Bereavement

Insights from Bereaved Family Members About End-of-Life Care and Bereavement.
Morris SE; Nayak MM; Block SD
Journal of palliative medicine; Feb 2020
Bereavement programs provide institutions with an avenue for obtaining feedback from family members about their experiences during a patient's illness and end-of-life (EOL) period that can be used to improve both patient care and the care of bereaved individuals. The feedback from bereaved family members highlights two areas that could benefit from quality improvement efforts: (1) communication skills that focus on enhancing compassionate connection, including conveying empathy, and providing reassurance and guidance to patients and their families and (2) communication skills that focus on delivering information about prognosis and the EOL period in an honest and direct way.

Quality improvement of the end of life care experience through bereavement calls made by spiritual care.
Stilos KK; Ford B; Chakraborty A
Journal of health care chaplaincy; Feb 2020; p. 1-8
Improving the end of life care experience of people dying in acute care has become a priority for our organization since 2016 with the launch of the “Quality Living and Dying Initiative.” This initiative has three distinct foci. The first two areas of focus, advance care planning and standardized comfort measures, are well established while the third focus bereavement program remains in its early stages. Bereavement is recognized as an essential component along the continuum of palliative care. Despite this recognition, bereavement care is often lacking in hospital settings. This paper will describe a telephone bereavement initiative spearheaded by the Spiritual Care Team at our organization.

Carers

Informal caregiver quality of life in a palliative oncology population.
Many patients with advanced cancer receive primary supports from informal caregivers (IC). As patient health deteriorates, IC assume increasing responsibility, often accompanied by distress. We investigated the quality of life (QOL) of IC of patients referred to a palliative radiotherapy (PRT) program. Employing the CQOLC to screen IC of patients referred to a PRT program permits early identification of vulnerable IC to facilitate linkage with appropriate supports.

Managing Palliative Patients in Inpatient Rehabilitation Through a Short Stay Family Training Program.
Smith S; et al
The American journal of hospice & palliative care; Mar 2020; vol. 37 (no. 3); p. 172-178
We describe the development, implementation, and outcomes of an inpatient rehabilitation-based Short Stay Family Training (SSFT) program for patients with life-limiting conditions. Short Stay Family Training is a viable alternative to traditional inpatient rehabilitation to allow patients with life-limiting conditions to discharge home safely with caregiver support.

Symptomatic palliative care for children with neurodisability.
Bendle L & Laddie J (2019)
Paediatrics and child health: 29:10 p 431 – 435
Paediatric palliative care and neurodisability are two relatively new, evolving paediatric sub-specialties that have increasing relevance in the current paediatric landscape. For many people palliative care has been synonymous with end of life care, but in paediatrics it encompasses much more and is for all children with life-threatening or life-limiting conditions, from the point of diagnosis. This breadth of focus is demonstrated well through the interface between paediatric palliative care and paediatric neurodisability. In this article we explore this unique interface through the three domains of complex symptom management, advanced care planning and end of life care. We describe the practicalities involved in all three areas and highlight the importance of early referral and the process of “dual” or “parallel” planning. We cover in more depth the specific management of the symptoms: dystonia/abnormalities of muscle tone, seizures, pain, agitation, secretions, respiratory failure, and gut failure.

Parents Matter: The impact on parents’ mental health when a child has a life-threatening illness
Rainbow Trust January 2020
This report, Parents Matter, brings to light the shared experiences of some parents and carers who have cared for a seriously ill child or young person. It considers what mental health support exists for them, what services these parents were offered, and what they themselves feel would be most helpful. We hope this report, quite literally, opens up new conversations, and we urge health and social care commissioners to act to ensure that they are planning and funding local services to meet the mental health needs of parents in these traumatic situations.

Narrative accounts of parenthood following the death of a child to muscular dystrophy
University of Hertfordshire
The Muscle Help Foundation 2020
In this summary document, we report on a research project that evaluated how parents who have lost a child to Muscular Dystrophy describe life with their child and following their child’s death.

In the child’s best interests: should life be sustained when further treatment is futile?
Marland E, Davies B
The aim of this article is to explore the concept of medical futility and the withdrawal of care for children in intensive care units. There have been several recent cases where medical staff have considered that there was no possibility of recovery for a child, yet their clinical judgments were challenged by the parents. The private anguish of these families became public, social media heightened emotions and this was followed by political and religious intrusion.

Lessons From the Development and Implementation of a Palliative Care Elective for Fourth-Year Medical Students: A Pilot Study.
Stepanyan KD; et al
Although palliative care is recognized as an important component of medical school curricula, the content and structure of education in the field is variable and often lacks outpatient exposure. We aimed to develop and implement a palliative care clinical elective for fourth-year medical students incorporating both inpatient and outpatient learning. Given the highlighted importance of direct observation and feedback as a unique and powerful learning experience, future work should be targeted toward enhancing the quality and timeliness of feedback delivered by the palliative care interdisciplinary team.

**References**

**Missed Opportunities When Communicating With Limited English-Proficient Patients During End-of-Life Conversations: Insights From Spanish-Speaking and Chinese-Speaking Medical Interpreters**
Silva MD; et al.
*Journal of pain and symptom management*; Mar 2020; vol. 59 (no. 3); p. 694-701
Research has shown that using medical interpreters in language-discordant patient-provider encounters improves outcomes. There is limited research evaluating the views of medical interpreters on best interpreter practices when they are used to break bad news or participate in end-of-life (EOL) conversations. Medical interpreters provide literal interpretation of the spoken word. Because of cultural nuances in Chinese-speaking and Spanish-speaking patients/family members during EOL conversations, medical interpreters can translate the meaning of the message within a specific cultural context. Conducting premeetings and debriefings after the encounter are potentially important strategies to maximize communication during EOL conversations.

**Conditions and Diseases**

**Drug therapy for delirium in terminally ill adults**
*Cochrane Database of Systematic Reviews* 2020(1)
Delirium is a syndrome characterised by an acute disturbance of attention and awareness which develops over a short time period and fluctuates in severity over the course of the day. It is commonly experienced during inpatient admission in the terminal phase of illness. It can cause symptoms such as agitation and hallucinations and is distressing for terminally ill people, their families and staff. Delirium may arise from any number of causes and treatment should aim to address these causes. When this is not possible, or treatment is unsuccessful, drug therapy to manage the symptoms may become necessary. This is the second update of the review first published in 2004.

**Characteristics of Hospitalized Patients Screening Positive for Delirium**
Nguyen TH, Atayee RS, Derry KL, Hirst J, Biondo A, Edmonds KP
*American Journal of Hospice & Palliative Medicine* 2020;37(2):142-8
Delirium in the hospitals leads to worse outcomes for patients. There were no previous studies that characterize patients with delirium from multiple hospital locations. In our study, we found that delirium significantly impacted length of delirium episode, number of episodes of delirium, length of hospital admission, and mortality. The population most sensitive to the impacts of delirium were elderly patients.

**Increasing Nephrologist Awareness of Symptom Burden in Older Hospitalized End-Stage Renal Disease Patients**
Jawed A, Moe SM, Moorthi RN, Torke AM, Eadon MT
*Am J Nephrol* 2020;51(1):11-6
End-stage renal disease (ESRD) patients have significant symptom burden. Reduced provider awareness of symptoms contributes to underutilization of symptom management resources. Our findings reinforce the high symptom burden prevalent in older ESRD patients. The improvement in total scores, and individual symptoms of pain and itching in group 1 indicates better symptom control when physician awareness is increased. Residual symptoms post hospitalization and low utilization of palliative care resources are suggestive of a missed opportunity by nephrologists to address the high symptom burden at the inpatient encounter, which is selective for sick patients and/or indication of inadequacy of dialysis to control these symptoms.

**Understanding and Addressing the Role of Coping in Palliative Care for Patients With Advanced Cancer**
Greer JA, Applebaum AJ, Jacobsen JC, Temel JS, Jackson VA
*Journal of Clinical Oncology* 2020;JCO1900013
Advanced cancer, with its considerable physical symptoms and psychosocial burdens, represents an existential threat and major stressor to patients and their caregivers. In response to such stress, patients and their caregivers use a variety of strategies to manage the disease and related symptoms, such as problem-focused, emotion-focused, meaning-focused, and spiritual/religious coping. The use of such coping strategies is associated with multiple outcomes, including quality of life, symptoms of depression and anxiety, illness understanding, and end-of-life care.
Seizures in patients with cancer.
Seizures are common in patients with cancer and either result from brain lesions, paraneoplastic syndromes, and complications of cancer treatment or are provoked by systemic illness (metabolic derangements, infections). Evaluation should include a tailored history, neurologic examination, laboratory studies, neuroimaging, and electroencephalogram. In unprovoked seizures, antiepileptic drug (AED) treatment is required, and a nonenzyme-inducing AED is preferred. Treatment of the underlying cancer with surgery, chemotherapy, and radiation therapy also can help reduce seizures. Benzodiazepines are useful in the treatment of both provoked seizures and breakthrough epileptic seizures and as first-line treatment for status epilepticus. Counseling for safety is an important component in the care of a patient with cancer who has seizures. Good seizure management can be challenging but significantly improves the quality of life during all phases of care, including end-of-life care.

End-of-life care in patients with advanced heart failure.
With an aging population with heart failure, there is a growing need for end-of-life care in this population, including a focus on symptom management and quality-of-life considerations. Shifting focus from prolonging life to enhancing quality of life in heart failure patients approaching the end of life can be achieved by recognizing and managing end-stage heart failure-related symptoms, advanced care planning, and a multidisciplinary care approach.

Palliative care needs of advanced cancer patients in the emergency department at the end of life: an observational cohort study.
Patients with advanced cancer commonly visit the emergency department (ED) during the last 3 months of life. Identification of these patients and their palliative care needs help initiating appropriate care according to patients' wishes. Our objective was to provide insight into ED visits of advanced cancer patients at the end of life. ED visits of advanced cancer patients often lead to hospitalization and in-hospital deaths. Timely recognition of patients with limited life expectancies and urgent palliative care needs, and awareness among ED staff of the potential of ED-initiated palliative care may improve the end-of-life trajectory of these patients.

Comparison of Integrated Outpatient Palliative Care With Standard Care in Patients With Parkinson Disease and Related Disorders: A Randomized Clinical Trial.
Is outpatient palliative care associated with improvements in patient or caregiver outcomes compared with current standards of care among persons with Parkinson disease and related disorders? Parkinson disease and related disorders (PDRD) have consequences for quality of life (QoL) and are the 14th leading cause of death in the United States. Despite growing interest in palliative care (PC) for persons with PDRD, few studies are available supporting its effectiveness. Outpatient PC is associated with benefits among patients with PDRD compared with standard care alone. This study supports efforts to integrate PC into PDRD care. The lack of diversity and implementation of PC at experienced centers suggests a need for implementation research in other populations and care settings.

Equality and diversity
Disparities in Palliative Care in Patients With Cancer.
Griggs JJ Journal of clinical oncology : official journal of the American Society of Clinical Oncology; Feb 2020; p. JCO1902108
In the United States, racial and ethnic minorities and people with lower socioeconomic status (SES) face structural, health system, and interpersonal barriers to optimal health care, including palliative care. Much of the available data on palliative care in racial and ethnic minorities and people with lower SES have identified disparities according to race, ethnicity, and SES. Limitations to understanding disparities in palliative care include the fact that much of the available data are cross-sectional, drawn from administrative or claims data, or based on qualitative work in limited geographic areas. To advance our knowledge and achieve health equity with respect to palliative care in patient groups that have been understudied or that are known to receive disparate
care, gaining a deeper understanding of the barriers to palliative care is necessary from patients, families, referring providers, and communities. In addition, cultural competency training for all members of the palliative care team and referring providers needs to be changed from being obligatory to being intentional and assessed continuously.

Experiences of Lesbian, Gay, Bisexual, and Transgender Patients and Families in Hospice and Palliative Care: Perspectives of the Palliative Care Team
Stein GL; et al.
Journal of palliative medicine: Jan 2020
Lesbian, gay, bisexual, and transgender (LGBT) patients fear being open about their identities, not receiving equal or safe treatment, and having their family and surrogates disrespected or ignored by providers. These findings provide strong evidence that LGBT patients and their families are more likely to receive discriminatory care as compared with those who are not LGBT. Disrespectful care can negatively impact the trust patients have in providers and institutions, and lead to delaying or avoiding care, or not disclosing relevant information. Partners/spouses and surrogates may be treated disrespectfully, have their treatment decisions ignored or minimized, be denied or have limited access to the patient, and be denied private time. Advocacy and staff training should address barriers to delivering respectful and nondiscriminatory care.

Ethical and legal issues
Quality of life and its relation with nutritional status in patients with incurable cancer in palliative care
de Oliveira LC, Abreu GT, Lima LC, Aredes MA, Wiegert EVM
Supportive Care in Cancer 2020;07:07
Nutritional impairment is common in cancer patients and adversely affects quality of life (QoL). The aim of this study was to investigate the association between nutritional status and QoL in incurable cancer patients in palliative care. Our findings support that impaired nutritional status was associated with poor QoL in incurable cancer patients. NR assessed by PG-SGA SF better reflects physical, emotional, symptom burden, and overall QoL scores. Thus, this tool may contribute in identifying patients at risk of deterioration QoL.

Assessing quality of life in palliative care settings: head-to-head comparison of four patient-reported outcome measures
King MT, Agar M, Currow DC, Hardy J, Fazekas B, McCaffrey N
Supportive Care in Cancer 2020;28(1):141-53
Head-to-head comparison of reliability, validity and responsiveness of four patient-reported outcome measures (PROMS) suitable for assessing health-related quality of life (HRQOL) in palliative care settings: EORTC QLQ-C15-PAL, FACT-G7, FACIT-Pal and short-form FACIT-Pal-14. No PROM was clearly superior, confirming that choosing the best PROM requires careful consideration of the research goals, patient population and the domains of HRQOL targeted by the intervention being investigated.

Nurses’ knowledge of law at the end of life and implications for practice: A qualitative study.
Willmott L, et al.
Palliative Medicine. 2020;0(0):0269216319897550.
Some patients do not receive adequate pain and symptom relief at the end of life, causing distress to patients, families and healthcare professionals. It is unclear whether undertreatment of symptoms occurs, in part, because of nurses’ concerns about legal and/or disciplinary repercussions if the patient dies after medication is administered. Education is urgently required to strengthen nurses’ knowledge of the legal protections supporting the provision of appropriate palliative medication, thereby improving their clinical practice with end-of-life patients.

Families
Prevalence and Predictors of Distress, Anxiety, Depression, and Quality of Life in Bereaved Family Caregivers of Patients With Advanced Cancer.
Oechsle K et al
The American journal of hospice & palliative care; Mar 2020; vol. 37 (no. 3); p. 201-213
We investigate prevalence and predictors of postloss distress, depressive and anxiety symptoms, and quality of life among bereaved family caregivers of patients with advanced cancer. Preloss mental burden showed to be a consistent predictor for postloss burden and should be addressed during palliative care. Future research should examine specific caregiver-directed interventions during specialist palliative care.

A Multidisciplinary Team-Based Approach to Improve Communication With Surrogates of Patients With Chronic Critical Illness.
Clinicians need to deliver prognostic information to surrogates of nondecisional, critically ill patients so that surrogates can make informed medical decisions that reflect the patient’s values. Our objective was to implement a new approach for communicating with surrogates of patients with chronic critical illness. Surrogates of critically ill patients approved of this novel communication approach and had a greater understanding of the patient’s medical condition after the intervention.

**Guidelines**

Colorectal cancer: guidance (NG151)

NICE National Institute for Health and Care Excellence – NICE 29 January 2020

This guideline covers managing colorectal (bowel) cancer in people aged 18 and over. It aims to improve quality of life and survival for adults with colorectal cancer through management of local disease and management of secondary tumours (metastatic disease).

**Medicines and Prescribing**

Treatment of chronic noncancer pain in patients on opioid therapy in primary care: A retrospective cohort study.


This study sought to characterize the real-world treatment of chronic noncancer pain (CNCP) in patients on opioid therapy in primary care. This study demonstrates that treatment of CNCP and opioid tapering can successfully be achieved in a primary care setting.

Interventional anesthesia and palliative care collaboration to manage cancer pain: a narrative review.


Pain is a common symptom associated with advanced cancer. An estimated 66.4% of people with advanced cancer experience pain from their disease or treatment. Pain management is an essential component of palliative care. Opioids and adjuvant therapies are the mainstay of cancer pain management. Nevertheless, a proportion of patients may experience complex pain that is not responsive to conventional analgesia. Interventional analgesia procedures may be appropriate and necessary to manage complex, cancer-related pain. This narrative review uses a theoretical case to highlight core principles of palliative care and interventional anesthesia, and the importance of collaborative, interdisciplinary care. An overview and discussion of pragmatic considerations of peripheral nervous system interventional analgesic procedures and neuraxial analgesia infusions are provided.

Chronic Non-Malignant Pain in Patients with Cancer Seen at a Timely Outpatient Palliative Care Clinic.


Palliative care is seeing cancer patients earlier in the disease trajectory with a multitude of chronic issues. Chronic non-malignant pain (CNMP) in cancer patients is under-studied. In this prospective study, we examined the prevalence and management of CNMP in cancer patients seen at our supportive care clinic for consultation. Our findings highlight the need to develop clinical guidelines for CNMP in cancer patients to standardize its management.

Pain Management Using Clinical Pharmacy Assessments With and Without Pharmacogenomics in an Oncology Palliative Medicine Clinic.


Approximately 30% of patients with cancer who have pain have symptomatic improvement within 1 month using conventional pain management strategies. Engaging clinical pharmacists in palliative medicine (PM) and use of pharmacogenomic testing may improve cancer pain management. Including pharmacists in PM improves pain management effectiveness. Although pharmacogenomics did not statistically improve pain, a subset of patients with actionable genotypes may have benefited, warranting larger and randomized studies.

The Use of Low-Dose Methadone as Add-On to Regular Opioid Therapy in Cancer-Related Pain at End of Life: A National Swedish Survey in Specialized Palliative Care

Low-dose methadone in addition to another ongoing opioid therapy is a promising approach for managing complex cancer-related pain and is, despite limited evidence, used in clinical practice. The addition of low-dose methadone to an ongoing opioid therapy in patients with complex cancer-related pain is well established in Swedish specialized palliative care. It appears to have good pain-relieving effects and to be safe.

*Effect of cannabis on opioid use in patients with cancer receiving palliative care*

Pritchard ER, et al  
*J Am Pharm Assoc (2003)* 2020;60(1):244-7

Opioids are the primary therapy for cancer-related pain in patients receiving palliative care. More states are legalizing medical cannabis, which may provide a pain management alternative for some of these patients. This study aimed to estimate the effect of cannabis on opioid use in patients with cancer receiving palliative care. A possibly meaningful difference in MEDD increase was seen when comparing the opioid monotherapy group with the opioid plus cannabis group. However, the study was not powered to test this hypothesis; the findings suggest that further research is warranted to determine the impact of cannabis use on opioid dosing in patients receiving palliative care for cancer.

*Ketamine as augmentation for the treatment of major depression and suicidal risk in advanced cancer: Case report*

Rodriguez-Mayoral O, et al  

Major depressive disorder (MDD) is common in patients diagnosed with advanced cancer (AC), with a prevalence of 16.5%. It is associated with great disability and worsened quality of life, increased number and intensity of physical symptoms, and lower survival. It is the main factor for the presence of suicidal ideation. Antidepressants show modest efficacy, and response requires several weeks. Ketamine has demonstrated a fast and robust antidepressant effect in subanesthetic doses. This effect may prove useful in patients with AC, MDD, and suicidal risk. This case report shows ketamine's efficacy as an augmentation agent alongside conventional antidepressant treatment in patients with AC. Moreover, it shows rapid response in suicidal ideation that has not been achieved with treatment as usual. More clinical trials are needed to support the potential benefit and safety of ketamine in patients with AC, MDD, and persisting suicidal ideation.

*Managing Opioid Use Disorder in the Setting of a Terminal Disease: Opportunities and Challenges*

Sager ZS, et al  
*Journal of Palliative Medicine* 2020;23(2):296-9

Opioids have long been a mainstay of symptom management in palliative care (PC), allowing patients with terminal illnesses to have an improved quality of life. Unfortunately, these same medications have contributed to the explosion of the opioid epidemic. This article explores the case of a patient with opioid use disorder (OUD) and pancreatic cancer. We share our experience of managing his symptoms and treating OUD in the setting of an outpatient PC clinic. We explore the challenges and joys of this case while reflecting on the need for more research investigating best practices for individuals where opioids serve as both a pain reliever and contributor to further suffering from their OUD.

*Prevention and management of diarrhea associated with naldemedine among patients receiving opioids: a retrospective cohort study*

Takagi Y, et al  
*BMC Gastroenterol* 2020;20(1):25

Naldemedine, a novel peripherally-acting mu-opioid receptor antagonist, has improved opioid-induced constipation in randomized controlled trials. The most frequent adverse event of naldemedine is diarrhea, which can cause abdominal pain and often leads to treatment discontinuation. We aimed to identify risk factors and appropriate management strategies for key adverse events including diarrhea associated with naldemedine, since those have not been extensively studied. The early administration of naldemedine is beneficial because it reduces adverse events including diarrhea. Diarrhea caused by naldemedine can be effectively managed by stopping other laxatives while continuing naldemedine.

*Nutrition*

*Prevalence and prognostic significance of malnutrition in patients with cancers of the head and neck.*

Kubrak C; et al.  
*Clinical nutrition* (Edinburgh, Scotland); Mar 2020; vol. 39 (no. 3); p. 901-909

Head and neck cancer (HNC) are at high nutritional risk; however the prevalence and severity of malnutrition in contemporary patients with HNC are unclear. Diagnostic criteria for cancer-associated weight loss grading (WLG) (Grades 0 to 4) [1] have been validated and are recommended in oncology nutrition clinical practice guidelines.
The aim was to determine the prevalence using WLG in HNC patients and determine the extent to which reduced dietary intake (DI) explained variation of WLG. Patient reported DI categories are strong predictors of WL and prognostic for OS.

**Exploring Nurses’ Involvement in Artificial Nutrition and Hydration at the End of Life: A Scoping Review.** Albanesi B; et al. 
**JPEN. Journal of parenteral and enteral nutrition;** Feb 2020  
This review aimed to summarize existing nursing literature to provide an overview of the extent, range, and nature of nurses’ involvement in artificial nutrition and hydration (ANH) at the end of life and to map the key concepts underpinning nurses’ involvement in ANH. It emerges that deep clinical and ethical knowledge of ANH is necessary to provide consistent, adequate care at end of life.

### Physical and Occupational therapy

**Effect of aromatherapy massage on quality of sleep in the palliative care ward: a randomized controlled trial.** Kawabata N, Hata A, Aoki T  
There is little evidence of the effectiveness of aromatherapy massage in palliative care despite its popularity. A single aromatherapy massage session is no more effective than not having a massage in improving sleep quality in palliative care settings. However, older patients and those in poor health conditions may benefit from aromatherapy massage.

**Physical therapists in integrated palliative care: a qualitative study.** Wilson CM; Stiller CH; Doherty DJ; Thompson KA; Smith AB et al.  
**BMJ supportive & palliative care;** Feb 2020  
The purpose of this study was to explore the perceptions and experiences of physical therapists (PTs) regarding their role in palliative care (PC) when practising in nations with advanced integration of PC into mainstream healthcare. Based on participant responses, a previously published conceptual framework by Wilson et al in 2017 was updated and included an increased emphasis on patient wishes and dignity, treating breathlessness, patient advocacy within their family and use of technology and networking. Within PC, PTs play a key role on the IDT and can improve quality of life; however, multiple barriers exist to providing PT care within PC. Further advocacy is needed from PTs and professional organisations to integrate these services.

### Place of care

**Review article: End-of-life care for older people in the emergency department: A scoping review.** Huang YL, Alsaba N, Brookes G, Crilly J.  
Older people are increasingly utilising emergency services, often at the end of their life. This scoping review aimed to provide a comprehensive understanding of available research regarding end-of-life (EOL) care for older people in the ED. Limited evidence exists regarding the definition, clinical profile, care delivery and outcomes for older people requiring EOL care in the ED. Future research and clinical practice that uses current evidenced-based policies and guidelines is required.

**Fam Pract.** 2020;29:29.  
General practitioners (GPs) may play an important role in providing end-of-life care to community-dwelling people. GPs play a role in enabling people to die at home by performing home visits and collaborating with other health care personnel. Only a minority received such services in Norway.

**Supporting people where they want to be: Strathcarron Hospice’s care at home**  
Irene McKie  
**Hospice UK** Jan 23, 2020  
The Hospice@Home service provided by Strathcarron Hospice is the only model of its kind in Scotland. Their recent evaluation report found that it’s successfully meeting a growing need in the local area, providing high quality care in their own homes to those who need it, while reducing hospital admissions and bed days.
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General practitioners' provision of end-of-life care and associations with dying at home: a registry-based longitudinal study.
Kjellstadli C, et al.
Fam Pract. 2020;29:29.
General practitioners (GPs) may play an important role in providing end-of-life care to community-dwelling people. GPs play a role in enabling people to die at home by performing home visits and collaborating with other health care personnel. Only a minority received such services in Norway.

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Spiritual and psychological care

Psychological intervention in patients with advanced cancer at home through Individual Meaning-Centered Psychotherapy-Palliative Care: a pilot study
Fraguell-Hernando C, Limonero JT, Gil F
Supportive Care in Cancer 2020;23:23.2
This compares Individual Meaning-Centered Psychotherapy-Palliative Care (IMCP-PC) to counselling-based psychotherapy in patients receiving home palliative care (PC). IMCP-PC is a specific psychotherapy tailored to the needs of patients with advanced cancer. The results of the present study indicate that this treatment is suitable for patients at end of life that are not able to attend outpatient sessions. Although more research is needed, the findings of this feasibility trial suggest that the IMCP-PC merits consideration for patients receiving home palliative care (PC).

Staff

Palliative Cancer Care Stress and Coping Among Clinical Nurses Who Experience End-of-Life Care.
Kim H, Kim K.
Journal of Hospice & Palliative Nursing. 2020;17:17
The increasing number of cancer patients and prolonged periods of illness have led to an increase in nurses' stress and various other problems. This research aimed to identify the stress resulting from caring for cancer patients and the methods for coping with stress among cancer care nurses. These findings could contribute to the development of interventions to reduce stress in clinical nurses by providing evidence on the stress and coping methods of nurses who provide palliative care for cancer patients.

Symptoms

Palliative Care and the Management of Common Distressing Symptoms in Advanced Cancer: Pain, Breathlessness, Nausea and Vomiting, and Fatigue
Henson LA, Maddocks M, Evans C, Davidson M, Hicks S, Higginson IJ
Journal of Clinical Oncology 2020:JCO1900470
Good symptom management in oncology is associated with improved patient and family quality of life, greater treatment compliance, and may even offer survival advantages. With population growth and aging, the proportion of patients with multiple symptoms—both related and unrelated to their cancer—is anticipated to increase, supporting calls for a more routine and integrated approach to symptom management. This article presents a summary of the literature for the use of symptom assessment tools and reviews the management of four common and distressing symptoms commonly experienced by people with advanced cancer: pain, breathlessness, nausea and vomiting, and fatigue. We also discuss the role of palliative care in supporting a
## Virtual Reality Use for Symptom Management in Palliative Care: A Pilot Study to Assess User Perceptions


**Journal of Palliative Medicine** 2020;02:02

In the past two decades, virtual reality (VR) technology has found use in a variety of clinical settings including pain management, physical medicine and rehabilitation, psychiatry, and neurology. However, little is known about the utility of VR in the palliative care setting. Moreover, previous investigations have not explored user perceptions of the VR experience in this population. Understanding user perceptions of the VR intervention will be critical for the development and delivery of effective VR therapies. This study provides support for VR as a promising new therapeutic modality for patients undergoing palliative care.

## Nausea and Vomiting in Advanced Cancer

Navari RM

**Current Treatment Options in Oncology** 2020;21(2):14

Nausea and vomiting is a common clinical issue in the advanced cancer patient. The etiology may be related to treatment (chemotherapy, radiation, surgery) or non-treatment clinical issues related to the advanced cancer. A very detailed initial assessment of nausea/vomiting is indicated including frequency, duration, intensity, associated activities, and the presence of anorexia or cachexia and is necessary in order to determine a specific etiology which may allow a potentially specific successful intervention. Various international antiemetic guidelines have been developed for the successful prevention of chemotherapy- and radiotherapy-induced nausea and emesis but the treatment of post-chemotherapy nausea/vomiting and of radiation-induced nausea/vomiting has been less successful.

## Palliative Care and the Management of Common Distressing Symptoms in Advanced Cancer: Pain, Breathlessness, Nausea and Vomiting, and Fatigue

Henson LA, Maddocks M, Evans C, Davidson M, Hicks S, Higginson IJ

**Journal of Clinical Oncology** 2020;JCO1900470

Good symptom management in oncology is associated with improved patient and family quality of life, greater treatment compliance, and may even offer survival advantages. With population growth and aging, the proportion of patients with multiple symptoms—both related and unrelated to their cancer—is anticipated to increase, supporting calls for a more routine and integrated approach to symptom management. This article presents a summary of the literature for the use of symptom assessment tools and reviews the management of four common and distressing symptoms commonly experienced by people with advanced cancer: pain, breathlessness, nausea and vomiting, and fatigue. We also discuss the role of palliative care in supporting a holistic approach to symptom management throughout the cancer trajectory.

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