# PALLIATIVE CARE BULLETIN

## March 2020

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Bereavement

Critical care providers' support of families in bereavement: a mixed-methods study.
Kalocsi C; et al
Canadian journal of anaesthesia = Journal canadien d'anesthésie; Apr 2020;
When people die in intensive care units (ICUs), as many as half of their family members may experience a severe grief reaction. While families report a need for bereavement support, most ICUs do not routinely follow-up with family members. Clinicians are typically involved in supporting families during death and dying, yet little is known about how they work with families in bereavement. Our goal was to explore how clinicians support bereaved families, identify factors that facilitate and hinder support, and understand their interest and needs for follow-up. Multiple opportunities were identified to enhance current bereavement support for families, including the desire of ICU clinicians for formal follow-up programs. Many psychological, sociocultural, and structural factors would need to be considered in program design.

Experiences of spouses of patients with cancer from the notification of palliative chemotherapy discontinuation to bereavement: A qualitative study.
Hisamatsu M; et al
European journal of oncology nursing : the official journal of European Oncology Nursing Society; Apr 2020; vol. 45 ; p. 101721
Many patients with advanced cancer choose palliative chemotherapy. Considering its purpose of palliation and not treatment, it is important to consider the life of family caregivers. Family caregivers who experience bereavement undergo extreme stress, which is particularly high among patients' spouses. The present study aims to clarify the experiences of the spouses of patients at the hospitals in Japan after the notification of palliative chemotherapy discontinuation until bereavement. This result may help prevent anticipatory grief, which may lead to excessive stress and emotional distress on the family caregivers.

Children

The Phenomenon of Trombley-Brennan Terminal Tissue Injury in a Neonate: A Case Study.
Jacob A; et al
Advances in neonatal care : official journal of the National Association of Neonatal Nurses; Apr 2020; vol. 20 (no. 2); p. 171-175
Trombley-Brennan terminal tissue injury (TB-TTI), also known as skin failure, was first identified in 2009 among critically ill adults receiving palliative care. Identification of this skin injury can be misinterpreted as a pressure ulcer. However, this phenomenon is now accepted as an early sign of impending death among critically ill adults. To our knowledge, this case study of TB-TTI in a terminally ill neonate in the NICU has not been previously described in the neonatal or pediatric population. Early recognition of the phenomenon can enable the healthcare team to provide timely emotional, spiritual, and psychosocial support to the family and allow time to "be present" with the infant at "end of life." Future work should explore additional signs of TB-TTI and the occurrence rate.

Parents' Perspectives on Hospital Care for Children and Adolescents with Life-Limiting Conditions: A Grounded Theory Analysis of Narrative Interviews.
Engler J; et al
Journal of palliative medicine; Apr 2020; vol. 23 (no. 4); p. 466-474
Guidelines on pediatric palliative care recommend to provide care for children and adolescents with life-limiting conditions at home. Since 2007, in Germany, palliative home care can be provided by specialized outpatient palliative care teams. However, teams with specific expertise for children are not available all over the country. Families without this support need to use the hospital to get specialists' assistance. Objective. To explore how parents of children and adolescents with life-limiting conditions think about the hospital as place of care. Pediatric hospital staff needs training in identifying and responding to palliative care needs. SOPPC structures should be expanded all over Germany to meet the needs of families of children with life-limiting conditions.

Communication

"Standing Shoulder to Shoulder to Tell the Family What Was Really Going On": A Qualitative Study Exploring Palliative Care Clinicians' Perceptions of "Patient-Centered Family Meetings".
Cahill PJ; et al
Journal of palliative medicine; Apr 2020;
Family meetings are often conducted in palliative care, but there is no universal agreed or accepted model. A new model of Patient-Centered Family Meetings is proposed whereby the patient sets the agenda. To seek palliative care clinicians' perceptions and experiences of Patient-Centered Family Meetings (“Meetings”) and their acceptability and feasibility in the inpatient specialist palliative care setting. Clinicians perceived that a patient-set meeting agenda with defined questions enhanced their knowledge of the patient’s issues and their understanding of the patient and their family's needs. The patients’ most important issues often differed from the clinicians’ expectations of what might be important to individual patients. There were contrasting views about the acceptability and feasibility of these Meetings as standard practice due to clinician time constraints and the Meeting not being required or relevant to all patients. Given the perceived benefits, the identification of patients and families who would most benefit is an important research priority.

**Exploring Quality of Life in End-of-Life Discussions.**
Eggenberger T; et al

*The American journal of hospice & palliative care;* Jun 2020; vol. 37 (no. 6); p. 465-473

Advance directives (ADs) allow individuals to legally determine their preferences for end-of-life (EOL) medical treatment and designate a health-care proxy to act on their behalf prior to losing the cognitive ability to make informed decisions for themselves. An interprofessional group of researchers (law, nursing, medicine, and social work) conducted an exploratory study to identify the differences in quality-of-life (QOL) language found within the AD state statutes from 50 US states and the District of Columbia. Data were coded using constant comparative analysis. Identified concepts were grouped into 2 focus areas for EOL discussions: communication/awareness of surroundings and activities of daily living. Language regarding communication/awareness of surroundings was present in the half of the statutes. Activities of daily living were addressed in only 18% of the statutes. Only 3 states (Arkansas, Nevada, and Tennessee) specifically addressed QOL. Patients are best served when professionals, regardless of discipline, can share and transform knowledge for patients in times of crisis and loss in ways that are empathetic and precise. Interprofessional collaborative practice (IPCP) comprises multiple health workers from different professional backgrounds working together with patients, families, and communities to deliver the highest quality of care. One of the major competencies of IPCP encompasses values and ethics. Interprofessional collaborative practice is offered as the means to deliver person-centered value-based care when facilitating these crucial dialogs and making recommendations for change.

**Inter-rater reliability in performance status assessment among healthcare professionals: an updated systematic review and meta-analysis.**
Chow R; et al

*Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer;* May 2020; vol. 28 (no. 5); p. 2071-2078

Survival prediction for patients with incurable malignancies is invaluable information during end-of-life discussions, as it helps the healthcare team to appropriately recommend treatment options and consider hospice enrolment. Assessment of performance status may differ between different healthcare professionals (HCPs), which could have implications in predicting prognosis. The aim of this systematic review and meta-analysis is to update a prior systematic review with recent articles, as well as conduct a meta-analysis to quantitatively compare performance status scores. The meta-analysis's Pearson correlation coefficient ranged from 0.705 to 0.787; there is notable correlation of performance status scores, with no one tool statistically superior to others. KPS is, however, descriptively better and favored in head-to-head trials. Future studies could now examine the accuracy of KPS assessment in prognostication and focus on model-building around KPS.

**Definition of a Good Death, Attitudes Toward Death, and Feelings of Interconnectedness Among People Taking Care of Terminally ill Patients With Cancer: An Exploratory Study.**
Bovero A; et al

*The American journal of hospice & palliative care;* May 2020; vol. 37 (no. 5); p. 343-349

The concept of a good death is crucial in palliative care, but its relationship with attitudes toward death and feelings of interconnectedness needs to be further deepened. The first aim of this study was to explore the concept of good death, attitudes toward death, and feelings of interconnectedness among family caregivers (FCs) and health-care providers (HCPs) of terminally ill patients with cancer. The second aim was to analyze associations of good death concept with attitudes toward death and feelings of interconnectedness. Participants were asked to assess the importance of features that characterize a good death. To explore each person’s attitude toward death and feelings of interconnectedness, 3 open questions were used. The sample consisted of 49 participants: 24 (48.98%) FCs and 25 (51.02%) HCPs. Nine good death features were considered essential by more than 70% of participants. These referred to the physical (eg, symptoms control), social (eg, loved ones'
presence), emotional (eg, sharing emotions), and spiritual (eg, inner peace) dimensions. Importance attributed to components of a good death such as patient’s awareness and acceptance of death, meaning, respect for the patient’s wishes, and inner peace were found to be associated with lack of avoidance and acceptance toward death and feelings of interconnectedness. Given the importance of FCs and HCPs in providing care and their impact on the patients’ dying process, it is necessary to reflect upon how their personal attitudes and previous experiences influence the care of dying patients.

**Conditions and Diseases**

*Embedded palliative care for patients with metastatic colorectal cancer: a mixed-methods pilot study.*
Bischoff KE; et al

*Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer; Apr 2020;*
Palliative care is recommended for patients with metastatic cancer, but there has been limited research about embedded palliative care for specific patient populations. We describe the impact of a pilot program that provided routine, early, integrated palliative care to patients with metastatic colorectal cancer. We describe the impact of an embedded palliative care program for patients with metastatic colorectal cancer, which improved prognostic awareness and rates of advance care planning.

*Determinants of quality of life in patients with incurable cancer.*
Daly LE; et al

*Cancer; Apr 2020;*
Optimizing quality of life (QoL) remains the central tenet of care in patients with incurable cancer; however, determinants of QoL are not clear. The objective of the current study was to examine which factors influence QoL in patients with incurable cancer. The current findings indicate that QoL is determined (at least in part) by WL, ECOG-PS, and the systemic inflammatory response in patients with advanced cancer. Identifying early predictors of poor QoL may allow the identification of patients who may benefit from early referral to palliative and supportive care, which has been shown to improve QoL.

*Integrating the surprise question, palliative care screening tool, and clinical risk models to identify peritoneal dialysis patients with high 1-year mortality.*
Lai CF; et al

*Journal of pain and symptom management; Apr 2020;*
Universal screening to identify vulnerable patients who may receive limited benefits from life-sustaining treatments can facilitate palliative care in dialysis populations. We aimed to develop prediction models for 1-year mortality in peritoneal dialysis patients. Screening with the use of the integrated measurement can identify high-risk peritoneal dialysis patients. This approach may facilitate palliative care interventions for at-risk the subpopulations.

*Impact of sequential lines of palliative chemotherapy in patients with recurrent/metastatic esophageal squamous cell carcinoma: A retrospective analysis of 107 patients at a single center.*
Kim EJ; et al

*Asia-Pacific journal of clinical oncology; Apr 2020; vol. 16 (no. 2); p. e53-e62*
This study was conducted to evaluate the efficacy of palliative chemotherapy by the lines of chemotherapy in recurrent/metastatic esophageal squamous cell carcinoma (ESCC) and to compare the efficacy between the patients with initially metastatic ESCC and those with recurrent/progressed ESCC after curative treatment.

*Palliative Care in Patients with Advanced Heart Failure.*
Kida K; et al

*Heart failure clinics; Apr 2020; vol. 16 (no. 2); p. 243-254*
The heart failure (HF) guidelines recommend palliative care; however, it can often be difficult to determine the timing of palliative care referral. Because HF with fluid retention and low-cardiac output may trigger several unpleasant symptoms, continuous HF treatment is required to alleviate these symptoms in advanced HF. The patients with HF often suffer from total pain; therefore, the support from a multidisciplinary team plays a crucial role to improve quality of life of the patients and their families not only in the terminal phase but also from the early stage.

*Impact of dementia on quality of death among cancer patients: An observational study of home palliative care users.*
Hirooka K; et al

*Geriatrics & gerontology international; Apr 2020; vol. 20 (no. 4); p. 354-359*
The number of cancer patients with dementia has increased markedly in accordance with aging societies. Cancer patients might receive palliative and end-of-life care to maintain their quality of life; however, the impact of dementia on the quality of death is unexamined in this population. Consequently, we explored the impact of dementia on the quality of death among cancer patients. Cancer patients with dementia were less likely to achieve a good death than those without. Our results suggest the importance of enhancing end-of-life care discussions with patients and their families, along with developing specific support strategies to enhance the decision-making of cancer patients with dementia and their family members.

Illness and prognostic understanding in patients with hematologic malignancies.
Gray TF; et al
Blood reviews; Apr 2020; p. 100692;
It is critical for patients with hematologic malignancies to have an accurate understanding of their illness and prognosis to make informed treatment decisions. Illness and prognostic understanding have primarily been studied in patients with solid tumors, however, data in patients with hematologic malignancies are rapidly growing. Patients with hematologic malignancies often face a unique and unpredictable illness trajectory with the possibility of cure persisting even in relapsed and refractory settings. These patients often require intensive therapies such as high-dose chemotherapy, hematopoietic stem cell transplantation (HCT), or CAR T-cell therapy, which carry with them significant risk of morbidity, mortality, and prognostic uncertainty. In this review article, we first described the current literature on illness and prognostic understanding in patients with hematologic malignancies including 1) patients' varying desire for prognostic information; (2) patients' prognostic misperceptions, (3) the association between patients' prognostic understanding and their psychological outcomes; and (4) barriers to prognostic understanding. Next, we examined insights gained from the literature about illness and prognostic understanding in patients with solid tumors to guide our understanding of the research gaps in hematologic malignancies. Future studies are needed to better delineate the longitudinal relationship between prognostic understanding, psychological distress, and coping in patients with hematologic malignancies. Strategies such as communicating effectively about prognosis, cultivating adaptive coping in the face of a terminal prognosis, and integrating specialty palliative care for patients with hematologic malignancies have the potential to improve patients' prognostic understanding and their quality of life and care.

Patient-nephrologist prognostic awareness and discordance in end stage renal disease on renal replacement therapy.
Ghanem S; et al
International urology and nephrology; Apr 2020; vol. 52 (no. 4); p. 765-773
The 1-year mortality rate of patients with end-stage renal disease (ESRD) on renal replacement therapy (RRT) is 20-25% comparable to many cancers. Studies have shown that cancer patients commonly overestimate their likelihood of survival relative to their physicians. It is unclear if this translates into other terminal illnesses. Communication of prognosis and discussions related to life expectancy and end of life care are lacking in the routine care of ESRD patients. ESRD patients therefore tend to overestimate their prognosis which might lead to overutilization of invasive procedures with increased acute healthcare costs as well as a delay in instigation of palliative or hospice measures.

The experiences of, and need for, palliative care for people with motor neurone disease and their informal caregivers: A qualitative systematic review.
Flemming K; et al
Palliative medicine; Apr 2020; p. 269216320908775;
Despite being a terminal neurodegenerative disease, the role of palliative care is less recognised for motor neurone disease than for other life-limiting conditions. Understanding the experiences of, and need for, palliative care for patients and carers is key to configuring optimal policy and healthcare services. To explore the experiences of, and need for, palliative care of people with motor neurone disease and their informal carers across the disease trajectory. The review identified a considerable literature exploring the care needs of people with motor neurone disease and their carers; however, descriptions of palliative care were associated with the last days of life. Across the disease trajectory, clear points were identified where palliative care input could enhance patient and carer experience of the disease, particularly at times of significant physical change.

Clustering of patients with end-stage chronic diseases by symptoms: a new approach to identify health needs.
Finamore P; et al
Aging clinical and experimental research; Apr 2020;
End-stage chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF) and chronic renal failure (CRF) are characterized by a high burden of daily symptoms that, irrespective of the primary organ failure, are widely shared. To evaluate whether and to which extent symptom-based clusters of patients with end-stage
COPD, CHF and CRF associate with patients' health status, mobility, care dependency and life-sustaining treatment preferences. Clustering by symptoms identifies patients with different health status, care dependency and life-sustaining treatment preferences.

**Multidisciplinary perspectives on medication-related decision-making for people with advanced dementia living in long-term care: a critical incident analysis.**
Disalvo D; et al
*European journal of clinical pharmacology*; Apr 2020; vol. 76 (no. 4); p. 567-578
This study aimed to explore medication-related decision-making by health professionals from different disciplines and specialties caring for people with advanced dementia living in long-term care facilities, focusing on dilemmas associated with starting, continuing or deprescribing medications commonly regarded as potentially inappropriate

**Opportunities for Palliative Care in Patients With Burn Injury-A Systematic Review.**
Cook AC; et al
*Journal of pain and symptom management*; Apr 2020; vol. 59 (no. 4); p. 916-931.e1
Patients with significant burn injuries likely have palliative care needs. We performed a systematic review of existing evidence concerning the palliative care needs of burn patients. Most existing palliative care-related research in burn patients addresses interventions for physical symptoms with minimal literature concerning other domains. Opportunities exist for further research of palliative care in burn populations with emphasis on addressing interventions for all domains and better standardizing the language and outcomes for the palliative care interventions.

**Palliative care utilization in oncology and hemato-oncology: a systematic review of cognitive barriers and facilitators from the perspective of healthcare professionals, adult patients, and their families.**
Bennardi M; et al
*BMC palliative care*; Apr 2020; vol. 19 (no. 1); p. 47
Despite the high potential to improve the quality of life of patients and families, palliative care services face significant obstacles to their use. In countries with high-resource health systems, the nonfinancial and nonstructural obstacles to palliative care services are particularly prominent. These are the cognitive barriers - knowledge and communication barriers- to the use of palliative care. To date no systematic review has given the deserved attention to the cognitive barriers and facilitators to palliative care services utilization. This study aims to synthesize knowledge on cognitive barriers and facilitators to palliative care use in oncology and hemato-oncology from the experiences of health professionals, patients, and their families. To optimize palliative care services utilization, awareness of palliative care, and healthcare professionals' communication and emotion management skills should be enhanced. Additionally, a cultural shift, concerning attitudes and beliefs towards palliative care, should be encouraged.

**Palliative Care in Ruptured Aortic Aneurysm in the United States: A Retrospective Analysis of Nationwide Inpatient Sample Database.**
Ando T; et al
*Angiology*; Apr 2020 ; p. 3319720917239;
We assessed the trend of palliative care (PC) referrals and its effect on hospitalization cost and length of stay (LOS) in ruptured aortic aneurysm (rAA). Palliative care could shorten LOS and save hospitalization cost in rAA admissions not a candidate for repair. Further studies are required to investigate the variable effects of PC on rAA.

**Collapse of Fluid Balance and Association with Survival in Patients with Advanced Cancer Admitted to a Palliative Care Unit: Preliminary Findings.**
Amano K; et al
*Journal of palliative medicine*; Apr 2020; vol. 23 (no. 4); p. 459-465
Few studies have investigated water balance as a predictor of survival in cancer patients in the last days of life. To examine the association between extracellular water (ECW), intracellular water (ICW), ratio of ECW to ICW (ECW/ICW), and survival in nonedematous and edematous patients with advanced cancer admitted to a palliative care unit. Greater ICW was an independent predictor of poorer survival in cancer patients with edema in the last days of life.

**COVID-19**

**Rapid Implementation of Inpatient Telepalliative Medicine Consultations during COVID-19 Pandemic.**
Humphreys J; et al
*Journal of pain and symptom management*; Apr 2020;
As COVID-19 cases increase throughout the country and healthcare systems grapple with the need to decrease provider exposure and minimize personal protective equipment (PPE) use while maintaining high quality patient care, our specialty is called upon to consider new methods of delivering inpatient palliative care. Telepalliative medicine has been used to great effect in outpatient and home-based palliative care, but has had fewer applications in the inpatient setting. As we plan for decreased provider availability due to quarantine and redeployment and seek to reach increasingly isolated hospitalized patients in the face of COVID-19, the need for telepalliative medicine in the inpatient setting is now clear. We describe our rapid and ongoing implementation of telepalliative medicine consultation for our inpatient palliative care teams and discuss lessons learned and recommendations for programs considering similar care models.

Palliative Care Pandemic Pack: a Specialist Palliative Care Service response to planning the COVID-19 pandemic. Ferguson L; et al

Journal of pain and symptom management; Apr 2020;
Specialist Palliative Care services (SPCS) have a vital role to play in the global COVID-19 pandemic. Core expertise in complex symptom management, decision-making in uncertainty, advocacy and education, and ensuring a compassionate response are essential, and SPCS are well positioned to take a proactive approach in crisis management planning. SPCS resource capacity is likely to be overwhelmed, and consideration needs to be given to empowering and supporting high-quality primary palliative care in all care locations. Our local SPCS have developed a Palliative Care Pandemic Pack to disseminate succinct and specific information, guidance, and resources designed to enable the rapid up-skilling of non-specialist clinicians needing to provide palliative care. It may be a useful tool for our SPCS colleagues to adapt as we face this global challenge collaboratively.

The role and response of palliative care and hospice services in epidemics and pandemics: a rapid review to inform practice during the COVID-19 pandemic. Etkind SN; et al

Journal of pain and symptom management; Apr 2020;
Cases of COVID-19 are escalating rapidly across the globe, with the mortality risk being especially high among those with existing illness and multimorbidity. This study aimed to synthesise evidence for the role and response of palliative care and hospice teams to viral epi/pandemics, to inform the COVID-19 pandemic response. We conducted a rapid systematic review according to PRISMA guidelines in five databases. Of 3094 papers identified, ten were included in this narrative synthesis. Included studies were from West Africa, Taiwan, Hong Kong, Singapore, the United States and Italy. All had an observational design. Findings were synthesised using a previously proposed framework according to 'systems' (policies, training and protocols, communication and coordination, data), 'staff' (deployment, skill mix, resilience), 'space' (community provision, use of technology) and 'stuff' (medicines and equipment, personal protective equipment). We conclude that hospice and palliative services have an essential role in the response to COVID-19 by: 1) responding rapidly and flexibly; 2) ensuring protocols for symptom management are available, and training non-specialists in their use; 3) being involved in triage; 4) considering shifting resources into the community; 5) considering redeploying volunteers to provide psychosocial and bereavement care; 6) facilitating camaraderie among staff and adopt measures to deal with stress; 7) using technology to communicate with patients and carers; 8) adopting standardised data collection systems to inform operational changes and improve care.

Effects of a Telehealth Early Palliative Care Intervention for Family Caregivers of Persons With Advanced Heart Failure: The ENABLE CHF-PC Randomized Clinical Trial. Dionne-Odom JN; et al

JAMA network open; Apr 2020; vol. 3 (no. 4); p. e202583
Family caregivers of persons with advanced heart failure perform numerous daily tasks to assist their relatives and are at high risk for distress and poor quality of life. Future interventions should target distressed caregivers and assess caregiver effects on patient outcomes.


Journal of pain and symptom management; Apr 2020;
Symptom management and skilled communication with patients and families are essential clinical services in the midst of the COVID-19 pandemic. While palliative care specialists have training in these skills, many front-line clinicians from other specialties do not. It is imperative that all clinicians responding to the COVID-19 crisis have access to clinical tools to support symptom management and difficult patient and family communication.

Ethical and legal issues
Factors associated with terminally ill people who want to die.
Cheung G; et al
*Journal of pain and symptom management*; Apr 2020;
The decision to request and proceed with euthanasia or physician-assisted dying (PAD) is complex, and predictors of such decisions are heterogeneous with regard to physical health, psychological, and social factors. Local research is therefore needed. To examine the interplay of demographic, clinical and psychosocial factors routinely collected by a standardized clinical instrument, the interRAI Resident Assessment Instrument for Palliative Care (interRAI-PC), in people with a prognosis of less than 12 months who wanted to die. Addressing the significant factors we identified should form part of a multidisciplinary assessment when terminally ill patients express a wish to die, to ensure their physical, psychological and existential needs are adequately met.

Families
The family talk intervention for families when a parent is cared for in palliative care - potential effects from minor children's perspectives.
Eklund R; et al
*BMC palliative care*; Apr 2020; vol. 19 (no. 1); p. 50
Children show long-term psychological distress if family communication and illness-related information are poor during and after a parent's illness and death. Few psychosocial interventions for families with minor children living with a parent who has a life-threatening illness have been evaluated rigorously. Even fewer interventions have been family-centered. One exception is the Family Talk Intervention (FTI), which has shown promising results regarding increased illness-related knowledge and improved family communication. However, FTI has not yet been evaluated in palliative care. This study therefore aimed to explore the potential effects of FTI from the perspectives of minor children whose parent is cared for in specialized palliative home care. Children who participated in FTI reported that it was helpful in many ways, providing illness-related information and improving family communication when a parent has a life-threatening illness. Other potential positive effects reported by the children were that FTI facilitated their preparation for the future, decreased family conflicts, and started to build up resilience.

Trauma to Transformation: the lived experience of bereaved parents of children with chronic life-threatening illnesses in Singapore.
Dutta O; et al
*BMC palliative care*; Apr 2020; vol. 19 (no. 1); p. 46
In 2016, over 6.6 million children died globally, and 245 children died in Singapore. Chronic illnesses are prevalent causes of child mortality around the world. Despite growing research that examines the lived experience of parents bereaved by their child's chronic life-threatening illness, there is no such study within the Asian context. These themes and their corresponding sub-themes are discussed, with recommendations for enhancing culturally sensitive support services for grieving Asian parents around the globe.

Coelho A; et al
*Qualitative health research*; Apr 2020; vol. 30 (no. 5); p. 693-703
The end-of-life trajectory of cancer patients in palliative care (PC) elicits an anticipatory grief (AG) process in family caregivers (FCs). Although widely recognized, AG lacks conceptual clarification. This study aims to qualitatively explore the experience of FCs of patients with terminal cancer to identify the core characteristics and the specific adaptive challenges related to AG in the context of end-of-life caregiving. Data were collected through in-depth semi-structured interviews conducted in a clinical sample of 26 FCs of cancer patients in PC. Findings from thematic analysis suggest that the AG experience is characterized by traumatic distress from being exposed to life-threatening conditions and the separation distress induced by loss anticipation and current relational losses, challenging the FCs to long-term emotional regulation effort demands. These results contribute to the conceptualization of AG and may inform intervention programs for the main challenges the FCs face when adjusting to loss during end-of-life caregiving.

Challenges in Palliative Care Research on Family Caregivers: Who Volunteers for Interviews?
Breen LJ; et al
*Journal of palliative medicine*; Apr 2020;
Interviews are a common method of data collection in palliative care research because they facilitate the gathering of rich, experiential data that are important for theory and practice. What is less clear is the extent to which those interviewed are representative of the larger group. The aim of this study was to determine if family caregivers who volunteer to be interviewed were similar or different to those who do not. Research findings
based upon family caregivers who volunteer for research interviews might not provide a full picture of their experiences and needs. Researchers are encouraged to consider strategies that sample broadly and promote the participation of the full range of family caregivers in research to address the neglected areas of pre- and postdeath bereavement care.

Nutrition

**Symptom Burden in Patients With Home Care Who Are at Risk for Malnutrition: A Cross-Sectional Study.**
Berggren E; et al
*Journal of palliative care;* Apr 2020; vol. 35 (no. 2); p. 103-109

In Sweden, patients in early palliative stages of illness are cared for in primary care and often offered home care. Many are older and at risk for malnutrition, but little is known about their symptom burden and nutritional problems. This cross-sectional study divided older patients in home care into those with and without risk for malnutrition and compared symptom burden in the 2 groups. This study adds a more detailed picture of the symptom burden in older patients at risk for malnutrition. Such information is needed to identify risk for malnutrition earlier and improve patients' health.

Place of care

**End-of-life care needs for noncancer patients who want to die at home in South Korea.**
Lee JE; et al
*International journal of nursing practice;* Apr 2020; vol. 26 (no. 2); p. e12808

The awareness for the need for end-of-life care has increased among noncancer patients. However, studies on the topic have rarely targeted the needs of noncancer patients who want to die at home. This study assessed the end-of-life care needs of noncancer patients who were receiving care and wanted to die at home. By reflecting on the comprehensive care needs of patients with chronic illnesses and including them in the care process, it will be possible to provide better quality palliative care to patients at home in the end-of-life stages.

**The desire to die in palliative care: a sequential mixed methods study to develop a semi-structured clinical approach.**
Kremeike K; et al
*BMC palliative care;* Apr 2020; vol. 19 (no. 1); p. 49

Although desire to die of varying intensity and permanence is frequent in patients receiving palliative care, uncertainty exists concerning appropriate therapeutic responses to it. To support health professionals in dealing with patients' potential desire to die, a training program and a semi-structured clinical approach was developed. This study aimed for a revision of and consensus building on the clinical approach to support proactively addressing desire to die and routine exploration of death and dying distress. We have provided the first semi-structured clinical approach to identify and address desire to die and to respond therapeutically - based on evidence, patients' views and consensus among professional experts.

**Who Are Hospice Patients and What Care Is Provided in Hospices? A Pilot Study.**
Koorn RM; et al
*The American journal of hospice & palliative care;* Jun 2020; vol. 37 (no. 6); p. 448-454

Hospices provide multidimensional care. In the Netherlands, patients with <3 months estimated life expectancy have access to hospice care. Insight into patients admitted to hospices and the care provided is lacking. In preparation for a national multicenter study, a pilot study was performed. The primary objective was to test the appropriateness of the study procedures and the availability of hospice patient records (HPRs), and patient and care characteristics. Collecting HPRs is difficult and time-consuming. Specifically, data from separate records of home care nurses and general practitioners were difficult to come by. Patient and care characteristics were alternately present, which led to an extension of data collection in HPRs to 3 time periods. Piloting is essential to adjust study procedures and outcome measures to ensure a feasible national multicenter hospice study.

**Regional variations in geographic access to inpatient hospices and Place of death: A Population-based study in England, UK.**
Chukwusa E; et al
*PloS one;* 2020; vol. 15 (no. 4); p. e0231666

There is much variation in hospice use with respect to geographic factors such as area-based deprivation, location of patient's residence and proximity to services location. However, little is known about how the association between geographic access to inpatient hospice and hospice deaths varies by patients' region of settlement. To examine regional differences in the association between geographic access to inpatient hospice and hospice deaths. The clear dose-response associations in six regions underscore the importance of regional
specific initiatives to improve and optimise access to hospices. Commissioners and policymakers need to do more to ensure that home death is not due to limited geographic access to inpatient hospice care.

**Congruence between Preferred and Actual Place of Death for Those in Receipt of Home-Based Palliative Care.**
Cai J; et al
*Journal of palliative medicine;* Apr 2020;
Understanding the factors that affect the congruence between preferred and actual place of death may help providers offer clients customized end-of-life care settings. Little is known about this congruence for cancer patients in receipt of home-based palliative care. This study aims to determine the congruence between preferred and actual place of death among cancer patients in home-based palliative care programs. The provision of care by home-based nurse visits and PSWs contributed to achieving a greater congruence between preferred and actual place of death. This finding highlights the importance of formal care providers in signaling and executing the preferences of clients in receipt of home-based palliative care.

**Quality of Health Care**

**Does Receipt of Recommended Elements of Palliative Care Precede In-Hospital Death or Hospice Referral?**
Erneccoiff NC; et al
*Journal of pain and symptom management;* Apr 2020; vol. 59 (no. 4); p. 778-786
Palliative care aligns treatments with patients' values and improves quality of life, yet whether receipt of recommended elements of palliative care is associated with end-of-life outcomes is understudied. We assess whether recommended elements of palliative care (pain and symptom management, goals of care, and spiritual care) precede in-hospital death and hospice referral and whether delivery by specialty palliative care affects that relationship. Understanding the causal pathways of goals-of-care discussions may help build primary palliative care interventions to support patients near the end of life.

**Exploratory analyses of the Danish Palliative Care Trial (DanPaCT): a randomized trial of early specialized palliative care plus standard care versus standard care in advanced cancer patients.**
Johnsen AT; et al
*Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer;* May 2020; vol. 28 (no. 5); p. 2145-2155
Early and integrated specialized palliative care is often recommended but has still only been investigated in relatively few randomized clinical trials. To investigate the effect of early specialized palliative care plus standard care versus standard care on the explorative outcomes in the Danish Palliative Care Trial (DanPaCT). In line with the analyses of the primary and secondary outcomes in DanPaCT, we did not find that specialized palliative care, as provided in DanPaCT, affected symptoms and problems. However, patients in the intervention group seemed more satisfied with the health care received than those in the standard care group.

**The COMFORT Communication Model: A Nursing Resource to Advance Health Literacy in Organizations.**
Goldsmith JV; et al
*Journal of hospice and palliative nursing : JHPN : the official journal of the Hospice and Palliative Nurses Association;* Apr 2020;
The COMFORT Model has recently been revised based on feedback from bedside nurses working in palliative care and oncology and includes the following components: Connect, Options, Making Meaning, Family Caregiver, Openings, Relating, and Team. Based on clinical and nonclinical research in hospital, hospice, palliative care, and interdisciplinary education settings, the authors present the updated COMFORT Model. Originally introduced in 2012 to support the work of the nurse, the model is not a linear guide, an algorithm, a protocol, or a rubric for sequential implementation by nurses, but rather a set of communication principles that are practiced concurrently and reflectively during patient/family care. In its restructuring, we focus on the role of health literacy throughout the COMFORT components in relationship to the health literacy attributes of a health care organization. A brief summary of COMFORT components is provided and includes strategies and competencies contributing to a health-literate care organization. Both health literacy and COMFORT are explored using specific communication challenges that underscore the role of the nurse in accomplishing person-centered and culturally responsive care, especially in chronic and terminal illness. The integration of the COMFORT Model into nursing education is proposed.

**The Effect of a Standardized Triage Process on Efficiency and Productivity of an Inpatient Palliative Care Team.**
Frendak LS; et al
*The American journal of hospice & palliative care;* Jun 2020; vol. 37 (no. 6); p. 413-417
Studies have shown that palliative care involvement delivers a multitude of benefits to patients and caregivers. The existing palliative care workforce is inadequate to meet growing demand. Innovative strategies to triage
inpatient consults are necessary. To describe the implementation of a new palliative care triage process and to demonstrate its impact on efficiency, teamwork, and patient care. An efficient and streamlined consult triage process had a positive impact on our palliative care team's ability to reach patients. We were able to generate more physician visits and RVUs despite a decrease in physician clinical time, and our penetration rate per physician clinical FTE improved. Our findings highlight the importance of thoughtful and appropriate triage, not to mention teamwork, in helping to augment patient access to palliative care.

The Role of the Palliative Care Registered Nurse in the Nursing Facility Setting.
Hickman SE; et al
Journal of hospice and palliative nursing : JHPN : the official journal of the Hospice and Palliative Nurses Association; Apr 2020; vol. 22 (no. 2); p. 152-158
There is a growing recognition of significant, unmet palliative care needs in nursing facilities, yet limitations in the workforce limit access to palliative care services. Attention to palliation is particularly important when there are efforts to reduce hospitalizations to help ensure there are no unintended harms associated with treating residents in place. A specialized palliative care registered nurse (PCRN) role was developed as part of the OPTIMISTIC (Optimizing Patient Transfers, Impacting Medical quality, and Improving Symptoms: Transforming Institutional Care) program, a federally funded project to reduce potentially avoidable hospitalizations. Working in collaboration with existing clinical staff and medical providers, the PCRN focuses on managing symptoms, advance care planning, achieving goal concordant care, and promoting quality of life. The PCRN serves as a resource for families through education and support. The PCRN also provides education and mentorship to staff to increase their comfort, knowledge, and skills with end-of-life care. The goals of this article are to provide an overview of the PCRN role and its implementation in nursing facilities and describe core functions that are transferrable to other contexts.

Defining 'specialist palliative care': findings from a Delphi study of clinicians.
Forbat L; et al
Australian health review : a publication of the Australian Hospital Association; Apr 2020; vol. 44 (no. 2); p. 313-321
This study aimed to achieve consensus regarding what distinguishes specialist from non-specialist palliative care to inform service organisation and delivery to patients with life-limiting conditions. Areas of connection were identified: clinicians from disease-specific specialties should be more involved in leading discussions on futile or burdensome treatment and providing care to people in their last months and days of life, in collaboration with specialists in palliative care when required. The findings of this study can facilitate implementation of palliative care strategies by enabling practitioners and patients to distinguish who should be delivering what care.

Reciprocal Dynamics of Dignity in End-of-Life Care: A Multiperspective Systematic Review of Qualitative and Mixed Methods Research.
Choo PY; et al
The American journal of hospice & palliative care; May 2020; vol. 37 (no. 5); p. 385-398
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.

Top Ten Tips Palliative Care Clinicians Should Know About Integrating Population Health Principles into Practice.
Check DK; et al
Journal of palliative medicine; Apr 2020; vol. 23 (no. 4); p. 568-572
The field of palliative care (PC) has spent the past decade demonstrating that it improves outcomes for patients, clinicians, and health systems. Forward-thinking organizations preparing for a reimbursement system rooted in value have built robust inpatient PC programs and are rapidly moving toward the outpatient and community settings as well. As PC programs get larger and are increasingly tasked with leading a wide variety of diverse initiatives, population health principles can help to focus programs on high-value activities. This article, written by population health researchers and PC clinicians, seeks to provide PC teams nationally with a variety of population health strategies and tools to guide PC delivery throughout the health system and beyond.

Nurses' perceptions of and barriers to the optimal end-of-life care in hospitals: A cross-sectional study.
To assess nurses' perceptions of what constitutes optimal end-of-life (EOL) care in hospital and evaluate nurses' perceived barriers to EOL care delivery. This study revealed quantitative data to inform health service managers and policy makers in terms of training and service development/re-design for EOL care in hospital settings.

**Spiritual and psychological care**

**Effect of Life Review on Quality of Life in Terminal Patients: A Systematic Review and Meta-Analysis.**
Huang MH; et al
The journal of nursing research: JNR; Apr 2020; vol. 28 (no. 2); p. e83
Enhancing quality of life takes precedence in the terminal stage of a disease, when a cure is considered impossible and all alternative methods to prevent disease progression have been exhausted. Life review, involving appreciating accomplishments and resolving conflicts, is widely considered to be an effective approach to bringing peace to terminal patients. This study was conducted to assess the effects of life review on quality of life in terminal patients. Life review was found to affect quality of life significantly in the participants in the included studies. The feasibility and safety of applying life review interventions should be considered for terminal patients, and implementers of these interventions should be trained and qualified. Only a few studies in the literature have evaluated the effects of life review therapy in terminal patients. Further studies that use stricter selection criteria are necessary to evaluate the efficacy of the life review intervention before its adoption in clinical practice.

**The Functional Palliative Prognostic Index: a scoring system for functional prognostication of patients with advanced cancer.**
Hiratsuka Y; et al
Supportive care in cancer: official journal of the Multinational Association of Supportive Care in Cancer; Apr 2020;
For appropriate advance care planning, functional prognostication is necessary. However, there are no studies of functional prognostication in patients with cancer. The aim of this study was to develop a functional prognostic scoring system for patients with advanced cancer. We firstly developed a functional prognostic scoring system for patients with advanced cancer. This FPPI system promises to be helpful in advance care planning.

**National Consensus Project's Clinical Practice Guidelines for Quality Palliative Care, Fourth Edition: Why is This Important to Chaplains?**
Handzo GF; et al
Journal of health care chaplaincy; 2020; vol. 26 (no. 2); p. 58-71
The Clinical Practice Guidelines for Quality Palliative Care, fourth edition were recently published. Through the involvement of the Association of Professional Chaplains and the HealthCare Chaplaincy Network, this is the first time that any chaplains have been an official party to the development of these guidelines. The expectation set by the guidelines is that all health care professionals (including all chaplains) caring for people living with serious illness at any stage of illness, at any age, and in any setting will integrate core palliative care principles and best practices into their routine care and have sufficient training to complete an assessment of the patient and address common sources of suffering. The article presents a summary of the content of the guidelines and their implications for clinical practice and training with emphasis on the practice and training of professional chaplains.

**Spiritual coping and psychological symptoms as the end approaches: a closer look on ambulatory palliative care patients.**
Gryschek G; et al
Psychology, health & medicine; Apr 2020; vol. 25 (no. 4); p. 426-433
Palliative care providers must seek to improve quality of life despite their patients' life-threatening diseases, based on the concept of total pain, which includes physical, psychological and spiritual pain. Understanding the relationship between spiritual coping and psychological symptoms (especially depressive symptoms) could help healthcare teams better address patients' needs. Across-sectional survey with a convenient sample of ambulatory palliative care patients investigated their psychological pain through the Hospital Anxiety and Depressive (HAD) scale and their use of spirituality using the Brief Religious/spiritual coping (BriefRCOPE) scale. A linear regression model, using the HADS-depression as outcome variable and the BriefRCOPE as the independent variable, adjusting for confounding variables, investigated the possible association between these variables. Due to methodological limitations, just 40 out 130 potential participants were assessed, with 40 percent showing depressive symptoms. In regression model, depressive and anxiety symptoms were
significantly associated with each other (p = 0.037 and 0.015, respectively) and negative religious/spiritual coping was associated with depressive symptoms (p = 0.033). This study found a significant relationship between psychological pain and negative spiritual coping mechanisms. Palliative care professionals should be trained to address patients' total pain and spiritual needs, supporting their ability to cope with their suffering.

Spiritual needs and communicating about death in nonreligious theistic families in pediatric palliative care: A qualitative study.
Cai S; et al
Palliative medicine; Apr 2020; vol. 34 (no. 4); p. 533-540
Spiritual support should be offered to all patients and their families regardless of their affiliated status with an organized religion. To understand nonreligious theistic parents' spirituality and to explore how parents discuss death with their terminally ill children in mainland China. Religious support could be an element of spiritual support for nonreligious theistic parents of terminally ill children. Multiple strategies including religious supports and nonreligious supports should be rationally integrated into spiritual support of nonreligious theistic family. Patient's personal belief in death should be assessed before discussing death with them.

Staff
Palliative Cancer Care Stress and Coping Among Clinical Nurses Who Experience End-of-Life Care.
Kim H; et al
Journal of hospice and palliative nursing : JHPN : the official journal of the Hospice and Palliative Nurses Association; Apr 2020; vol. 22 (no. 2); p. 115-122
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. The research subjects were 180 clinical nurses caring for cancer patients in a hospital in Korea. Stress caused by excessive workloads, inappropriate compensation, and interpersonal conflicts with physicians was high. There was a difference in stress according to age. Coping strategies differed according to religion, education, occupation, hospice education, job satisfaction, and leisure activities. The higher the stress, the greater the number of coping strategies used. Problem-related coping was associated with more diverse stressors. Stress characteristics differed according to various factors, whereas stress coping strategies depended on the stress characteristics of clinical nurses caring for cancer patients. Future research following a critical approach will be needed to elucidate the compassion fatigue related to the stress strategies of clinical 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.

The Relationship of Perceptions of Hospice and Palliative Care With Emotional Intelligence and Cognitive Empathy in Nursing Students.
Kang SW; et al
Journal of hospice and palliative nursing : JHPN : the official journal of the Hospice and Palliative Nurses Association; Apr 2020;
This study aimed to identify the relationships of perception of hospice and palliative care with emotional intelligence and cognitive empathy in nursing students. Emotional intelligence and cognitive empathy should be cultivated to raise nursing students' perception of hospice and palliative care and must be included when developing related curricula and extracurricular programs.

Exploring Compassion from the Perspective of Health Care Professionals Working in Palliative Care.
Ferraz SL; et al
Journal of palliative medicine; Apr 2020;
Despite the body of literature regarding the varying definition of compassion, there appears a lack of literature pertaining to the meaning of compassion from the perspective of health care professionals working in palliative care settings. The study aimed to explore how health care professionals working in palliative care settings view and/or understand the construct of compassion. This study presents a novel understanding of the components of compassion from the perspective of health care professionals working in palliative care. While there is need for future research, important areas of improvement include increased resourcing, reducing time pressures, and education within palliative care settings. This will enable the fostering of compassionate care to patients, as well as enhanced well-being both professionally and personally for health care providers delivering such care.

Documenting the contributions of palliative care social work: testing the feasibility and utility of tracking clinical activities using medical records.
Christophel Lichti JL; et al
Access to data on quality metrics can better equip palliative care social workers to identify and address gaps in patient care, establish standards and accountability for social work functions on the interdisciplinary team, and evaluate the impact of interventions. The objective of this demonstration project was to create and pilot a data collection format in the patient electronic medical record (Epic) for documentation of social work metrics at each inpatient consultation, and to build corresponding pilot reports relevant to quality improvement goals. The successful implementation and initial pilot reports were reviewed for the feasibility of longer-term applications.

Symptoms

**Regular dosing compared with as-needed dosing of opioids for management of chronic cancer pain: systematic review and meta-analysis.**
Edler-Buggy S; et al
Pain; Apr 2020; vol. 161 (no. 4); p. 703-712

Opioids are the recommended form of analgesia for patients with persistent cancer pain, and regular dosing "by the clock" is advocated in many international guidelines on cancer pain management. The development of sustained-release opioid preparations has made regular dosing easier for patients. However, patients report that the intensity and impact of their cancer pain varies considerably day to day, and many try to find a trade-off between acceptable pain control and impact of cognitive (and other) adverse effects on daily activities. In acute care settings, (eg, postoperative) as-needed dosing and other opioid-sparing approaches have resulted in better patient outcomes compared with regular dosing. The aim of this study was to determine whether regular dosing of opioids was superior to as-needed dosing for persistent cancer pain. We systematically searched for randomised controlled trials that directly compared pain outcomes from regular dosing of opioids with as-needed dosing in adult cancer patients. We identified 4347 records, 25 randomised controlled trials meet the inclusion criteria, 9 were included in the review, and 7 of these included in meta-analysis. We found no clear evidence demonstrating superiority of regular dosing of opioids compared with as-needed dosing in persistent cancer pain, and regular dosing was associated with significantly higher total opioid doses. There was, however, a paucity of trials directly answering this question, and low-quality evidence limits the conclusions that can be drawn. It is clear that further high-quality clinical trials are needed to answer this question and to guide clinical practice.

**Immediate Effect of Fan Therapy in Terminal Cancer With Dyspnea at Rest: A Meta-Analysis.**
Kako J; et al
The American journal of hospice & palliative care; Apr 2020; vol. 37 (no. 4); p. 294-299

Dyspnea is a common distressing symptom in patients with malignant and nonmalignant diseases. Fan therapy, which uses a fan to blow air toward the patient's face, can alleviate dyspnea; however, its efficacy remains unclear. To examine the immediate efficacy of fan therapy for alleviation of dyspnea at rest. This meta-analysis demonstrated that fan therapy may be an effective intervention for dyspnea at rest in patients with terminal cancer.

**Underprescription of Step III Opioids in French Cancer Survivors With Chronic Pain: A Call for Integrated Early Palliative Care in Oncology.**
Janah A; et al
Journal of pain and symptom management; Apr 2020; vol. 59 (no. 4); p. 836-847

Chronic pain (CP) is a major concern in cancer survivors. Often under-reported by patients, it is both underassessed and undertreated by care providers. To assess CP prevalence and related treatment in cancer survivors five years after diagnosis and to identify factors associated with prescribing opioids among survivors with CP, focusing on access to palliative care (PC). This study showed a high prevalence of CP five years after cancer diagnosis. Step III opioids were underprescribed but positively associated with inpatient PC. PC access in France remains limited, especially among cancer survivors. Integrating PC in oncology is essential to provide the best cancer-related symptoms management.

**The Principles of Revised Clinical Guidelines about Palliative Sedation Therapy of the Japanese Society for Palliative Medicine.**
Imai K; et al
Journal of palliative medicine; Apr 2020;

When the suffering of a terminally ill patient is intolerable and refractory, sedatives are sometimes used for symptom relief. To describe the main principles of revised Japanese clinical guidelines about palliative sedation therapy. We described the main principles of revised Japanese clinical guidelines about palliative sedation therapy. Further consensus building is necessary.
Prevalence of QTc Prolongation in Patients With Advanced Cancer Receiving Palliative Care—A Cause for Concern?
Hardy JR; et al
Journal of pain and symptom management; Apr 2020; vol. 59 (no. 4); p. 856-863
Medications commonly used for symptom control along with other known risk factors have the potential to prolong ventricular repolarization as measured by the QT interval (the time from the start of the Q wave to the end of the T wave) on a standard electrocardiogram (ECG). To document the prevalence of a prolonged QT interval corrected for heart rate (QTc) interval in the palliative/oncology setting, compare automatic ECG QTc measurements with manual readings and identify any correlation between QTc prolongation and the use of drugs or other risk factors. Although almost 20% of patients receiving palliative care had prolongation of QTc, the possibility of serious consequences appeared to be low despite the frequent occurrence of risk factors.

Methadone in Swedish specialized palliative care—Is it the magic bullet in complex cancer-related pain?
Fürst P; et al
PloS one; 2020; vol. 15 (no. 4); p. e0230845
Despite being associated with dependence and social stigma, methadone is a potential end-of-life option in complex cancer pain. To explore attitudes and opinions about methadone and its potential role and current use in complex end-of-life pain. Methadone, especially in the form of low-dose add-on to other opioids is widely advocated in Swedish specialized palliative care as a practical and safe method with rapid onset in complex pain situations at the end of life.

The role of nurses in antimicrobial stewardship near the end of life in aged-care homes: A qualitative study.
Dowson L; et al
International journal of nursing studies; Apr 2020; vol. 104 ; p. 103502
The excessive use of antimicrobials in aged-care homes is a widely recognised phenomenon. This is problematic because it can harm residents, and is detrimental to public health. Residents in the final month of life are increasingly likely to be prescribed an antimicrobial, commonly without having signs and symptoms of infection that support antimicrobial use. We aimed to describe the perspectives of health professionals on antimicrobial use near the end of life in aged-care homes and investigate the potential opportunities for nurses to undertake antimicrobial stewardship activities near the end of life in aged-care homes. The work of facilitating advance care planning, care coordination, care delivery, and communicating with families and medical professionals provide important opportunities for aged-care home nurses to lead appropriate antimicrobial stewardship activities near the end of life.

A randomized, double-blind, crossover, dose ranging study to determine the optimal dose of oral opioid to treat breakthrough pain for patients with advanced cancer already established on regular opioids.
Currow DC; et al
European journal of pain (London, England); May 2020; vol. 24 (no. 5); p. 983-991
Pain in people with advanced cancer is prevalent. When a stable dose of opioids is established, people still experience episodic breakthrough pain for which dosing of an immediate release opioid is usually a proportion of the total daily dose. This adequately powered study did not show any difference with three dose proportions for reduction in pain intensity, time to pain relief, pain control on the subsequent day nor any difference in harms. From first principles, this suggests 1/12 the 24 hourly dose should be used as the lowest dose that delivers benefit. Future studies should include a placebo arm. Despite the widespread use of immediate release morphine solution for breakthrough cancer pain, the ideal dose derived from background dose has not been determined in an adequately powered randomized, double-blind, crossover, dose ranging study. This study tested three dose levels in people with advanced cancer. Given no differences in time to onset, level of analgesia achieved, nor side effects, the lowest dose tested (1/12th of the daily dose) should be used.

Humour and laughing in patients with prolonged incurable cancer: an ethnographic study in a comprehensive cancer centre.
Buiting HM; et al
Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation; Apr 2020;
Most people are familiar with the expression 'laughter is the best medicine'. By enhancing cognitive flexibility and strengthening relationships, laughter can be considered a holistic care-approach. Yet, in medical oncology, especially the palliative phase, using humour can be considered inappropriate or taboo. We aimed to explore the acceptability and functions of humour and laughter in patients with prolonged incurable cancer. Many conversations were full of laughter. Hierarchy as usually experienced between healthcare professionals and patients/relatives seemed to disappear when using laughter. If applied appropriately, adding shared laughter may help optimize shared decision-making.
A substantial number of older adults die in residential aged care facilities, yet little is known about the characteristics of and how best to optimise medication use in the last year of life. The aim of this review was to map characteristics of medication use in aged care residents during the last year of life in order to examine key concepts related to medication safety and draw implications for further research and service provision.
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