaved, but there is evidence of benefits from participating. Researchers should not feel they need to protect the bereaved from participating in research and can invite bereaved individuals to join a study without worrying about causing them harm.

Optimised clinical study recruitment in palliative care: success strategies and lessons learned.
White C, et al 
Recruitment challenges to clinical research studies in palliative care settings, particularly in hospices, are well documented. However, a recent study (Hospice Inpatient Deep vein thrombosis Detection (HIDDen) study) performed across five hospices in the UK recruited above target and on time. We describe strategies that aided successful recruitment in this study, and the lessons learnt for improving future studies. A recent review suggested that the 'Social Marketing Mix Framework' (SMMF) could help researchers with recruitment strategies in palliative care. We describe the recruiting strategies employed through the Social Marketing Mix lens and consider if it would be a useful framework for future researchers to use at the planning stage.

Spiritual and psychological care

Twelve-Step Programs and Spiritual Support at the End of Life
Groninger, Hunter; Knapik, Michael 
American Journal of Hospice & Palliative Medicine, 2019 36(9) p.807-811
In current literature, substance use disorder has mostly been examined in relation to appropriate symptom assessment and management, opioid risk screening, and controlled substance prescribing practices. However, for care to be holistic, awareness and facilitation of healthy psychosocial–spiritual coping strategies for recovering addicts should be included. One of the more common support mechanisms to support recovery is the 12-step program, based on Alcoholics Anonymous, which have been shown to provide effective coping strategies, not only to help facilitate ongoing abstinence but also to support other psychosocial–spiritual crises.

Submitting to God's will: attitudes and beliefs of Moroccan Muslim women regarding mourning and remembrance
Ahaddour, Chaima; et al 
Death Studies, 2019 43(8) p.478-488
This study aimed to elicit the attitudes and beliefs of middle-aged and elderly Moroccan Muslim women regarding mourning and remembrance, to identify whether differences are observable between middle-aged and elderly participants, to explore the role of religion and to document how the actual attitudes of the participants relate to normative Islamic literature. Interviews were conducted with middle-aged and elderly Moroccan women living in Belgium (n = 30) and with experts in the field (n = 15). This study reveals that the religious beliefs have a great impact on the views of Muslim women. Striking similarities were found between participants' views and normative Islamic literature.

Staff

Volunteers in a biography project with palliative care patients – a feasibility study
Michaela Hesse, et al 
BMC Palliative Care, 2019 18(79)
This study evaluated the feasibility of training hospice volunteers in biographical interviews of patients confronted with a life-limiting disease. For the purpose of this study, we evaluated resources such as time needed for training, coordination and supervision, outcome such as completion of the intervention in appropriate time and risks such as causing distress in patients or volunteers as major determinants of feasibility.
Volunteers felt that their involvement was personally rewarding and there were no systematic problems or negative experiences reported either by volunteers or by patients.

**Simulation to improve medical student confidence and preparedness to care for the dying: a feasibility study.**
Wells G, Montgomery J, Hiersche A.
Undergraduate teaching currently fails to adequately prepare doctors to deliver 'end-of-life' care. Despite much evidence supporting simulation-based teaching, its use in medical undergraduate palliative and 'end-of-life' care curricula remain low.

**Meaning of work and personal protective factors among palliative care professionals**
Beatriz Moreno-Milan, Antonio Cano-Vindel, Pedro Lopez-Dóriga, et al
*Palliative & Supportive Care* 2019, 17 (4): 381-387
The objective was to develop and evaluate a model that examines the mediating role of the meaning of work in a multidisciplinary group of palliative care professionals. Using this model, the authors sought to assess the relationships between meaning of work, perceived stress, personal protective factors (optimism, self-esteem, life satisfaction, personal growth, subjective vitality), and sociodemographic variables. They suggest their findings could have highly relevant practical implications for designing programs to promote the psychological well-being of healthcare professionals.

**Reflection for all healthcare staff: a national evaluation of Schwartz Rounds**
Flanagan E, et al
*Journal of Interprofessional Care*, 2019 Aug 7:1-3
Schwartz Rounds provide an opportunity for all staff in a healthcare organisation to meet regularly and reflect on the human connections made with patients and the emotional impact of their work. In the first evaluation of a national sample in the UK, the authors review feedback received from a large sample of 402 Schwartz Rounds in a total of 47 organisations, including acute and non-acute NHS trusts and hospices. The overall experience of Schwartz Rounds was very positive across all settings, indicating that all staff value an opportunity to reflect on the emotional impact of their work.

**Symptoms**
*The holistic management of fatigue within palliative care*
Dean, Antonia
*International Journal of Palliative Nursing* 2019 25(8) p.368-376
While some international guidelines for the management of fatigue exist, evidence suggests that these are not always implemented. This article reviews the evidence basis for fatigue management and finds that a one-size fits all approach to fatigue management is unrealistic. Research appears to support different interventions at various points in the disease trajectory and this is of importance for service design as palliative care is increasingly introduced earlier in the patient's pathway.

**Evaluating the effects of the pharmacological and nonpharmacological interventions to manage delirium symptoms in palliative care patients: systematic review**
Skelton, Luke; Guo, Ping
*Current Opinion in Supportive and Palliative Care*, September 2019
This review aims to evaluate the effects of the pharmacological and nonpharmacological interventions used to manage delirium symptoms in this patient group. A recent study has suggested there is no role for antipsychotic medication in the management of delirium in palliative care patients, which is a move away from previous expert opinion. In addition, recent findings suggest there may be a role for the use of antipsychotics in combination with benzodiazepines in the management of agitated delirium. The authors conclude that it is too early to abandon the use of antipsychotic medication entirely in the management of delirium, however there remains inadequate evidence to support the routine use of either pharmacological or nonpharmacological interventions.

**Prelude to death or practice failure? Trombley-Brennan terminal tissue injury update**
Brennan, Mary R.; et al
In 2012, a study explored the emergence of unique skin changes in end-of-life patients admitted to a palliative care unit. The purpose was to describe the skin changes and identify the relationship between these changes and time of death. 80 patients were included and the skin changes were found to be unique and different from Kennedy terminal ulcers and deep tissue injuries. Median time from identification of skin changes and death was 36 hours. The phenomenon was named as Trombley-Brennan terminal tissue injury. The current article presents findings that include the study of an additional 86 patients. The results further validate the phenomenon and its relationship with time of death.

Fan therapy for the treatment of dyspnea in adults: a systematic review
Qian, Yu; et al
Journal of Pain and Symptom Management, 2019 58(3) p.481-486
Limited direct evidence from randomized controlled trials indicates that fan therapy may effectively alleviate dyspnea. Additional trials are warranted to confirm this finding and explore the use of fan therapy for the treatment of dyspnea in more diverse populations and settings.

Prescribing in chronic severe hepatic impairment
Wilcock, Andrew, et al
Journal of Pain and Symptom Management, 2019 58(3) p.515-537
A Therapeutic Review aimed at providing essential independent information for health professionals about drugs used in palliative and hospice care.

Kennedy terminal ulcers: a scoping review
Latimer, Sharon; et al.
Journal of Hospice & Palliative Nursing, 2019 21(4) p.257-263
Kennedy terminal ulcers, a subset of pressure injuries, are associated with the dying process. This scoping review aimed to identify and map the published literature on Kennedy terminal ulcers in terms of its definition, prevalence, assessment, treatment, management, health care costs, and quality of life for patients in all health care settings. It revealed significant knowledge and clinical practice gaps in patient assessment, management, and treatment of Kennedy terminal ulcers. Timely patient education may help them to make informed care and quality end-of-life decisions.

Pressure ulcers in patients receiving palliative care: a systematic review
Ferris, Amy; et al
Palliative Medicine, 2019 33(7) p.770-782
This systematic review aims to quantify the prevalence and incidence of pressure ulcers in patients receiving palliative care and identify the risk factors for pressure ulcer development in these patients as well as the temporal relationship between pressure ulcer development and death. Overall pressure ulcer prevalence and incidence were found to be 12.4% and 11.7%, respectively, which is higher than in the general population. Skin failure

MASCC recommendations on the management of constipation in patients with advanced cancer
Andrew Davies, et al
Supportive Care in Cancer: Official Journal of the Multinational Association of Supportive Care in Cancer 2019 August 9
The Palliative Care Study Group of the Multinational Association for Supportive Care in Cancer produced 15 recommendations, with varying levels of evidence and so varying categories of guideline. The recommendations relate to the assessment, the treatment, and the re-assessment of constipation, and provide a framework for the management of constipation in advanced cancer.

Treatment for lymphedema following head and neck cancer therapy: A systematic review.
Tyker A, et al
The aim was to perform the first systematic review evaluating all established treatment modalities of head and neck lymphedema resulting from head and neck cancer therapy. Evidence for the efficacy of all types of lymphedema therapy is limited by paucity of large randomized controlled trials. While manual lymph drainage is best studied, liposuction and surgical treatments have also been effective in a small number of patients.
S.T.R.I.D.E. professional guide to compression garment selection for the lower extremities
Bjork, R; Ehmann, S.
Journal of Wound Care, 2019 28(Sup6a) p.1-44

The authors’ intention is to propose a decision support system for choosing specific compression devices, which can be adjusted to counteract the individual signs and symptoms in an optimally adopted way. The document concentrates on compression devices which can be self-applied by the patients: compression stockings and adjustable wraps. The acronym 'S.T.R.I.D.E.', incorporating both textile characteristics and clinical presentation, stands for: Shape, Texture, Refill, Issues, Dosage and Etiology.

Lymphoedema in advanced cancer: does subcutaneous needle drainage improve quality of life?
Landers, Amanda; Holyoake, Julia
BMJ Supportive & Palliative Care, August 2019

Lower limb lymphoedema in the palliative care population has limited treatment options. Subcutaneous needle drainage is an underused procedure that has previously been described in the literature for refractory lymphoedema. This study aimed to quantify the potential improvements to quality of life and the adverse outcomes for this group of patients. The authors conclude that this intervention appears to improve quality of life in those with lower limb lymphoedema facing a life-limiting illness.

Lymphoedema in end-of-life care.
Todd, Marie

The author discusses some of the important issues to consider when caring for patients suffering from lymphoedema in the terminal stage of an illness. Topics covered include the complex interaction between symptoms, their causes, and their management, reluctance of many patients to admit that their condition is beyond treatment, and development of a comprehensive needs-based treatment plan.

Hydration and symptoms in the last days of life
Martine E Lokker, et al
BMJ Supportive and Palliative Care, 2019 August 31 (online first)

Consensus about the most appropriate management for terminally ill patients with limited oral fluid intake is lacking. The objective of this study which included 371 patients, is to investigate to what extent the amount of fluid intake, preceding and during the dying phase, is related to the occurrence of death rattle and terminal restlessness. The authors suggest that caution with fluid intake to prevent development of death rattle does not seem to be necessary. They further conclude that a higher amount of fluid intake during 48–25 hours before death may be associated with the occurrence of terminal restlessness during the last 24 hours of life. These results suggest that actively providing dying patients with artificial fluid may not be beneficial.

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