### Bereavement

**Coping and wellbeing in bereavement: two core outcomes for evaluating bereavement support in palliative care.** Harrop E; et al  
*BMC palliative care;* Mar 2020; vol. 19 (no. 1); p. 29  
Bereavement support is a core part of palliative care. However, the evidence base is limited by a lack of consistency in the outcomes used to evaluate services and models of support, which makes it difficult to compare approaches. Core Outcome Sets (COS) represent the minimum that should be measured in research into specific conditions or services. The aim of this study was to use a stakeholders’ perspective to develop a COS for evaluating bereavement support for adults in adult palliative care settings. This COS outlines a more consistent way forward for bereavement researchers and practitioners, whilst also orientating towards public health and resilience-based approaches to bereavement care. Further work is planned to identify and develop measures which are specific to this core outcome set, and which will facilitate the future comparability of bereavement services and interventions.

**Resolving anticipatory grief and enhancing dignity at the end-of-life: A systematic review of palliative interventions.**  
Patinadan PV; Tan-Ho G; Choo PY; Ho AHY  
*Death studies;* Feb 2020 ; p. 1-14;  
Anticipatory grief is the experience of grief symptomatology prior to loss. This study is a systematic review of empirical interventions or interventional components that were observed to lessen or adaptively direct the experience of anticipatory grief for patients at the end of life and their family members. A search of 5 major databases found 13,718 articles, of which 10 high-quality randomized controlled trials were included for final
review. Lebow's "adaptational tasks of anticipatory mourning" was employed as a working model on the efficacy of the interventions. The interventions exhibited some positive outcomes but none addressed anticipatory grief directly. Recommendations for future research are discussed.

**Health Professionals' Experiences of Grief Associated With the Death of Pediatric Patients: A Systematic Review**  
Shannon Barnes et al  
*JBI Evid Synth* 2020 Mar;18(3):459-515  
The objective of this review was to synthesize the experiences of health professionals who have experienced grief as a result of a pediatric patient dying. There has been some research into health professionals' grief experiences associated with the death of pediatric patients, but there has not been a review that synthesizes the findings of these experiences. Other related reviews have focused on prenatal, perinatal or adult deaths or the coping strategies employed by health professionals. This review highlights the complexities of experiences faced by pediatric health professionals. The synthesized findings from this review highlight the varied reported experiences of grief in health professionals. The methodological quality and reporting of studies, however, led to decreased confidence in the synthesized findings and recommendations arising from this review. Healthcare professionals should be aware of the potential for experiencing grief when a patient dies and the compounding and alleviating factors associated with this. Further research could expand participant and language limitations, and improve methodological quality and reporting.

**The Impacts and Effectiveness of Support for People Bereaved Through Advanced Illness: A Systematic Review and Thematic Synthesis**  
Emily Harrop et al.  
*Palliat Med* 2020 May 18;269216320920533  
Bereavement support is a key component of palliative care, with different types of support recommended according to need. Previous reviews have typically focused on specialised interventions and have not considered more generic forms of support, drawing on different research methodologies. We review the quantitative and qualitative evidence on the effectiveness and impact of interventions and services providing support for adults bereaved through advanced illness. Conclusions on effectiveness are limited by small sample sizes and heterogeneity in study populations, models of care and outcomes. The qualitative evidence suggests several cross-cutting benefits and helps explain the impact mechanisms and contextual factors that are integral to the support.

**Carers**

"Dying With Dignity": A Qualitative Study With Caregivers on the Care of Individuals With Terminal Cancer.  
Hayden L, Dunne S.  
*Omega (Westport).* 2020 Jun 3:30222820930135.  
This study aimed to examine family members' attitudes and perceptions regarding their choice of care in the event of terminal illness, based on their experience in a caregiver's role, while a loved one was terminally ill. The findings of this study support the integration of multidisciplinary healthcare teams and the introduction of holistic care as early as possible within hospitals for individuals with terminal cancer, using the biopsychosocial-spiritual model.

**Children**

Palliative Care in SMA Type 1: A Prospective Multicenter French Study Based on Parents' Reports.  
Hully M; et al  
*Frontiers in pediatrics,* 2020; vol. 8 ; p. 4  
Spinal muscular atrophy type 1 (SMA-1) is a severe neurodegenerative disorder, which in the absence of curative treatment, leads to death before 1 year of age in most cases. Caring for these short-lived and severely impaired infants requires palliative management. New drugs (nusinersen) have recently been developed that may modify SMA-1 natural history and thus raise ethical concerns about the appropriate level of care for patients. Our data confirm that palliative care is essential in management of SMA-1 patients and that parents are extensively involved in everyday patient care. Our data suggest that nusinersen treatment was accompanied by significantly more invasive supportive care, indicating that a re-examination of standard clinical practices should explicitly consider what treatment pathways are in infants' and caregivers' best interest.

Developing a perinatal palliative care service package for women with fetal anomaly diagnosis: protocol for mixed methods study.  
Raisi Dehkordi Z; Kohan S; Rassouli M; Zarean E; Malekian A  
*Reproductive health,* Mar 2020; vol. 17 (no. 1); p. 32
Diagnosis of perinatal anomalies is a stressful experience that can negatively affect mothers, families, health-care systems, and societies. Perinatal palliative care (PPC) is a new development in maternity services which focuses on emotional, spiritual, social, and symptom management and provides care for women and families with fetal anomaly diagnosis. Therefore, this study aimed to develop a service package for women with fetal anomaly diagnosis in socio-cultural context of Iran. The results of this Mixed Methods study are expected response the needs and experiences of the women with perinatal anomaly diagnosis being met in the socio-cultural context of Iran and a service package for palliative care of these women developed.

Specialist paediatric palliative care for children and young people with cancer: A mixed-methods systematic review.  
Taylor J; Booth A; Beresford B; Phillips B; Wright K; Fraser L 
Palliative Medicine; Jun 2020; vol. 34 (no. 6); p. 731-775 
Specialist paediatric palliative care services are promoted as an important component of palliative care provision, but there is uncertainty about their role for children with cancer. Current evidence suggests that children and young people with cancer receiving specialist palliative care are cared for differently. However, little is understood about children's views, and research is needed to determine whether specialist input improves quality of life.

When a Child Dies: A Systematic Review of Well-Defined Parent-Focused Bereavement Interventions and Their Alignment With Grief-And Loss Theories  
Eline M Kochen et al 
The availability of interventions for bereaved parents have increased. However, most are practice based. To enhance the implementation of bereavement care for parents, an overview of interventions which are replicable and evidence-based are needed. The aim of this review is to provide an overview of well-defined bereavement interventions, focused on the parents, and delivered by regular health care professionals. Also, we explore the alignment between the interventions identified and the concepts contained in theories on grief in order to determine their theoretical evidence base. In the absence of empirical evidence supporting the effectiveness of most interventions, their alignment with theoretical components shows support for most interventions on a conceptual level. Parents should be presented with a range of interventions, covered by a variety of theoretical components, and aimed at supporting different needs. Bereavement interventions should focus more on the continuous process of the transition parents experience in readjusting to a new reality.

A mixed-methods systematic review and meta-analysis of barriers and facilitators to paediatric symptom management at end of life.  
Katie Greenfield et al 
Symptom management for infants, children and young people at end of life is complex and challenging due to the range of conditions and differing care needs of individuals of different ages. A greater understanding of these challenges could inform the development of effective interventions. We investigate the barriers and facilitators experienced by patients, carers and healthcare professionals managing symptoms in infants, children and young people at end of life. There is a need for effective communication between healthcare professionals and families, more training for healthcare professionals, improved symptom management planning including anticipatory prescribing, and urgent attention paid to the patients' perspective.

Specialized Pediatric Palliative Care in Neonates With Life-Limiting Illness: A Systematic Review  
Gregorio Zuniga-Villanueva et al 
Am J Perinatol 2020 Apr 24 
The aim of this study is to assess the impact of specialized pediatric palliative care (PPC) on neonates with life-limiting conditions compared to standard care. Specialized versus may have an impact on neonates with life-limiting conditions and their families. More studies that evaluate the impact of specialized versus in neonates with sound statistical analysis is warranted.

Communication  
Effect of a Skills Training for Oncologists and a Patient Communication Aid on Shared Decision Making About Palliative Systemic Treatment: A Randomized Clinical Trial.  
Henselmans J; et al 
The Oncologist; Mar 2020; vol. 25 (no. 3); p. e578-e588 
Palliative systematic treatment offers uncertain and often limited benefits, and the burden can be high. Hence, treatment decisions require shared decision making (SDM). This trial examined the independent and combined
effect of an oncologist training and a patient communication aid on SDM. Training medical oncologists in SDM about palliative systemic treatment improves both observed and patient-reported SDM. A patient communication aid does not. The incorporation of skills training in (continuing) educational programs for medical oncologists is likely to stimulate the widely advocated uptake of shared decision making in clinical practice.

**Evaluation of a communication skills training to facilitate addressing palliative care related topics in advanced cancer patients: study protocol of a multicenter randomized controlled trial (PALLI-KOM).**

Harnischfeger N; et alC

**BMC palliative care;** May 2020; vol. 19 (no. 1); p. 67

Early integration of palliative care concurrently to standard cancer care is associated with several benefits for patients and their caregivers. However, communication barriers on part of the caring physicians often impede a timely referral to palliative care. This study describes the protocol of the evaluation of a communication skills training aiming to strengthen the ability of physicians to address palliative care related topics adequately and early during disease trajectory. If the communication skills training proves to be effective, it will provide a feasible intervention to promote an earlier communication of palliative care related topics in the care of advanced cancer patients. This would help to further establish early integration of palliative care as it is recommended by national and international guidelines.

**The Evidence Supporting Educational Videos for Patients and Caregivers Receiving Hospice and Palliative Care: A Systematic Review**

Dulce M Cruz-Oliver et al

**Patient Educ Couns** 2020 Mar 19;S0738-3991(20)30148-8.

The purpose of this study is to explore the evidence surrounding educational videos for patients and family caregivers in hospice and palliative care. We ask three research questions: 1. What is the evidence for video interventions? 2. What is the quality of the evidence behind video interventions? 3. What are the outcomes of video interventions? A strong body of evidence has emerged for video education interventions in hospice and palliative care. Additional research assessing video interventions’ impact on clinical outcomes is needed. Videos are a promising tool for patient and family education in hospice and palliative care.

**The Effect of Prognostic Communication on Patient Outcomes in Palliative Cancer Care: A Systematic Review**

Naomi C A van der Velden et al

**Curr Treat Options Oncol** 2020 Apr 23;21(5):40

While prognostic information is considered important for treatment decision-making, physicians struggle to communicate prognosis to advanced cancer patients. This systematic review aimed to offer up-to-date, evidence-based guidance on prognostic communication in palliative oncology. If preferred by patients, physicians could disclose prognosis using sensible strategies. The combination of explicit and affective communication, multiple survival scenarios and expert, positive, collaborative behaviour likely benefits most patients. Still, more evidence is needed, and tailoring communication to individual patients is warranted Future research should examine the effect of prognostic communication on psychological well-being over time and treatment decision-making, and focus on individualising care.

**Talking about death: end of life care guidance for the psychological workforce**

British Psychological Society - 02 June 2020

We know that because of the nature of Covid-19 the way we might traditionally help people to have a good death will be severely challenged. People may feel that they cannot care for patients in the way that they would like due to restrictions on contact. This might lead to experiencing feelings of powerlessness and despair. Our usual coping mechanisms such as socialising with colleagues and gaining support and comfort from family and friends will not be not be available. As managers and supervisors, we know it is our duty to support our teams and colleagues. Never has the ability to work as a team been more important yet we may, conversely, experience anger and irritation at our colleagues. This context is important when we think about how we support each other and particularly our colleagues who are caring for patients who are dying.

**Conditions and Diseases**

**The impact of palliative care on clinical and patient-centred outcomes in patients with advanced heart failure: a systematic review of randomized controlled trials.**

Sahlollbey N; Lee CKS; Shirin A; Joseph P

**European journal of heart failure;** Mar 2020;

We examine the impact of palliative care on acute care hospitalizations, survival, symptoms, and quality of life (QOL) in patients with advanced heart failure. Compared to usual care, palliative care interventions substantially
reduce hospitalizations, with no clear adverse effect on survival. Effects on QOL and symptom burden appear to be modest, and indicate that further efforts to improve these patient-centred outcomes are needed.

### Attitudes to Palliative Care in Patients With Neck-of-Femur Fracture-A Multicenter Survey.

Harries L; Moore A; Kendall C; Stanger S; Stringfellow TD; Davies A; Kelly M

Geriatric orthopaedic surgery & rehabilitation; 2020; vol. 11 ; p. 215149320916931

The mortality of patients with neck-of-femur (NOF) fractures remains high, with increasing recognition of a subgroup of patients with predictable mortality. The role of palliative care in this group is poorly understood and underdeveloped. This research aims to investigate current clinician attitudes toward palliative care for patients with NOF fracture, and explore processes in place for early identification for patients nearing the end of life. There should be close communication between specialties with regard to requirements for palliative care in NOF fracture patients, with ongoing education and clear local and national guidance to ensure they receive the right care at the right time.

### PALLiON - PALLiative care Integrated in ONcology: study protocol for a Norwegian national cluster-randomized control trial with a complex intervention of early integration of palliative care.

Hjermstad MJ; et al

Trials; Apr 2020; vol. 21 (no. 1); p. 303

Several publications have addressed the need for a systematic integration of oncological care focused on the tumor and palliative care (PC) focused on the patient with cancer. The exponential increase in anticancer treatments and the high number of patients living longer with advanced disease have accentuated this. Internationally, there is now a persuasive argument that introducing PC early during anticancer treatment in patients with advanced disease has beneficial effects on symptoms, psychological distress, and survival. Results from this C-RCT will be used to raise the awareness about the positive outcomes of early provision of specialized palliative care using pathways for patients with advanced cancer receiving medical anticancer treatment. The long-term clinical objective is to integrate these patient-centered pathways in Norwegian cancer care. The specific focus on the patient and family and the organization of a predictable care trajectory is consistent with current Norwegian strategies for cancer care.

### Comparative Effectiveness of Palliative Chemotherapy in Metastatic Breast Cancer: A Real-World Evidence Analysis.

Feinberg B; Kish J; Dokubo I; Wojtynek J; Gajra A; Lord K

The oncologist; Apr 2020; vol. 25 (no. 4); p. 319-326

In the absence of randomized controlled trials, real-world evidence may aid practitioners in optimizing the selection of therapy for patients with cancer. The study's aim was to determine real-word use, as well as compare effectiveness, of single-agent and combination chemotherapy as palliative treatment for female patients with metastatic breast cancer (mBC). The frequency of combination COT use, particularly in first-line, warrants further research given published guideline recommendations. The observed TNT difference favoring single-agent treatment in later lines supports guideline recommendations. Variance between single-agent preference and observed TNT was noteworthy. Although published data from evidence- and consensus-based guidelines recommend single-agent over combination chemotherapy, the extensive list of agents available for use and a gap in the comparative effectiveness research of these agents have resulted in significant variances in patterns of care. The aim of this study was to assess real-world treatment patterns and their effectiveness during palliative therapy of metastatic breast cancer. The objective was to understand when and how chemotherapy-only treatment is used in metastatic breast cancer and whether comparative effectiveness analysis supports the observed patterns of care.

### Effects of Early and Systematic Integration of Specialist Palliative Care in Patients with Advanced Cancer: Randomized Controlled Trial PALINT.

Slama O; et al

Journal of palliative medicine; May 2020;

A broad consensus on the optimal structure, intensity, and timing of early specialist palliative care (SPC) intervention is lacking. We evaluate the benefit of an early and systematic palliative intervention alongside standard oncology care compared with standard oncology care alone in patients with advanced solid tumors. A model of early integration of SPC consisting of a consultation with a PC physician alone every six to eight weeks did not increase the QOL of patients with advanced cancer compared with routine oncology care in a center with widely available supportive services. These negative results underline the importance of the multidisciplinary patient-centered approach in the early SPC.

### Factors influencing palliative care in advanced dementia: a systematic review.

Mataqi M; Aslanpour Z
Dementia is a progressive neurodegenerative life-limiting disease. The international literature indicates that patients with advanced dementia can benefit from palliative care (PC) provided during the end-of-life phase. However, evidence indicates that currently many fail to access such provision despite the increased recognition of their palliative needs. We investigate the factors influencing provision of PC services for people with advanced dementia. Even though the provision of PC was empirically recognised as a care step in the management of dementia, there are barriers that hinder access of patients with dementia to appropriate facilities. With dementia prevalence rising and no cure on the horizon, it is crucial that health and social care regulatory bodies integrate a palliative approach into their care using the identified facilitators to achieve optimal and effective PC in this population.

**Summarizing the Evidence Base for Palliative Oncology Care: A Critical Evaluation of the Meta-analyses.**
Rogers JL; Perry LM; Hoerger M
Clinical Medicine Insights. Oncology; 2020; vol. 14 ; p. 1179554920915722

Palliative care is a specialized approach to symptom management that focuses on supporting patients' physical and psychological quality of life throughout the disease course. In oncology, palliative care has been increasing in utilization. The evidence base for such care is also growing through the use of randomized controlled trials (RCTs). In this review, we aim to integrate the findings from 4 meta-analyses of palliative oncology care RCTs to examine the impact of palliative care on physical and psychological quality of life and survival. There is a growing evidence base for palliative oncology care, as highlighted by the 4 meta-analyses considered. Such care successfully improves both physical and psychological quality of life for patients with serious illnesses, especially cancer. Clinicians should educate patients and their caregivers about the findings of these meta-analyses. Finally, governmental policies should focus on increasing palliative care access.

**Perceived factors to providing palliative care for patients with cancer - a qualitative systematic review.**
Heidari H; Mardani-Hamooleh M; Amiri M
Oncology reviews; Feb 2020; vol. 14 (no. 1); p. 463

Palliative care (PC) is one of the necessary cares given throughout a patient's experience with cancer. The aim of this study was to identify the perceived factors to providing PC for patients with cancer. Our study was a systematic review of qualitative literature. To this end, electronic databases, including CINAHL, PubMed, PsycINFO, Ovid, and Web of Science as well as Persian databases were searched and qualitative studies on the role of PC in patients with cancer published between Jan 2008 and Dec 2017 were selected. Generally, 12 studies were reviewed. A thematic synthesis approach was used to analyze the data. Exploring the selected articles, the findings on the perceived factors to providing PC for patients with cancer were categorized into three themes, including organizational factors, ethical factors, and psychological factors. This qualitative systematic review expands our knowledge about factors influencing the provision of PC for patients with cancer. It is necessary for health system managers and caregivers to pay attention to all aforesaid factors in order to improve PC for cancer patients.

**Palliative drug treatments for breathlessness in cystic fibrosis**
Nishant Jaiswal et al
Cochrane Database of Systematic Reviews 28 April 2020
Update of this systematic review. No studies were found that fitted the inclusion criteria. Due to the lack of available evidence, this review cannot provide any information for clinical practice. The authors call for specific research in this area after taking into account relevant ethical considerations. The research should focus on the efficacy and safety of the drugs with efficacy being measured in terms of improvement in quality of life, dyspnoea scores and hospital stay.

**Telephone interventions for symptom management in adults with cancer**
Emma Ream et al
Cochrane Database of Systematic Reviews 02 June 2020
People with cancer experience a variety of symptoms as a result of their disease and the therapies involved in its management. Inadequate symptom management has implications for patient outcomes including functioning, psychological well-being, and quality of life (QoL). Attempts to reduce the incidence and severity of cancer symptoms have involved the development and testing of psycho-educational interventions to enhance patients' symptom self-management. With the trend for care to be provided nearer patients' homes, telephone-delivered psycho-educational interventions have evolved to provide support for the management of a range of cancer symptoms. Early indications suggest that these can reduce symptom severity and distress through enhanced symptom self-management. We try to assess the effectiveness of telephone-delivered interventions for reducing symptoms associated with cancer and its treatment. We look to find out which symptoms are most responsive to
telephone interventions. We wish to determine whether certain configurations (e.g. with/without additional support such as face-to-face, printed or electronic resources) and duration/frequency of intervention calls mediate observed cancer symptom outcome effects.

Palliative Care for Dementia: 2020 Update
Jaffrey Hashimie et al
Dementia management is complicated by neuropsychiatric symptoms such that the longitudinal care of a psychiatrist or other mental health provider is often an essential part of patient care and a major source of family support. Given the importance of end-of-life continuity of care, the involvement of psychiatry in palliative and hospice services affords an important opportunity for growth. Common challenges involve sharing prognostic information with patients and families to aid in advance planning, and management of persistent pain and nutritional issues. Future research will yield important new insights and guidelines for care.

Development and Practical Test of Quality Indicators for Palliative Care in Patients With Chronic Heart Failure
Yasuhiro Hamatani et al
Palliative care is highly relevant for patients with heart failure (HF), and there is a need for quantitative information on quality of care. Accordingly, this study aimed to develop a set of quality indicators (QIs) for palliative care of HF patients, and to conduct a practical pilot measurement of the proposed QIs in clinical practice.

A feasibility and acceptability study of an adaptation of the Mindful Self-Compassion program for adult cancer patients
Palliative & Supportive Care, 2020, vol. 18, no 2, pp. 130-140
Brooker, Joanne; Julian, John; Millar, Jeremy et al.
Psychosocial interventions that mitigate psychosocial distress in cancer patients are important. The primary aim of this study was to examine the feasibility and acceptability of an adaptation of the Mindful Self-Compassion (MSC) program among adult cancer patients. A secondary aim was to examine pre–post-program changes in psychosocial wellbeing.

Impact of informal cancer caregiving across the cancer experience: A systematic literature review of quality of life
Ochoq, Carol; et al
Palliative & Supportive Care, 2020, vol. 18, no. 2, pp. 220-240
Psychosocial interventions that mitigate psychosocial distress in cancer patients are important. The primary aim of this study was to examine the feasibility and acceptability of an adaptation of the Mindful Self-Compassion (MSC) program among adult cancer patients. A secondary aim was to examine pre–post-program changes in psychosocial wellbeing. The MSC program appears feasible and acceptable to adults diagnosed with non-advanced cancer. The preliminary estimates of effect sizes in this sample suggest that participation in the program was associated with improvements in psychosocial wellbeing. Collectively, these findings suggest that there may be value in conducting an adequately powered randomized controlled trial to determine the efficacy of the MSC program in enhancing the psychosocial wellbeing of cancer patients.

COVID-19

Sutherland AE; Stickland J; Wee B
BMJ supportive & palliative care; May 2020;;
During the Covid-19 pandemic, a strategy to minimise face-to-face (FtF) visits and limit viral spread is essential. Video consultations offer clinical assessment despite restricted movement of people. We undertook a rapid literature review to identify the highest currently available level of evidence to inform this major change in clinical practice. Although video consultations cannot fully replace FtF, they can radically reduce the need for FtF and the risk of Covid-19 spread in our communities while maintaining high standards of care. For patient safety, it will be critical to follow the WHO guidance regarding: a standard operating procedure; clinical protocols for when video consultations can (and cannot) be used; policies to ensure equity of access in disadvantaged populations; adequate staff training; and administrative support to coordinate appointments.

COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care Role of the specialty and guidance to aid care
Iain Lawrie and Fiona Murphy
The COVID-19 outbreak currently being experienced around the world is unprecedented and requires everyone to work together to contribute to the health and well-being of populations as well as ensure that appropriate guidance and sharing of good practice occurs. This is essential in order to support the care of patients at the end of their lives or who are significantly unwell as the result of both COVID-19 or other possibly life-limiting illnesses.

**Pandemic Palliative Care: Beyond Ventilators and Saving Lives**
Amit Arya et al
*CMAJ* 2020 Apr 14;192(15):E400-E404

Palliative care should be an essential part of any response to a humanitarian crisis, including the current SARS-CoV-2 pandemic. A multipronged approach that is focussed on stuff, staff, space, systems, sedation, separation, communication and equity can guide planning and ensure that the palliative care needs of patients and their family members are met. Any triage system that does not integrate palliative care principles is unethical. Patients who are not expected to survive should not be abandoned but must receive palliative care as a human right.

**COVID-19: End of life care and dementia: Good practice guide.**
Alistair Burns
*British Geriatrics Society* 07 April 2020

This brief guidance may be useful to clinicians and planners when considering end of life care matters in people with dementia. The majority of people with dementia (which is the leading cause of death in England and Wales) are aged over 70, have other long-term conditions and are frail, putting them into particularly vulnerable groups for developing complications if they are infected with COVID-19. There are an estimated 675,000 people with dementia in England who are supported by a similar number of carers, most of whom are older people themselves. A quarter of people in acute hospitals and three quarters of residents of care homes have dementia.

**Dementia in care homes and COVID-19**
*Social Care Institute for Excellence* April 2020

This is a quick guide for carers in care homes supporting residents living with dementia during the coronavirus (COVID-19) pandemic. It discusses four clinical situations that may help to illustrate some challenges: understanding signs of COVID-19; helping residents with confusion; managing behavioural challenges; supporting residents with end-of-life care.

**The role and response of primary care and community nursing in the delivery of palliative care in epidemics and pandemics: a rapid review to inform practice and service delivery during the COVID-19 pandemic**
Sarah Mitchell et al
*CEBM*

Community services play an important role in the provision of palliative care during pandemics, such as COVID-19. This review reveals a stark and concerning lack of evidence from previous pandemics around how primary care and community nursing services can best adapt palliative care provision within a pandemic. Important factors in a successful response include consistent and timely communication between policy makers and healthcare providers, workforce training and flexibility, and continued delivery of equipment and access to necessary support services, such as diagnostic tests.


This guidance is aimed at all professionals looking after patients with coronavirus, and their families, in the hospital setting. As clinicians, we all have responsibilities in relation to coronavirus and we should seek and act on national and local guidelines. We have a specific responsibility to institute best practice palliative care for all patients who require this, either with pre-existing palliative care needs or because of coronavirus infection. We may need to work outside our specific areas of training and expertise.

**Palliative care for patients with cancer in the COVID-19 era**
Ambereen K. Mehta and Thomas J. Smith
*JAMA Oncology* 07 May 2020

Viewpoint paper. With early studies suggesting that patients with active cancer are particularly susceptible to COVID-19, the current pandemic is forcing palliative care health care professionals to better define our identity as a field. With social distancing requirements, should we minimize patient contact to keep our patients and ourselves safe? As a relatively new specialty, are palliative care consults a luxury that we can hold off on to avoid overburdening the medical system? Are we essential medical personnel, or not?
This guidance is produced during the COVID-19 outbreak in order to support the care in the community of patients and those important to them, at the end of their lives or who are unwell as the result of COVID-19 or other life-limiting illnesses.

This is a guide for psychologists working in palliative care, who need to think about the End of Life Care pathway for patients, relatives and healthcare staff during Covid-19. It offers considerations and recommendations for new ways of working to help keep a clear End of Life pathway for patients. Under normal circumstances, psychologists in palliative care services will work directly with patients and their loved ones and other healthcare professionals to provide a ‘holistic’ and coordinated approach to care. However, the profound effects of Covid-19 can drastically impact on the traditional End of Life Care pathway.

Advanced cancer patients often die in hospital after receiving needless, aggressive treatment. Although palliative care improves symptom management, barriers to accessing palliative care services affect its utilisation, and such disparities challenge the equitable provision of palliative care. This study aimed to identify which factors are associated with inequitable palliative care service utilisation among advanced cancer patients by applying the Andersen Behavioural Model of Health Services Use. This study found that socio-demographic (age, ethnicity), clinical (type of tumour, survival time) and organisational (area of residence, distance from service) factors affect the utilisation of specialised palliative care services. The fact that service utilisation is not only a function of patients' needs but also of other aspects demonstrates the presence of inequity in access to palliative care among advanced cancer patients.

We examine palliative care clinicians’ level of knowledge of the law regarding the use of the Deprivation of Liberty Safeguards (DoLS). Clinicians working in palliative care have good levels of knowledge of the DoLS. Despite this concerns were raised, particularly by consultants; uncertainty as to when they should be used and the relevance of the Safeguards in clinical practice. Further guidance should be given to clinicians working in this specialty to ensure that clinical practice is both lawful and in the patients' best interests.

In the last two decades, nursing authors have published ethical analyses of palliative sedation—an end-of-life care practice that also receives significant attention in the broader medical and bioethics literature. This nursing literature is important, because it contributes to disciplinary understandings about nursing values and responsibilities in end-of-life care. The purpose of this project is to review existing nursing ethics literature about palliative sedation, and to analyze how nurses’ moral identities are portrayed within this literature. Based on our findings, we develop three recommendations for future writing by nurses about palliative sedation. These relate to the responsibility of recognizing how consciousness might matter in (some) peoples' moral experiences of death and dying, to the importance of moral reflectiveness in nursing practice, and to the value of a relational approach in conceptualizing the nursing ethics of palliative sedation.
This guidance is focused on supporting compassionate visiting arrangements for those receiving care at the end of life. It provides advice on how visiting at the end of life can be facilitated across a range of settings.

**A Systematic Review of Interventions for Family Caregivers Who Care for Patients With Advanced Cancer at Home**

Soojung Ahn et al

*Patient Educ Couns* 2020 Mar 12;S0738-3991(20)30146-4.

We examine the characteristics of interventions to support family caregivers of patients with advanced cancer. Most studies showed positive effects of the interventions on caregiver-specific outcomes, yet direct comparisons of the effectiveness were limited. There is a lack of research aimed to support family caregivers’ physical health. Given caregivers’ needs to maintain their wellbeing and the positive effects of support for them, research examining long-term efficacy of interventions and measuring objective health outcomes with rigorous quality of studies is still needed for better outcomes for family caregivers of patients with advanced cancer.

**Top Ten Tips Palliative Care Clinicians Should Know About Psychosocial and Family Support**


Farabelli, Jill P. et al.

Palliative care (PC) is perhaps the most inherently interdisciplinary specialty within health care. Comprehensive PC is delivered by a core team of physicians, nurses, social workers, spiritual care providers, pharmacists, and others who address the broad range of medical, psychosocial, and spiritual needs of those living with serious illness. While PC clinicians are typically skilled in screening for distress, the best path to follow when patients screen positive for psychosocial distress or exhibit mental health challenges may not always be clear. This article brings together the perspectives of experienced social workers practicing across PC and hospice settings. It seeks to identify opportunities and rationale for the integration of palliative social work (PSW) in the provision of quality, person-centered, family-focused, and culturally congruent care for the seriously ill. Increasing recognition of the impact of social determinants of health highlights the critical importance of including PSW if we are to better understand and ultimately address the broad range of factors that influence people's quality of life.

**Guidelines**

[EAN guideline on palliative care of people with severe, progressive multiple sclerosis.](https://www.ean.org/guidelines/)

Solari A; et al

*European journal of neurology*; May 2020;

Patients with severe, progressive multiple sclerosis (MS) have complex physical and psychosocial needs, typically over several years. Few treatment options are available to prevent or delay further clinical worsening in this population. The objective was to develop an evidence-based clinical practice guideline for the palliative care of patients with severe, progressive MS. The provision of home-based palliative care (either general or specialist) is recommended with weak strength for patients with severe, progressive MS. Further research on the integration of palliative care and MS care is needed. Areas that currently lack evidence of efficacy in this population include advance care planning, the management of symptoms such as fatigue and mood problems, and interventions for caregivers and HPs.

**Medicines and Prescribing**

[Dexamethasone for the prevention of a pain flare after palliative radiotherapy for painful bone metastases: the multicenter double-blind placebo-controlled three-armed randomized Dutch DEXA study.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7060407/)

van der Linden YM; et al

*International journal of radiation oncology, biology, physics*; May 2020

After radiotherapy for painful bone metastases up to 44% of patients report a pain flare (PF). Our study compared two dose schedules of dexamethasone versus placebo to prevent PF. There was insufficient evidence that dexamethasone reduced the incidence of radiation-induced PF. However, dexamethasone postponed the occurrence of PF and led to lower mean pain scores on day 2-5.

[Prescribing Medications of Questionable Benefit Prior to Death: A Retrospective Study on Older Nursing Home Residents With and Without Dementia in Germany](https://www.eurjclinpharm.com/content/76/6/877)

Christian Rausch et al

We studied the prevalence of medications of questionable benefit in the last 6 months of life among older nursing home residents with and without dementia in Germany. Even when accounting for anti-dementia...
prescriptions, the prevalence of nursing home residents with dementia receiving medications of questionable benefit is considerable and may require further attention.

**The Use of Olanzapine as an Antiemetic in Palliative Medicine: A Systematic Review of the Literature**


G Saudemont et al

Olanzapine is an atypical antipsychotic that has affinity for many central nervous system receptors. Its efficacy is supported by several studies in the prevention and treatment of chemotherapy-induced nausea and vomiting. No recommendations exist on the antiemetic use of olanzapine in the palliative care setting. The aim of this work is to complete the initial work of Fonte et al. published in 2015, to determine whether the literature supports the use of olanzapine as an antiemetic in palliative situations and, in practice, to propose a therapeutic schema adapted to the palliative setting. Action of olanzapine on many receptors and its tolerance profile make it an interesting antiemetic treatment in palliative medicine. But to date, studies are scarce and have a low statistical power. Further investigation is therefore needed to determine the benefit of this treatment in palliative care patients, compared to usual treatments.

**Priority medicines for palliative and end of life care during a pandemic**

*Royal College of General Practitioners* 29 April 2020 -

This guidance sets out a small set of key medicines for palliative and end of life care that need to be managed nationally with local collaboration across all sectors. This has been produced in conjunction with the Chief Pharmaceutical Officer and National Clinical Director for End of Life Care at NHS England and NHS Improvement. Although direct alternative drugs are offered, the options identified are not exhaustive and local formularies may continue to guide decisions where stocks are available.

**Prescribing in palliative care | Medicines guidance**

*British National Formulary - BNF* - 14 May 2020

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

**Careful Breakthrough Cancer Pain Treatment Through Rapid-Onset Transmucosal Fentanyl Improves the Quality of Life in Cancer Patients: Results From the BEST Multicenter Study**

*Arturo Cuomo et al
J Clin Med* 2020 Apr 2;9(4):1003

We explore the effect of breakthrough cancer pain (BtCP) treatment on quality of sleep and other aspects of the health-related quality of life (HRQoL) in patients with cancer pain. This prospective investigation by an Italian expert group, has confirmed that careful management of BtCP induces a paramount improvement on the HRQoL. Because in cancer patients there is a high prevalence of BtCP and this severe acute pain has deleterious consequences, this information can have an important clinical significance.

**Pharmacokinetics of Subcutaneous Levetiracetam in Palliative Care Patients**

*Patricia Papa et al
J Palliat Med* 2020 Apr 8

Seizure control is challenging in the palliative care setting. Subcutaneous (SC) levetiracetam (LEV) is currently an off-label route of administration and effectiveness, tolerability, and pharmacokinetics studies for this route are scarce. This prospective study aimed at evaluating effectiveness and tolerability of SC LEV as well as characterizing its pharmacokinetics. Based on this data, SC LEV was effective and well tolerated. Pharmacokinetic parameters for the SC route were successfully determined.

**Nutrition**

*Is there a place for nutrition in palliative care?*

*Bozzetti F
Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer; May 2020;*

Although nutritional interventions are becoming widely used in cancer patients, purposes and results of such treatment are not always well-defined. This is because nutrition is traditionally considered a palliative treatment to be confined to the area of palliative care, whereas the modern approach includes nutrition as an early supplemental support to improve compliance of patients with the oncologic therapies and total parenteral nutrition may be recommended in patients who would be destined to succumb prior from starvation-malnutrition than from tumour progression. Purpose of this paper is to define the potential as well as the
limitations of nutritional interventions on both the survival and the quality of life of the advanced cancer patients.

### Physical and Occupational therapy

**Memento Mori: Can art assist student nurses to explore death and dying? A qualitative study**  
Nicol, Jane; Pocock, Mary  
*Nurse Education Today*, 2020, vol. 89  
This report looks at how an art-based workshop assisted undergraduate nursing students to explore their experiences and beliefs about death and dying. While this study focused on an educational strategy delivered to student nurses, it is an approach that could be used with other health and social care professionals. Close and critical observation of the selected art increased participant understanding and insight of the many experiences and interpretations of death and dying.

### Place of care

**In My Own Bed Please: Staying at home with Covid-19, CEBM**  
Lyn Jenkins  
*Centre for Evidence-Based Medicine* May 26, 2020  
In My Own Bed Please is an independent group of medical practitioners and researchers campaigning on behalf of those who would choose to stay in their own homes, rather than go into hospital, should they develop severe Covid-19 disease. The group also includes laymen who represent the point of view of patients. We are particularly concerned about the availability of palliative care for our elderly relatives who have expressed their considered wish to stay at home. Our objectives are to identify and help correct any failings in palliative care provision; to provide information on how to access what is available; and to ensure that the vulnerable are aware that they have the choice to stay in their home.

### Quality of Health Care

**Palliative Care Skills and New Resources for Oncology Practices: Meeting the Palliative Care Needs of Patients With Cancer and Their Families.**  
Back A; Friedman T; Abrahm J  
In its 2017 guideline, ASCO challenged members to integrate palliative care into their standard oncology practices for all patients, throughout their cancer trajectory. However, partnering with palliative care experts alone will not be enough to achieve that goal; there are too few experts now, and there will not be enough in the future to meet the needs of patients with cancer and their families. Other strategies are required. Oncologists can develop new communication skills that were not included in their fellowship curricula, skills that integrate into their visits the subjects that palliative care clinicians discuss routinely with patients referred to them.

**Electronic palliative care coordination systems (EPaCCS): a systematic review.**  
Leniz J; Weil A; Higginson I; Sleeman KE  
*BMJ supportive & palliative care*; Mar 2020; vol. 10 (no. 1); p. 68-78  
We systematically search, evaluate and report the state of the science of electronic palliative care coordination systems (EPaCCS). Much of the current scientific literature on EPaCCS comprises expert opinion, and there is an absence of experimental studies evaluating the impact of EPaCCS on end-of-life outcomes. Given the current drive for national roll-out of EPaCCS by 2020, it is essential that rigorous evaluation of EPaCCS is prioritised.

**Resilience in inpatient palliative care nursing: a qualitative systematic review.**  
Powell MJ; Froggatt K; Giga S  
*BMJ supportive & palliative care*; Mar 2020; vol. 10 (no. 1); p. 79-90  
Nurses in inpatient palliative care are frequently exposed to death and dying in addition to common stressors found in other nursing practice. Resilience may mitigate against stress but remains ill-defined and under-researched in the specialist palliative care setting. The aim of this systematic review was to understand resilience from the perspectives of inpatient palliative care nurses. Palliative care nursing is more stressful if patients or situations remind nurses of personal experiences. Nurses cope better with adequate support; however, coping does not necessarily imply increased resilience. Resilience occurs when nurses cognitively process their experiences, articulate their thoughts and feelings into a coherent narrative, and construct a sense of meaning or purpose. Future research could explore how nurses understand resilience and how it could be enhanced in the palliative care inpatient setting. With resilience, nurses may remain in the profession longer and improve the quality of care when they do.
Instruments for assessing nurses' palliative care knowledge and skills in specialised care setting: An integrative review.

Soikkeli-Jalonen A; Stolt M; Hupli M; Lemetti T; Kennedy C; Kydd A; Haavisto E
Journal of clinical nursing; Mar 2020; vol. 29 (no. 5-6); p. 736-757

We examine the content and reported psychometric properties of instruments for assessing nurses' palliative care knowledge and skills in specialised healthcare units. Knowledge of palliative care, and competence in the delivery of care, is essential. Assessment of competence is an important means of evaluating the knowledge and skills of practitioners in order to improve the quality of care provided for patients and their families. Nurses' knowledge and skills were seen to contribute to the holistic care of the patient and his or her family, and the possession of adequate information and skills is essential when dealing with death and dying. The instruments are commonly available and potentially reliable, although reliability must be determined with caution, so validation studies in other cultures are recommended. These results could be utilised to improve the quality of palliative care by evaluating the knowledge and skills of nursing staff or when considering the needs of palliative care education.

Comparing Specialty and Primary Palliative Care Interventions: Analysis of a Systematic Review.
Ernecoff NC; Check D; Bannon M; Hanson LC; Dionne-Odom JN; Corbelli J; Klein-Fedyshin M; Schenker Y; Zimmermann C; Arnold RM; Kavalieratos D
Journal of palliative medicine; Mar 2020; vol. 23 (no. 3); p. 389-396

Investigators have tested interventions delivered by specialty palliative care (SPC) clinicians, or by clinicians without palliative care specialization (primary palliative care, PPC). We compare the characteristics and outcomes of randomized clinical trials (RCTs) of SPC and PPC interventions. Compared to PPC, SPC interventions were more comprehensive, were more often delivered in clinical settings, and demonstrated stronger evidence for improving physical symptoms. In the face of SPC workforce limitations, PPC interventions should be tested in more trials with low risk of bias, and may effectively meet some palliative care needs.

The relevance of geriatric assessment for older patients receiving palliative chemotherapy.
van der Vlies E; Kurk SA; Roodhart JML; Gerritse FL; Pelgrim TC; Vos JM; Sohne M; Hunting CB; Noordzij PG; van der Velden AMT; Los M
Journal of geriatric oncology; Apr 2020; vol. 11 (no. 3); p. 482-487

No tools accurately discriminate between older patients who are fit and those who are frail to tolerate systemic palliative treatment. This study evaluates whether domains of geriatric assessment (GA) are associated with increased risk of chemotherapy intolerance in patients who were considered fit to start palliative chemotherapy after clinical evaluation by their treating clinician. Frailty was common in older patients who were considered fit to receive palliative chemotherapy. Treatment modification was necessary in half of the patients. Only TUGT was significantly associated with treatment modifications and grade 3 chemotherapy toxicities.

Healthcare providers’ views and experiences of non-specialist palliative care in hospitals: A qualitative systematic review and thematic synthesis.
Nevin M; Hynes G; Smith V
Palliative medicine; May 2020; vol. 34 (no. 5); p. 605-618

Healthcare providers working in hospitals are frequently exposed to patients with palliative care needs. For most patients, these reflect non-specialist rather than specialist palliative care needs. Embedding palliative care principles early in patients' disease trajectories within acute care delivery in hospitals, however, is a challenge. How to best understand the experiences of those providing non-specialist palliative care in hospitals has not been systematically assessed. We wished to synthesise the evidence on healthcare providers' views and experiences of non-specialist palliative care in hospitals. Non-specialist palliative care in hospitals is operationalised as care in the last weeks and days of life. The organisation of acute care, inter-disciplinary working practices, clinician attitudes, poor communication structures and lack of education and training in palliative care principles exacerbates poor implementation of this care earlier for patients in hospitals.

The Views of Physicians and Nurses on the Potentials of an Electronic Assessment System for Recognizing the Needs of Patients in Palliative Care
Natalia Radionova et al

Patients in oncological and palliative care (PC) often have complex needs, which require a comprehensive treatment approach. The assessment of patient-reported outcomes (PROs) has been shown to improve identification of patient needs and foster adjustment of treatment. This study explores occupational routines, attitudes and expectations of physicians and nurses with regards to a planned electronic assessment system of PROs. A significant portion of the results touch upon the symbolic acceptance of the suggested system, which
stands for an increasing standardization and technization of medicine where interpersonal contact and the professional expertise are marginalized. The study results can provide insight for processes and communication in the run-up to and during the implementation of electronic assessment systems.

A Systematic Review on Oncology Nurses' Knowledge on Palliative Care
Jyotsana Parajuli and Judith Hupcey
Cancer Nurs 2020 Mar 24
Patients with cancer have high symptom burden and unmet needs and therefore can benefit from palliative care. Oncology nurses are consistent providers of care to patients with cancer and can provide palliative care to these patients. However, oncology nurses' knowledge on palliative care has not been systematically evaluated. We synthesize the current state of the science of oncology nurses' knowledge on palliative care. Overall oncology nurses did not possess adequate knowledge on palliative care. Factors influencing oncology nurses' knowledge on palliative care included nurses' sociodemographic factors, educational status, years of experience, palliative care education/training, and clinical setting. This review provides evidence on gaps of oncology nurses' knowledge on palliative care and helps inform the design of interventions targeted toward enhancing oncology nurses' knowledge on palliative care.

Redefining Palliative Care – a New Consensus-based Definition
Lukas Radbruch et al
International Association for Hospice and Palliative Care 06 May 2020
The International Association for Hospice and Palliative Care developed a consensus-based definition of palliative care (PC) that focuses on the relief of serious health-related suffering, a concept put forward by the Lancet Commission Global Access to Palliative Care and Pain Relief. The main objective of this article is to present the research behind the new definition. Participants had significantly different perceptions and interpretations of PC. The greatest challenge faced by the core group was trying to find a middle ground between those who think that PC is the relief of all suffering and those who believe that PC describes the care of those with a very limited remaining life span.

End of Life Care in Frailty
Eileen Burns et al
British Geriatrics Society - BGS - 12 May 2020
Most of us will die in old age, and currently many of us will not have been prompted or given the opportunity to reflect on our wishes regarding the end of our lives. In society and healthcare today, death is often seen as a failure, and yet we will all die. The rise of single-organ specialism and technological healthcare has led to improvements in survival but also to people living for longer with multiple conditions. Sometimes the narrow view of specialism may lead to clues missed and to time and resources wasted in pursuit of the wrong goals. The aim of this guidance is to support clinicians and others in considering the needs of and providing high quality care for frail older people as they move towards the end of their lives. It aims to prompt and support timely discussions about preferences for care, ideally at a time which facilitates the input of the older person themselves. We hope this guidance will provide practical advice to help those staff working with frail older patients so they can provide them with the best opportunity to live and die well.

Nursing Competencies Across Different Levels of Palliative Care Provision: A Systematic Integrative Review With Thematic Synthesis
Minna Hökkä et al
Palliat Med 2020 May 26;269216320918798
Palliative care exists in diverse healthcare settings. Nurses play a crucial role in its provision. Different levels of palliative care provision and education have been recognized in the literature. Therefore, nurses need a set of various competencies to provide high-quality palliative care. We systematically synthesize the empirical evidence of (1) nursing competencies needed in palliative care and (2) whether these competencies differ across the level of palliative care. Nurses need a wide range of competencies to provide quality palliative care. Few studies focused on which competencies are relevant to a specific level of palliative care. Further research is needed to systematize the nursing competencies and define which nursing competencies are central for different levels of palliative care to enhance palliative care development, education and practice.

The Health Care Cost of Palliative Care for Cancer Patients: A Systematic Review
Sandhya Yadav et al
Support Care Cancer 2020 May 21
Several delivery models of palliative care are currently available: hospital-based, outpatient-based, home-based, nursing home-based, and hospice-based. Weighing the differences in costs of these delivery models helps to advise on the future direction of expanding palliative care services. The objective of this review is to identify and
summarize the best available evidence in the US on cost associated with palliative care for patients diagnosed with cancer. Receiving palliative care after a cancer diagnosis was associated with lower costs for cancer patients, and remarkable differences exist in cost saving across different palliative care models.

**Spiritual and psychological care**

**Associated Factors of Hope in Cancer Patients During Treatment: A Systematic Literature Review**
Corine Nierop-van Baalen et al

We identify the associated factors of hope during treatment in cancer patients. Hope is very important to cancer patients at all stages of the disease process. Hope is seen as an important coping mechanism. Most research about hope in cancer patients considered the end of life or in palliative care. Several and different factors are associated with hope. It is not yet sufficiently clear which factors are associated with hope during the treatment. Hope primarily seems to be a process that takes place in a person's inner being rather than being determined from outside. Health professionals may want to focus on the meaning of hope for cancer patients in relation to the associated factors. A better understanding of the meaning of hope during treatment can be of great value in supporting cancer patients with regard to treatment decisions, psychosocial support, the experienced quality of life and symptom burden and any wishes they may have with regard to advanced care planning.

**Experiences and hidden needs of older patients, their families and their physicians in palliative chemotherapy decision-making: a qualitative study**
Tsuboi R; Sugishita M; Hirakawa Y; Ando Y
*Japanese journal of clinical oncology*; Apr 2020

This study aimed to clarify the experiences and hidden needs of older patients with advanced cancer, their families and their physicians in palliative chemotherapy decision-making. Older patients and their families expected a paternalistic approach by the physicians for palliative chemotherapy decision-making. The physicians found it difficult to offer treatment options because of older patient diversity and limitations in evidence-based strategies. Therefore multidisciplinary approaches and evidence-based decision support aids are warranted. Because older patients and their families often have unexpressed psychological burdens including unmet spiritual needs, medical professionals should provide psychological care from the time of diagnosis.

**Top Ten Things Palliative Care Clinicians Should Know About Caring for Hindus**
Patel RV; Patel VR; Patel DR; Kamal AH; Nelson JE
*Journal of palliative medicine*; Apr 2020

Hinduism is one of the five major world religions with >1 billion followers worldwide and encompasses a diversity of belief systems. As of 2010, an estimated 1.8 million Hindus lived in the United States, and this number is expected to increase to 4.8 million by 2050, making the United States home to the largest Hindu population outside of South Asia. As this population continues to grow, it will become increasingly important that clinicians of all disciplines develop a basic understanding of their beliefs and practices to address their palliative care needs. This article highlights 10 considerations for Hindu patients and their families relevant to inpatient care, symptom management, and advance care planning.

**Staff**

**Continuing Professional Development for Primary Care Providers in Palliative and End-of-Life Care: A Systematic Review.**
Kelley LT; Coderre-Ball AM; Dalgarno N; McKeown S; Egan R
*Journal of palliative medicine*; May 2020;

This review updates and expands on previous reviews of educational interventions for primary care providers (PCPs) involved in palliative and end-of-life care (PEoLC) and is the first to include early studies related to medical assistance in dying (MAiD). These findings suggest that PEoLC education can improve PCPs’ perceived attitudes, confidence, knowledge, and skills across multiple areas of palliative care practice. While PCPs across studies valued educational interventions, the findings relating to the impact of PEoLC education on PCP’s provision of effective PEoLC were unclear. However, most interventions resulted in enhanced confidence and knowledge. To date, there are only two studies that have examined MAiD educational programs. There is a need for studies of higher rigor with more emphasis on follow-up to clarify the impact training has on those involved in PEoLC and MAiD.

**Protecting the wellbeing of nurses providing end-of-life care.**
Cedar SH, Walker G.
*Nursing Times* [online]; (2020).116: 2, 36-40.
Caring for people is stressful, even for health professionals. Their support needs can be neglected, especially when they are focused on providing patient-centred care. A rise in the number of people who are dying in hospitals and hospices rather than at home is increasing the emotional labour of staff, particularly nurses, who are already coping with increased NHS pressures. How do health professionals – who are trained to save lives and restore health – cope when tending for people who will die in their care? This article discusses issues around work-related stress in delivering high-quality patient care. It looks at what staff and organisations can do to manage stress and avoid burnout, particularly in caring for patients who are dying, including highlighting the role of the hospital chaplaincy as a resource for all staff, be they religious or secular.

Continuing Professional Development for Primary Care Providers in Palliative and End-of-Life Care: A Systematic Review
Leah T Kelley et al
This review updates and expands on previous reviews of educational interventions for primary care providers (PCPs) involved in palliative and end-of-life care (PEoLC) and is the first to include early studies related to medical assistance in dying (MAiD). These findings suggest that PEoLC education can improve PCPs' perceived attitudes, confidence, knowledge, and skills across multiple areas of palliative care practice. While PCPs across studies valued educational interventions, the findings relating to the impact of PEoLC education on PCP's provision of effective PEoLC were unclear. However, most interventions resulted in enhanced confidence and knowledge. To date, there are only two studies that have examined MAiD educational programs. There is a need for studies of higher rigor with more emphasis on follow-up to clarify the impact training has on those involved in PEoLC and MAiD.

A Palliative Care Program for Volunteers in a Community Setting: A Mixed-Methods Pilot Study
Lee, Jiwon; Lee, Jong-Eun
The objective of community-based palliative care is to improve the quality of life of patients and their families and to share the responsibility of caregiving. However, the evidence of the efficacy of volunteer services in community-based palliative care is insufficient. This pilot study sought to uncover the feasibility and efficacy of a volunteer program in palliative care. In conclusion, a palliative care program was found to be useful for volunteers in finding meaning in life, motivating continued volunteering. Moreover, caregivers were satisfied with the palliative care service of volunteers.

'It's not what they were expecting': A systematic review and narrative synthesis of the role and experience of the hospital palliative care volunteer.
Bloomer MJ; Walshe C
*Palliative medicine*; May 2020; vol. 34 (no. 5); p. 589-604
Volunteers make a major contribution to palliative care but little is known specifically about hospital palliative care volunteers. The aim of this study was to understand the role and experience of hospital palliative care volunteers. Hospital palliative care volunteers face unique challenges in supporting terminally ill patients. Volunteer support in hospital settings is possible and appropriate, if sufficient support is available to mitigate the challenges associated with complex, high-acuity care.

Symptoms

**Palliative care assessment of dry mouth: what matters most to patients with advanced disease?**
Fleming M; Craigs CL; Bennett MI
*Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer*; Mar 2020; vol. 28 (no. 3); p. 1121-1129
Dry mouth is a highly prevalent and significant symptom in patients with advanced progressive diseases. It is a poorly understood area of research, and currently, there is no standardised outcome measure or assessment tool for dry mouth. This study highlights the severity of dry mouth in advanced disease. Important factors when assessing patients with dry mouth should include the functional impact on day-to-day activities including talking, dysphagia and sleep. Simple considerations for patients include provision of drinks and reviewing medications. This study could be used to develop a standardised assessment tool for dry mouth to use in clinical practice.

**Palliative drug treatments for breathlessness in cystic fibrosis.**
Jaiswal N; Singh M; Agarwal A; Chauhan A
*The Cochrane database of systematic reviews*; ; vol. 4 ; p. CD011855
Cystic fibrosis is a life-limiting autosomal recessive genetic illness. A feeling of shortness of breath is common in cystic fibrosis, especially as the disease progresses. Reversing the underlying cause is the priority when treating...
breathlessness (dyspnoea), but when it is not feasible, palliation (easing) becomes the primary goal to improve an individual's quality of life. A range of drugs administered by various routes have been used, but no definite guidelines are available. A systematic review is needed to evaluate such treatments. We assess the efficacy and safety of drugs used to ease breathlessness in people with cystic fibrosis. Due to the lack of available evidence, this review cannot provide any information for clinical practice. The authors call for specific research in this area after taking into account relevant ethical considerations. The research should focus on the efficacy and safety of the drugs with efficacy being measured in terms of improvement in quality of life, dyspnoea scores and hospital stay.

The Effect of Lavender Oil on Sleep Quality and Vital Signs in Palliative Care: A Randomized Clinical Trial.
Yildirim D; Kocatepe V; Can G; Sulu E; Akis H; Sahin G; Aktay E
Complementary medicine research; May 2020 ; p. 1-8;
This study was conducted to determine the effect of lavender oil on sleep quality and vital signs in palliative care patients. Lavender has no effect on the vital signs of palliative care patients but is an effective and reliable approach to enhance their sleep quality.

Refractory angina is a growing challenge for palliative medicine: a systematic review of non-invasive interventions.
Murphy I; Sivashankar A; Gadoud A
BMJ supportive & palliative care; Jun 2020;
Refractory angina can have a significant effect on quality of life. Non-invasive interventions have been suggested but there are few guidelines on management. Our aim was to systematically review all studies that reported non-invasive interventions for refractory angina and report on their effectiveness and safety. There are non-invasive treatments for refractory angina that are overlooked by current guidelines. While the quality of these studies varies, positive changes have been reported in symptoms, exercise tolerance and quality of life with few adverse effects. There is a need for further research into these treatments which could be useful within the contexts of cardiology and palliative care.

Systematic Review of the Prevalence, Predictors, and Treatment of Insomnia in Palliative Care.
Nzwalo I; Aboim MA; Joaquim N; Marreiros A; Nzwalo H
The American journal of hospice & palliative care; Feb 2020 ; p. 1049909120907021;
The primary function of palliative care is to improve quality of life. The recognition and treatment of symptoms causing suffering is central to the achievement of this goal. Insomnia reduces quality of life of patients under palliative care. Knowledge about prevalence, associated factors, and treatment of insomnia in palliative care is scarce. The systematic review showed that the prevalence of insomnia is high, with at least one in 3 patients affected in most studies. Insomnia's risk factors and treatment in palliative care are both associated to physical, psychological, social, and spiritual factors, reflecting its true holistic nature.

COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. NICE guideline [NG163]
NICE 03 April 2020
The purpose of this guideline is to provide recommendations for managing COVID-19 symptoms for patients in the community, including at the end of life. It also includes recommendations about managing medicines for these patients, and protecting staff from infection.

Neuroleptic Strategies for Terminal Agitation in Patients With Cancer and Delirium at an Acute Palliative Care Unit: A Single-Centre, Double-Blind, Parallel-Group, Randomised Trial
David Hui et al
Lancet Oncol 2020 May 28;S1470-2045(20)30307-7
The role of neuroleptics for terminal agitated delirium is controversial. We assessed the effect of three neuroleptic strategies on refractory agitation in patients with cancer with terminal delirium. Our data provide preliminary evidence that the three strategies of neuroleptics might reduce agitation in patients with terminal agitation. These findings are in the context of the single-centre design, small sample size, and lack of a placebo-only group.

Oral Health Problems Among Palliative and Terminally Ill Patients: An Integrated Systematic Review
Munikumar Ramasamy Venkatasalu et al
High incidence of treatable oral conditions has been reported among palliative patients. However, a large proportion of palliative patients lose their ability to communicate their sufferings. Therefore, it may lead to under-reporting of oral conditions among these patients. This review systematically synthesized the published evidence on the presence of oral conditions among palliative patients, the impact, management, and challenges
in treating these conditions. This review is first in its kind to systematically synthesize the published evidence regarding the impact, management and challenges in managing oral conditions among palliative patients. Although there is still lack of study investigating palliative oral care among specific group of patients such as patients with dementia, geriatric or pediatric advanced cancer patients, this review has however provided baseline knowledge that may guide health care professionals in palliative settings.

**Palliative care - general issues**

**Clinical Knowledge Summaries - CKS 01 April 2020**

Clinical Knowledge Summaries are concise, accessible summaries of current evidence for primary care professionals. This CKS topic covers the general management issues related to palliative care. This topic looks at assessing and managing the person’s physical, psychological, social, religious/spiritual, and family/carers’ needs.

**Palliative care - cough**

**Clinical Knowledge Summaries - CKS 01 April 2020**

Clinical Knowledge Summaries are concise, accessible summaries of current evidence for primary care professionals. This CKS topic covers the symptomatic management of cough in people who are receiving palliative care. This CKS topic covers the management of cough in palliative care patients with primary lung tumours, metastatic spread to the lungs from cancer at another site, and/or lung complications of cancer (e.g. pleural effusion, fibrosis from radiotherapy, or chemotherapy).

**Palliative care - dyspnoea**

**Clinical Knowledge Summaries - CKS 01 April 2020**

Clinical Knowledge Summaries are concise, accessible summaries of current evidence for primary care professionals. This CKS topic covers the management of dyspnoea in people receiving palliative care.

**High-Flow Nasal Cannula Versus Conventional Oxygen Therapy in Relieving Dyspnea in Emergency Palliative Patients With Do-Not-Intubate Status: a Randomized Crossover Study**

Ruangsomboon O. et al

*Annals of emergency medicine*, 2020, 75(5), 615-626

Palliative patients often visit the emergency department (ED) with respiratory distress during their end-of-life period. The goal of management is alleviating dyspnea and providing comfort. High-flow nasal cannula may be an alternative oxygen-delivering method for palliative patients with do-not-intubate status. We therefore aim to compare the efficacy of high-flow nasal cannula with conventional oxygen therapy in improving dyspnea of palliative patients with do-not-intubate status who have hypoxemic respiratory failure in the ED. High-flow nasal cannula was superior to conventional oxygen therapy in reducing the severity of dyspnea in the first hour of treatment in patients with do-not-intubate status and hypoxemic respiratory failure.

**Taste Disorder’s Management: A Systematic Review**

Adeline Braud and Yves Boucher


Taste disorder is a frequent drug-induced or disease-related oral trouble. Various pharmacological, surgical, or physical treatments have previously been proposed for taste function recovery. The aim of the present systematic review was to assess the effects of palliative and curative interventions on taste recovery in light of recent literature. Improving oral hygiene may promote taste ability. Zinc may prevent and alleviate taste disorder in patients undergoing head and neck radiotherapy. The systematic review provided evidence about the clinical efficacy of oral procedures, zinc supplementation, and palliative cares in dysgeusic patients. Further research is needed to find effective treatments with low adverse effects.

**Repeated Subcutaneous Esketamine Administration for Depressive Symptoms and Pain Relief in a Terminally Ill Cancer Patient: A Case Report**

Matheus Ghossain Barbosa et al


Depressive disorders are common among cancer patients. Ketamine can quickly relieve depression, and its subcutaneous administration appears to be as effective as and probably safer than its standard intravenous administration. Herein, we report a case verifying the antidepressant effect of a subcutaneous esketamine formulation. A 65-year-old male with metastatic abdominal tumor reported sadness, weight loss, fatigue, hopelessness, insomnia, inattention, and reduced motivation. His scores on the visual analogical scale for pain and Montgomery-Asberg depression rating scale were 8/10 and 30/60, respectively. Monoaminergic antidepressants are effective, but their response is slow for end-of-life care. Esketamine was preferred because it possibly contributes to pain relief. It can repeatedly be infused intravenously, but was subcutaneously administered twice a week for safety reasons. The patient showed continuous mood improvement, achieving depression remission on day 7. Pain relief was observed but without stability. His vital signs remained stable, and
he remained calm, without major complaints. Repeated subcutaneous esketamine injections are possibly safe and effective in pain and depression relief in palliative care cancer patients. Placebo-controlled studies with similar cases are needed to establish efficacy and safety.

**Managing Pain in People With Cancer-a Systematic Review of the Attitudes and Knowledge of Professionals, Patients, Caregivers and Public**

Salim M Makhlof et al


Cancer pain is a common symptom experienced by patients, caused either by the disease or its treatment. Morphine remains the most effective and recommended treatment for cancer pain. However, cancer patients still do not receive appropriate management for their pain, and under-treatment is common. Lack of knowledge and negative attitudes towards cancer pain and analgesia among professionals, patients and family caregivers are reported as one of the most common barriers to effective cancer pain management (CPM). We systematically review research on the nature and impact of attitudes and knowledge towards CPM. There are still barriers to effective CPM, which might result in unrelieved cancer pain. Therefore, more educational programmes and training for professionals on CPM are needed. Furthermore, patients, caregivers, and the public need more general awareness and adequate level of knowledge about CPM.

**Nurses' experiences of pain management in end-of-life dementia care: a literature review**

Kerry May and Janet Scammell

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Nurses play an important role in assessing and managing pain. However, this is often poorly managed for people living with dementia. We explore nurses' experiences of pain management in end-of-life dementia care. The review revealed inadequate education for nurses concerning end-of-life care for people living with dementia, notably concerning pain recognition and use of assessment tools. It is recommended that specialist education is mandated for all nurses working with this client group to improve care delivery.

**Pharmacy-Led Quality Improvement Project on Pain Control Using Continuous Subcutaneous Infusion of Opioids in an Inpatient Hospice Unit**

Nayma Moya Romero et al


The purpose of this quality improvement (QI) project was to improve the overall process of implementing continuous subcutaneous infusion of opioids (CSCIOs) at the West Palm Beach Veterans Affairs Medical Center and characterize their use in the hospice unit. Pharmacist-led intervention directed to improve CSCIO processes in an inpatient hospice unit utilizing LEAN QI methodology increased timeliness of pharmacy CSCIO delivery.

**Opioid Underuse in Terminal Care of Long-Term Care Facility Residents With Pain and/or Dyspnoea: A Cross-Sectional PACE-survey in Six European Countries**

Marc Tanghe et al


Opioids relieve symptoms in terminal care. We studied opioid underuse in long-term care facilities, defined as residents without opioid prescription despite pain and/or dyspnoea, 3 days prior to death. Opioid underuse differs between countries. Pain and dyspnoea should be formally assessed at the end-of-life and taken into account in physicians orders.

**Perception of Benefits and Harms of Medical Cannabis Among Seriously Ill Patients in an Outpatient Palliative Care Practice**

Ali John Zarrabi et al


Patients with serious illness often have pain, uncontrolled symptoms, and poor quality of life. Evidence continues to evolve regarding the role of cannabis to treat chronic pain, nausea, and anorexia. Little is known about how patients with serious illness perceive its benefits and harms. Given that an increasing number of clinicians across the United States are treating patients with medical cannabis, it is important for providers to understand patient beliefs about this modality. We assessed patient perceptions of benefits and harms of cannabis who obtained a medical cannabis card within an ambulatory palliative care (APC) practice. Patients living with serious illnesses who use cannabis in the context of a multidisciplinary APC practice use cannabis for curative intent and for pain and symptom control. Patients reported improved pain, other symptoms, and a sense of well-being with few reported harms.

**Management of Cancer-Associated Intestinal Obstruction in the Final Year of Life**

Shaila J Merchant et al

There is variation in the clinical management of intestinal obstruction (IO) in patients with cancer. We describe the management of cancer-associated IO near the end of life in a population-based cohort with universal health coverage. Management of IO has changed over time with the increased use of stents and gastrostomy tubes and decreased use of surgery.

**Prospective Evaluation of Intensity of Symptoms, Therapeutic Procedures and Treatment in Palliative Care Patients in Nursing Homes**
Daniel Puente-Fernández et al

The aim of the study is to evaluate the intensity of symptoms, and any treatment and therapeutic procedures received by advanced chronic patients in nursing homes. A multi-centre prospective study was conducted in six nursing homes for five months. In conclusion, the use of therapeutic procedures (such as urinary catheters, peripheral venous catheter placement, and enteral feeding) and drugs (such as antibiotics, anxiolytics, and new antidepressant prescriptions) should be carefully considered in this clinical setting.

**Early Specialised Palliative Care: Interventions, Symptoms, Problems**
Nete Skjoedt et al

Few studies have investigated the content of interventions provided in early specialised palliative care (SPC). We look to characterise the content of interventions delivered in early SPC in the Danish Palliative Care Trial (DanPaCT), a multicentre trial with six participating sites. This is one of the first studies to meticulously investigate the content of interventions documented in the medical records for patients receiving early SPC. Diverse symptoms were treated with many different interventions. However, a relatively low number of interventions were documented. This may explain the lack of effect in DanPaCT but also questions whether all interventions were adequately documented.

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