**Bereavement**  
*Individual identity in grief theories, palliative and bereavement care.*  
Davies DJ and.  
*Progress in transplantation (Aliso Viejo, Calif.);* 2020; vol. 30 (no. 2); p. 144-146.  
As in life at large, ideas of 'self' underlie a great deal of theory and practice in palliative care and in bereavement care, they are frequently implicit, being part of shared cultural assumptions, but may assume a degree of theoretical abstraction when fostered by professionals. This article considers the latter, arguing for an interpretation of 'self' influenced by the anthropological notion of dividual or composite personhood and not for that of the autonomous, relatively insular individual typified in much postmodern culture. This alignment of palliative and bereavement care is seen as an entailment of the dividual approach to personhood, while further consequences are raised for analysing memory, dreams and visitations of the dead, as well as providing a potential perspective upon memory loss and the dissonance experienced by relatives of someone who no longer recognizes them.

**Medicines and Prescribing**  
**Nutrition**  
**Physical and Occupational therapy**  
**Place of care**  
**Quality of Health Care**  
**Spiritual and psychological care**  
**Staff**  
**Symptoms**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement</td>
<td>1</td>
</tr>
<tr>
<td>Carers</td>
<td>1</td>
</tr>
<tr>
<td>Children and Families</td>
<td>2</td>
</tr>
<tr>
<td>Communication</td>
<td>3</td>
</tr>
<tr>
<td>Conditions and Diseases</td>
<td>4</td>
</tr>
<tr>
<td>Equality and diversity</td>
<td>9</td>
</tr>
<tr>
<td>Ethical and legal issues</td>
<td>9</td>
</tr>
<tr>
<td>Families</td>
<td>Error</td>
</tr>
<tr>
<td>Guidelines</td>
<td>11</td>
</tr>
</tbody>
</table>

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**The Seismic Shift in End-of-Life Care: Palliative Care Challenges in the Era of Medical Assistance in Dying.**  
Ho A et al  
*Journal of cardiology;* Aug 2020; vol. 76 (no. 2); p. 177-183.
Concerns regarding personal, professional, administrative, and institutional implications of medical assistance in dying (MAiD) are of particular interest to palliative and hospice care providers (PHCPs), who may encounter additional moral distress and professional challenges in providing end-of-life (EOL) care in the new legislative and cultural era. We explore PHCPs' encountered challenges and resource recommendations for caring for patients considering MAiD. PHCPs encountered multilevel MAiD-related challenges, but noted improvement in organizational policies and coordination. Resources to enhance training, pre- and debriefing, and tailored bereavement may further support PHCPs in providing high-quality EOL care as they navigate the legislative and cultural shifts.

Carers

What contributes to family carers’ decision to transition towards palliative-oriented care for their relatives in nursing homes? Qualitative findings from bereaved family carers’ experiences.
Gonella S. et al
Family carers (FCs) of nursing home (NH) residents are best placed to notice deteriorations that signal impending death in their relative, which can open a conversation with healthcare professionals (HCPs) about adjusting the care plan. We explored contributors to bereaved FCs' decision to transition towards palliative-oriented care for their relatives in NHS. Trigger events represent an opportunity to discuss residents' prognosis and are the starting point for a gradual transition towards palliative-oriented care. Adequate staffing, teamwork, and communication between FCs and healthcare professionals contribute to a sensitive, timely shift in care goals.

Children and Families

Conceptually Redefining Neonatal Palliative Care.
Kain VJ. and Chin SD.
Prostate cancer and prostatic diseases;2020; vol. 23 (no. 2); p. 260-268.
First defined in 2002 by Catlin and Carter, neonatal palliative care (NPC) is a relatively new model of care in neonatal pediatrics, first appearing in the medical literature in the early 1980s. The purpose of this article is to suggest a conceptual definition of NPC that encompasses all the essential concepts as a way of moving NPC forward by having a consistent approach. At the heart of NPC is the primacy of maintaining quality of life, while providing ethical and humane care that supports a “good death.” The extensive elements presented in this article are considered essential to a comprehensive and conceptual definition of NPC proposed here.

What Do Parents Value Regarding Pediatric Palliative and Hospice Care in the Home Setting?
Boyden JY. et al
Archives of gynecology and obstetrics; Jul 2020; vol. 302 (no. 1); p. 241-248.
Children with life-shortening serious illnesses and medically-complex care needs are often cared for by their families at home. Little, however, is known about what aspects of pediatric palliative and hospice care in the home setting (PPHC@Home) families value the most. We explore how parents rate and prioritize domains of PPHC@Home as the first phase of a larger study that developed a parent-reported measure of experiences with PPHC@Home. Knowing what parents value most about PPHC@Home provides the foundation for further exploration and conversation about priority areas for resource allocation and care improvement efforts.

Ehrlich BS. et al
Advances in neonatal care : official journal of the National Association of Neonatal Nurses; Jun 2020; vol. 20 (no. 3); p. 187-195.
The World Health Organization (WHO) advocates for early integration of palliative care for all children with life-threatening illness. Provider awareness and misperceptions, however, can impede this imperative. In the Eurasian region, little is known about physician knowledge and perspectives on palliative care. This is the first study assessing physician perspectives and knowledge of palliative care in Eurasia and reveals wide variability in alignment with WHO guidelines and limited confidence in providing palliative care. Study findings will inform targeted educational interventions, which must be tailored to the local political, economic, and cultural context.

**Specialist paediatric palliative care for children and young people with cancer: A mixed-methods systematic review.**
Taylor J. et al
*Radiotherapy and oncology : journal of the European Society for Therapeutic Radiology and Oncology;* Aug 2020; vol. 149; p. 181-188.
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. We examine the impact of specialist paediatric palliative care for children and young people with cancer and explore factors affecting access. 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.

**Paediatric palliative care: a systematic review.**
Nilsson S. et al
We review literature relating to evidence, context and facilitation to describe knowledge translation in paediatric palliative care. Paediatric palliative care requires competences including both paediatric specialists as well as services that are developed for this purpose, and there is a need to facilitate paediatric palliative care knowledge translation. Promoting Action on Research Implementation in the Health Services (PARiHS) is a framework for knowledge translation, which highlights the relationships between evidence, context and facilitation. PARiHS framework has been revised and updated in a new version called i-PARiHS. To sum up, the results report strategies to achieve knowledge translation of paediatric palliative care, and these can be interpreted as a guideline for how this process can be facilitated.

**A Concept Analysis of Neonatal Palliative Care in Nursing: Introducing a Dimensional Analysis.**
Banazadeh M. And Rafii F.
*BMJ supportive & palliative care;* Jun 2020; vol. 10 (no. 2); p. 157-163.
Despite the increasing need for neonatal palliative care, it is not adequately implemented in practice. This analysis aimed to clarify the dimension of the neonatal palliative care concept to increase understanding of the concept to give more insight into clinical practice. This analysis reinforces that neonatal palliative care is a multidimensional concept. To provide the standard of neonatal palliative care an integrated plan to get together many stakeholders including community, parents, clinical staff, policymakers, insurance authorities, health care systems, and education system is required. All NICUs should have neonatal palliative care-trained nurses and protocols with a family-centered care approach to focus on the quality of life of neonates with life-threatening conditions from diagnosis of disease to death. Regular training and educational courses on neonatal palliative care and family-centered care principles can make nurses more sensitive to their advocacy role.

**Communication**

"I Don't Have Time to Sit and Talk with Them": Hospitalists' Perspectives on Palliative Care Consultation for Patients with Dementia.
Specialty palliative care for hospitalized patients with dementia is widely recommended and may improve outcomes, yet rates of consultation remain low. We sought to describe hospitalists' decision-making regarding palliative care consultation for patients with dementia. Hospitalists described a complex consultation decision process for involving palliative care specialists in the care of patients with dementia. Systematic identification of hospitalized patients with dementia most likely to benefit from palliative care consultation and strategies to overcome modifiable family and organization barriers are needed.

**Conditions and Diseases**

**Quality indicators of palliative care for acute cardiovascular diseases.**
Mizuno A. et al
Trials; Jul 2020; vol. 21 (no. 1); p. 611.
Although recent attention to palliative care for patients with cardiovascular diseases has been increasing, there are no specific recommendations on detailed palliative care practices. We proceed on a discussion of the appropriateness and applicability of potential quality indicators for acute cardiovascular diseases according to our previous systematic review. In this study we developed 21 quality indicators, which were categorized into 2 major domains and 7 sub-categories. These indicators might be useful for many healthcare providers in the initiation and enhancement of palliative care practices for acute cardiovascular diseases in Japan.

**Outpatient Palliative Care in Heart Failure: An Integrative Review.**
DeGroot L. et al
CNS drugs; Aug 2020; vol. 34 (no. 8); p. 801-826.
Early integration of palliative care (PC) for patients with heart failure (HF) improves patient outcomes and decreases health care utilization. PC provided outside of an acute hospitalization is not well understood. We synthesize the literature of outpatient PC in HF to identify the current landscape, the impact on patient health outcomes, key stakeholders' perspectives, and future implications for research and practice. This integrative review highlights the need to promote primary PC and future PC research focusing on a holistic, integrated, team-based approach addressing all domains of PC in representative samples.

**Trends of inpatient palliative care use among hospitalized patients with Parkinson's disease.**
Di Luca DG. et al
International journal of older people nursing; Jun 2020; vol. 15 (no. 2); p. e12295.
Palliative care in Parkinson's Disease (PD) is an effective intervention to improve quality of life, although historically, access and availability have been very restricted. There has been a significant increase in palliative care referrals among hospitalized patients with PD in the US, although the overall rate remains low. After controlling for confounders, racial and ethnic disparities were not found. Women, patients with Medicare/Medicaid, and those with lower income were less likely to be referred to palliative care.

**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
The oncologist; Jul 2020; vol. 25 (no. 7); p. 627-637.
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. We aim 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.

**Effect of Short-term Integrated Palliative Care on Patient-Reported Outcomes Among Patients Severely Affected With Long-term Neurological Conditions: A Randomized Clinical Trial.**
Gao W. et al

*Endoscopy international open*; Jul 2020; vol. 8 (no. 7); p. E944-E952.

Palliative care has shown benefits in reducing symptom intensity and quality of life in patients with advanced cancer. However, high-quality evidence to support palliative care policy and service developments for patients with long-term neurological conditions (LTNCs) is lacking. We determine the effectiveness of a short-term integrated palliative care (SIPC) intervention for people with LTNCs. In this study, SIPC was not statistically significantly different from standard care for the patient-reported outcomes. However, SIPC was associated with lower cost, and in qualitative analysis was well-received by patients and caregivers, and there were no safety concerns. Further research is warranted.Trial Registration: isrctn.org Identifier: ISRCTN18337380.

**Palliative treatment for bowel obstruction in ovarian cancer: a meta-analysis.**
Jin M. et al

*Cancer*; Aug 2020; vol. 126 (no. 16); p. 3777-3787.

We comprehensively evaluate and compare outcomes of surgical versus nonsurgical palliative interventions for bowel obstruction due to ovarian cancer. Surgery can significantly relieve the symptom of intestinal obstruction, prolonging the survival period, but had no impact on the recurrence. Compared with no-surgery group, surgery group suffered higher 30-day mortality.

**Factors influencing palliative care in advanced dementia: a systematic review.**
Mataqi M. and Aslanpour Z.

*Scandinavian journal of caring sciences*; Jun 2020; vol. 34 (no. 2); p. 305-313.

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.

**Therapeutic Options for Patients with Refractory Status Epilepticus in Palliative Settings or with a Limitation of Life-Sustaining Therapies: A Systematic Review.**
Willems LM. et al


Refractory status epilepticus (RSE) represents a serious medical condition requiring early and targeted therapy. Given the increasing number of elderly or multimorbid patients with a limitation of life-sustaining therapy (LOT) or within a palliative care setting (PCS), guidelines-oriented therapy escalation options for RSE have to be omitted frequently. This systematic review sought to summarize the evidence for fourth-line antiseizure drugs (ASDs) and other minimally or non-invasive therapeutic options beyond guideline recommendations in patients with RSE to elaborate on possible treatment options for patients undergoing LOT or in a PCS. RSE in patients undergoing LOT or in a PCS represents a challenge for modern clinicians and epileptologists. The evidence for the use of ASDs in RSE beyond that in current guidelines is low, but several effective and well-tolerated options are available that should be considered in this patient population. More so than
in any other population, advance care planning, advance directives, and medical ethical aspects have to be considered carefully before and during therapy.

**Palliative Care in Heart Transplantation.**
Owen MI. et al
*Trials;* Jul 2020; vol. 21 (no. 1); p. 672.
The purpose of this article is to describe palliative care incorporation within the care of heart transplant patients. Palliative care is a holistic approach to care that includes symptom management and goal setting to improve patients’ quality of life. Palliative care is designed to be used with patients who have chronic illness that impacts quality of life and should be incorporated early in the disease. All providers have a responsibility to be knowledgeable in palliative care approaches and to know when to refer a patient for specialty palliative care services. This article will describe palliative care, research study findings, and current professional guideline recommendations for patients. The article also describes challenges and barriers to the use of palliative care in heart transplant patients and strategies to address these challenges and barriers.

**A cohort study and meta-analysis of the evidence for consideration of Lauren subtype when prescribing adjuvant or palliative chemotherapy for gastric cancer.**
Wang K. et al
*BMC palliative care;* Jun 2020; vol. 19 (no. 1); p. 79.
The association between the survival or efficacy of chemotherapy and the Lauren subtype of gastric cancer (GC) remains unclear. We aimed to clarify whether patients with different Lauren subtypes have different survival after treatment with systemic chemotherapy: intestinal gastric cancer (IGC) patients survived better than patients with mixed type gastric cancer (MGC) or diffuse gastric cancer (DGC) after treatment with systemic chemotherapy. Our results support the consideration of Lauren subtype when prescribing systemic chemotherapy for GC, particularly for MGC or DGC, which may not benefit from chemotherapy. Lauren classification should be considered to stratify chemotherapy regimens to GC patients in future clinical trials, with particular relevance to MGC or DGC, which is more difficult to treat with current regimens.

**EAN guideline on palliative care of people with severe, progressive multiple sclerosis.**
Solari A. et al
*Acta oncologica (Stockholm, Sweden);* Jun 2020; vol. 59 (no. 6); p. 620-627.
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.

**Palliative care in multiple sclerosis: European guideline.**
Solari A. et al
*Journal of pain and symptom management;* Jul 2020; vol. 60 (no. 1); p. 87-93.
People with severe, progressive multiple sclerosis (MS) have complex physical and psychosocial needs. The European Academy of Neurology (EAN) assembled a task force to summarize the existing evidence and develop a clinical practice guideline in partnership with the European Association for Palliative Care (EAPC) and the European Network for Best Practice and Research in MS Rehabilitation (RIMS).

**Attitude and Barriers in Palliative Care and Advance Care Planning in Nonmalignant Chronic Lung Disease: Results From a Danish National Survey.**
Sørensen AR. et al
Patients with chronic obstructive pulmonary disease and interstitial lung disease have a significant burden of symptoms. Many are not offered palliative care (PC). Our aim was to investigate the attitudes to and barriers for PC among physicians. The attitude toward PC and ACP conversations was positive and implementation was regarded as important, but only a minority performed these conversations in practice. Main barriers were lack of time and staff. Palliative care guidelines were known but only scarcely used. Structural changes at the organizational level to improve access to palliation for patients with nonmalignant chronic lung diseases are needed.

Palliative care needs-assessment and measurement tools used in patients with heart failure: a systematic mixed-studies review with narrative synthesis.
Remawi BN. et al
Palliative medicine; Jul 2020; p. 269216320947623.
Patients with heart failure have comparable illness burden and palliative care needs to those with cancer. However, few of them are offered timely palliative care. One main barrier is the difficulty in identifying those who require palliative care. Several palliative care needs-assessment/measurement tools were used to help identify these patients and assess/measure their needs, but it is not known which one is the most appropriate for this population. This review aimed to identify the most appropriate palliative care needs-assessment/measurement tools for patients with heart failure. Despite limited evidence, the Needs Assessment Tool: Progressive Disease - Heart Failure (NAT:PD-HF) is the most appropriate palliative care needs-assessment tool for use in heart failure populations. It covers most of the patient needs and has the best psychometric properties and evidence of identification ability and appropriateness. Psychometric testing of the tools in patients with heart failure and evaluating the tools to identify those with palliative care needs require more investigation.

The Role of Palliative Radiotherapy in the Treatment of Spinal Bone Metastases from Head and Neck Tumors-A Multicenter Analysis of a Rare Event.
Bostel T. et al
Cancers; Aug 2020; vol. 12 (no. 8).
This retrospective multi-center analysis aimed to assess the clinical response and stabilizing effects of palliative radiotherapy (RT) for spinal bone metastases (SBM) in head and neck cancer (HNC), and to establish potential predictive factors for stability and overall survival (OS). Palliative RT in symptomatic SBM of HNC provides sufficient symptom relief in the majority of patients, while only about one third of initially unstable SBM show re-stabilization after RT. Since patients in our multi-center cohort exhibited very limited OS, fractionation schemes should be determined depending on the patients' performance status.

Palliative Care Initiation in Chronic Obstructive Pulmonary Disease: Prognosis-Based, Symptoms-Based or Needs-Based?
Rajnoveanu RM. et al
Journal of the American Medical Directors Association; Jul 2020.
The absence or late initiation of palliative care (PC) in chronic obstructive pulmonary disease (COPD) is multidimensional. To provide palliative care from the moment of COPD diagnosis remains utopic. Even the advanced forms or the end-of-life stages benefit late or never from these services. In this context, the research questions for the present systematic review were focused on the prognosis variables or multicomponent indices in COPD patients alongside the symptoms and unmet needs, which may be useful for the palliative care initiation. The aim was to help clinicians to identify not only the tools reliable to predict poor survival in COPD patients but also to identify the criteria for appropriateness for early palliative care onset. The review concluded that none of the existing prognostic variables and multicomponent indices are reliable enough to predict exclusively poor survival in COPD patients and the decision to initiate PC should be rather based on the presence of refractory symptoms and patients' unmet needs and preferences.

Despite the current advances, the ideal model to initiate palliative care from the moment COPD is
**Diagnosed is a goal for clinicians trained in, and capable of providing palliative care in any COPD patient.**

**Randomized controlled trial to identify the optimal radiotherapy scheme for palliative treatment of incurable head and neck squamous cell carcinoma.**
Al-Mamgani A. et al
*JAMA network open;* Aug 2020; vol. 3 (no. 8); p. e2015061.
No randomized controlled trials (RCT) have yet identified the optimal palliative radiotherapy scheme in patients with incurable head and neck squamous cell carcinoma (HNSCC). We conducted RCT to compare two radiation schemes in terms of efficacy, toxicity and quality-of-life (QoL). No solid conclusion could be made on this incomplete study which is closed early. Long-course radiotherapy did not show significantly better oncologic outcomes, but was associated with more acute grade 3 mucositis. No meaningful differences in QoL-scores were found. Therefore, the shorter schedule might be carefully advocated. However, this recommendation should be interpreted with great caution because of the inadequate statistical power.

**Association of a Palliative Surgical Approach to Stage IV Pancreatic Neuroendocrine Neoplasms with Survival: A Systematic Review and Meta-Analysis.**
Tsoli M. et al
*Parkinsonism & related disorders;* Jun 2020; vol. 77; p. 13-17.
The role of primary tumor resection in patients with pancreatic neuroendocrine neoplasms (PanNENs) and unresectable distant metastases remains controversial. We aimed to evaluate the effect of palliative primary tumor resection (PPTR) on overall survival (OS) in this setting. Further longitudinal studies are warranted, with long-term follow-up addressing the survival outcomes associated with surgery in stage IV disease.

**Multisite, Randomized Trial of Early Integrated Palliative and Oncology Care in Patients with Advanced Lung and Gastrointestinal Cancer: Alliance A221303.**
Temel JS. et al
*Ethnicity & disease;* 2020; vol. 30 (no. 3); p. 459-468.
We conducted a multicenter, randomized trial of early integrated palliative and oncology care in patients with advanced cancer to confirm the benefits of early palliative care (PC) seen in prior single-center studies. This study highlights the difficulties of conducting multicenter trials of supportive care interventions in patients with advanced cancer.

**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
Cases of coronavirus disease 2019 (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 synthesize evidence for the role and response of palliative care and hospice teams to viral epidemics/pandemics and inform the COVID-19 pandemic response. We conclude that hospice and palliative services have an essential role in the response to COVID-19 by responding rapidly and flexibly; ensuring protocols for symptom management are available, and training nonspecialists in their use; being involved in triage; considering shifting resources into the community; considering redeploying volunteers to provide psychosocial and bereavement care; facilitating camaraderie among staff and adopting measures to deal with stress; using technology to communicate with patients and carers; and adopting standardized data collection systems to inform operational changes and improve care.

**A Dual-Center Observational Review of Hospital-Based Palliative Care in Patients Dying With COVID-19.**
Turner J. et al
*Journal of clinical nursing;* Aug 2020; vol. 29 (no. 15-16); p. 2979-2990.
The current coronavirus disease 2019 (COVID-19) pandemic has put significant strain on all
aspects of health care delivery, including palliative care services. Given the high mortality from this disease, particularly in the more vulnerable members of society, it is important to examine how best to deliver a high standard of end-of-life care during this crisis. This brief report provides clinicians with a contemporaneous overview of our experience, knowledge, and pattern recognition when caring for people with COVID-19 and highlights the value of proactive identification of patients and risk of deterioration and palliation.

**The role and response of primary healthcare services in the delivery of palliative care in epidemics and pandemics: A rapid review to inform practice and service delivery during the COVID-19 pandemic.**
Mitchell S. et al
*BMC palliative care*; Jun 2020; vol. 19 (no. 1); p. 88.

The increased number of deaths in the community happening as a result of COVID-19 has caused primary healthcare services to change their traditional service delivery in a short timeframe. Services are quickly adapting to new challenges in the practical delivery of end-of-life care to patients in the community including through virtual consultations and in the provision of timely symptom control. We aim to synthesise existing evidence related to the delivery of palliative and end-of-life care by primary healthcare professionals in epidemics and pandemics. As the COVID-19 pandemic progresses, there is an urgent need for research to provide increased understanding of the role of primary care and community nursing services in palliative care, alongside hospices and community specialist palliative care providers.

**Equality and diversity**

**Challenges in the Provision of End-of-Life and Palliative Care to Ethnic Nepali Refugees.**
Najjar SN. and Hauck FR.
*Palliative medicine*; 2020; vol. 34 (no. 6); p. 708-730.

After over a decade of resettlement of ethnic Nepali refugees in the U.S., a significant population of seriously ill refugees will require palliative care and hospice care. The refugee experience and culturally specific factors affect the end-of-life care of this population. Challenges in the end-of-life care of Nepali refugees include challenges related to social and health inequities, such as significant chronic respiratory disease burden; lack of protocols for deferral of illness disclosure; lack of support for group decision making; unfamiliarity with spiritual, religious, and traditional health practices; and difficulty with cross-cultural communication. Culturally competent care of ethnic Nepali refugees can be accomplished through respectful exploration of patients’ and families’ preferences regarding the challenges identified. This article presents recommendations that can guide primary and specialist palliative care for this population.

**The need for early referral to palliative care especially for Black, Asian and minority ethnic groups in a COVID-19 pandemic: Findings from a service evaluation.**
Chidiac C. et al
*JAMA internal medicine*; Jul 2020.

Palliative care services face challenges in adapting and responding to the COVID-19 pandemic. Understanding how palliative care needs and outcomes have changed during the pandemic compared to before the pandemic is crucial to inform service planning and research initiatives. We evaluate the impact of COVID-19 on symptoms, clinical characteristics, and outcomes for patients referred to a hospital-based palliative care service in a district general hospital in London, UK. Early referral to palliative care is essential in COVID-19, especially for Black, Asian and minority ethnic groups. There is urgent need to research why Black, Asian and minority ethnic patients are referred late; how palliative care services have changed; and possible solutions to setting up responsive, flexible, and integrated services.

**A systematic review exploring palliative care for families who are forced migrants.**
Clancy M. et al
We explore the palliative care experiences of forced migrant children, families, and healthcare professionals (HCPs) highlighting successes, challenges, and associated practice implications. Forced migrant families have multiple needs including physical and emotional support and help in navigating complex systems. Professional interpreters can ease communication barriers when resourced appropriately. Individualized care is crucial to addressing the intricate mosaic of culture such families present. A cultural sensitivity/insensitivity framework is presented that may help guide future interactions and priorities for those working in children's palliative care. This systematic review explored the international experiences of palliative care for forced migrant families. The findings highlight the plight of families who experience multiple traumas and increased levels of grief and loss through their migration experiences and when caring for a child with a life-limiting condition. This research has potential to have an impact on professionals working with culturally diverse families in all palliative care settings.

**Inequity in palliative care service full utilisation among patients with advanced cancer: a retrospective Cohort study.**
D'Angelo D. et al
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.

**Temporal trends and social barriers for inpatient palliative care delivery in metastatic prostate cancer patients receiving critical care therapies.**
Mazzzone E. et al
*Palliative medicine*; Jul 2020; p. 269216320942450.
Use of inpatient palliative care (IPC) in advanced cancer patients represents a well-established guideline recommendation. A recent analysis demonstrated that genitourinary (GU) cancer patients benefited of IPC at the second lowest rate within the four examined primaries, namely lung, breast, colorectal, and GU. Based on this observation, we examined temporal trends and predictors of IPC use in metastatic prostate cancer patients receiving critical care therapies (CCT). IPC use rate in mPCa patients receiving CCT sharply increased between 2004 and 2015. The highest increase of IPC use across time was recorded in the South, in Caucasian race, and in teaching hospitals. African-American race and nonteaching status were identified as independent predictors of lower IPC use and represent targets for efforts aimed at improving IPC delivery in mPCa patients receiving CCT.

**Dealing with cultural diversity in palliative care.**
Six S. et al
*Journal of pain and symptom management*; 2020; vol. 60 (no. 1); p. e31-e40.
Palliative care is increasingly confronted with cultural diversity. This can lead to various problems in practice. In this perspective article, the authors discuss in more detail which issues play a role in culture-sensitive palliative care, why naive culturalism will not solve such problems and in which direction research into this aspect of care can be further elaborated.

**Sociocultural Factors Associated with Awareness of Palliative Care and Advanced Care Planning among Asian Populations.**
Shen JJ. et al
Underutilization of palliative care (PC) among racial/ethnic minorities remains consistent despite projected demand. The purpose of this study was to examine knowledge of palliative care and advanced care planning (ACP) and potential variations among subgroups of Asian Americans. The low levels of palliative care and advanced care planning awareness and knowledge in the diverse Asian groups living in the United States raise concerns and shed light on the critical need for culturally appropriate education programs.

### Ethical and legal issues

**Cross-sectional survey of the wish to die among palliative patients in Spain: one phenomenon, different experiences.** Belar A. et al

*BMJ supportive & palliative care;* Jun 2020; vol. 10 (no. 2); p. 216-220.

Cultural backgrounds and values have a decisive impact on the phenomenon of the wish to die (WTD), and examination of this in Mediterranean countries is in its early stages. The objectives of this study were to establish the prevalence of WTD and to characterise this phenomenon in our cultural context. One in five patients had WTD. Our findings suggest the existence of different experiences within the same phenomenon, defined according to frequency of appearance and intention to hasten death. A linguistically grounded model is proposed, differentiating the experiences of the 'wish' or 'desire' to die, with or without HD ideation.

### Guidelines

No articles

### Medicines and Prescribing

**Physicians' perceptions of palliative sedation for existential suffering: a systematic review.** Rodrigues P. et al


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

**Effectiveness of a Multimedia Educational Intervention to Improve Understanding of the Risks and Benefits of Palliative Chemotherapy in Patients With Advanced Cancer: A Randomized Clinical Trial.** Enzinger AC. et al


Despite requirements of informed consent, patients with advanced cancer often receive palliative chemotherapy (PC) without understanding that the likelihood of cure is remote. Objective: To determine whether a PC educational video and booklet at treatment initiation could improve patients' understanding of its benefits and risks. Provision of an educational video and booklet did not alter patients' expectation of cure from PC. Alternative delivery strategies, such as integration with nurse teaching, could be explored in future studies.

**Real World Evidence on Second-Line Palliative Chemotherapy in Advanced Pancreatic Cancer.** Gränsmark E. et al
Palliative medicine; Jul 2020; p. 269216320946688.
The outcome and tolerability of palliative second line chemotherapy for advanced pancreatic cancer (APC) in real life patients are largely unknown. Prognostic parameters for risk stratification and treatment guidance are lacking. The real world outcome of second line palliative chemotherapy for refractory APC remains dismal. Baseline plasma albumin, serum CA-19-9, and performance status emerge as key prognostic factors, and should be further studied as tools for individualized treatment decisions.

Integrating Traditional and Complementary Medicine Recommendations into Clinical Practice Guidelines for People with Diabetes in Need of Palliative and End-of-Life Care: A Scoping Review. Arentz S. et al
Journal of alternative and complementary medicine (New York, N.Y.); Jul 2020; vol. 26 (no. 7); p. 571-591.
This study was conducted before an evidence review on Traditional and Complementary Medicine (TCM) to update the clinical practice guidelines (CPGs): "Deciding palliative and end-of-life (P/EoL) care for people with diabetes." The aim was to frame the PICO (population/problems, interventions/comparisons, and outcomes), ascertain their importance, and identify other modifying factors for grading recommendations. There is a role for TCM in the multidisciplinary holistic P/EoL care of people with diabetes. Due to the paucity of evidence specific to this population, the generalizability of some of these results is broader and the updated CPG will also need to consider indirect evidence from other patient groups. Along with recommendations about indications for TCM use, the CGP should provide guidance on ceasing unnecessary interventions, reducing polypharmacy and managing unstable glycemia is required. Before ceasing a TCM, a broader risk-benefit analysis is recommended, as unlike many conventional therapies, there may be multiple benefits warranting its continuation.

Nutrition

Home parenteral nutrition versus artificial hydration in malnourished patients with cancer in palliative care: a prospective, cohort survival study. Cotogni P. et al
The evidence base for home parenteral nutrition (HPN) in patients with advanced cancer is lacking. To compare the survival of malnourished patients with cancer undergoing palliative care who received HPN with a homogeneous group of patients, equally eligible for HPN, who did not receive HPN. Comparative survival associated with the use of HPN versus AH showed significantly longer survival in malnourished patients with advanced cancer receiving HPN. These data support the guideline recommendation that HPN should be considered when malnutrition represents the overriding threat for the survival of these patients.

Systemic Inflammation and Nutritional Status in Patients on Palliative Cancer Care: A Systematic Review of Observational Studies. Cordeiro LAF. et al
European journal of neurology; Aug 2020; vol. 27 (no. 8); p. 1510-1529.
This systematic literature review explores the results of studies that have analyzed the association between inflammation and nutritional status in patients with cancer in palliative care. Nutritional status is associated with systemic inflammatory response. Inflammatory markers should be considered an additional parameter for the nutritional diagnosis of patients with cancer in palliative care.

Physical and Occupational therapy
Poetry for Veterans: Using Poetry to Help Care for Patients in Palliative Care-A Case Series.
Segar N. et al
Dimensions of critical care nursing: DCCN; 2020; vol. 39 (no. 4); p. 219-235.

Poetry for patients-a project developed through collaboration between Northwestern Memorial Hospital, The Jesse Brown VA, and the Poetry Foundation in Chicago, an independent literary organization committed to a vigorous presence for poetry in our culture-has developed three short collections of poems, and an accompanying discussion guides for use specifically with patients and families. Hereunder, we present three case examples of a short (10-30 minutes) reading session with patients demonstrating that it is feasible to incorporate reading poetry with patients facing serious illness. Potential therapeutic value includes helping patients to articulate pain and joy, giving patients a vehicle to recapture their creative voice, and altering the power dynamics inherent in the provider-patient relationship. We have also noted enhanced life review, often on themes otherwise difficult to access. In turn, these readings have deepened our ability to see out patients as creative, intellectual, and larger than their medical illness.

Place of care

Palliative care in its own discourse: a focused ethnography of professional messaging in palliative care.
Reigada C. et al
Epilepsia; Jul 2020; vol. 61 (no. 7); p. 1336-1340.
The original message that PC is focused on total care, helping to live until the person dies, is being replaced and linked to feelings of fear, anxiety and death, instead of compassion, support or appropriate care. Society is still afraid to speak its name, and specialized units are identified as "places of death" as opposed to "places of life" meant to treat suffering. This issue is prohibitive to the implementation and development of PC policies worldwide. It is imperative to identify what message PC professionals are relaying to patients and other health care specialists and how that message may condition understandings of the right to access PC. The complexity of PC discourses contributes to the difficulty of identifying a clear universal message between PC professionals, patients and families. The PC professionals observed transmit a simple message focused on their actions rather than their identity, which may perpetuate some social/cultural misunderstandings of PC. It seems there is a common culture, based on the same values and attitudes, within the messages that PC professionals transmit to patients and their families. PC teams are characterised by their availability.

Frasca M. et al
Therapeutic advances in medical oncology; 2020; vol. 12; p. 1758835920930359.
Guidelines recommend an early access to specialised palliative medicine services for patients with cancer, but studies have reported a continued underuse. Palliative care facilities deliver early care, alongside antineoplastic treatments, whereas hospice care structures intervene lately, when cancer-modifying treatments stop. This review identified factors associated with early and late interventions of specialised services, by considering the type of structures studied (palliative vs hospice care). Main disparities concerned older patients, men and people with haematological cancer. We highlighted the challenges of early interventions for older patients and of late deliveries for men and highly comorbid patients. Additional data on non-American populations, outpatients and factors related to quality of life and socioeconomic status are needed.

Lack of Effect of a Multicomponent Palliative Care Program for Nursing Home Residents on Hospital Use in the Last Month of Life and on Place of Death: A Secondary Analysis of a Multicountry Cluster Randomized Control Trial.
Honinx E. et al
Journal of pain and symptom management; Aug 2020; vol. 60 (no. 2); p. 460-475.
PACE Steps to Success is a 1-year train-the-trainer program aiming to integrate nonspecialist palliative care into nursing homes via staff education and organizational support. In this study, we aimed to explore whether this program resulted in changes in residents' hospital use and place of death. We found no effect of the PACE program on either hospital use in the last month of life or place of death. Although this may be related to implementation problems in some homes, the program might also require a more specific focus on managing acute end-of-life situations and a closer involvement of general practitioners or specialist palliative care services to influence hospital use or place of death.

**Palliative care transitions from acute care to community-based care: A qualitative systematic review of the experiences and perspectives of health care providers.**

Killackey T. et al


Transitioning from the hospital to community is a vulnerable point in patients' care trajectory, yet little is known about this experience within the context of palliative care. While some studies have examined the patient and caregiver experience, no study to date has synthesized the literature on the healthcare provider's perspective on their role and experience facilitating these transitions. The purpose of this systematic review was to understand the experience and perspective of healthcare providers who support the transition of patients receiving palliative care as they move from acute care to community settings. This review identified studies from a range of relatively high-income countries that included a diverse sample of healthcare providers. The results indicate that healthcare providers experience multiple complex roles during the transition facilitation process, and future research should examine how to better assist clinicians in supporting these transitions within the context of palliative care provision.

**Evaluating the Outcomes of an Organizational Initiative to Expand End-of-Life Resources in Intensive Care Units With Palliative Support Tools and Floating Hospice.**

McAndrew NS. et al

*Heart failure reviews*; Aug 2020.

There is evidence that palliative care and floating (inpatient) hospice can improve end-of-life experiences for patients and their families in the intensive care unit (ICU). However, both palliative care and hospice remain underutilized in the ICU setting. This study examined palliative consultations and floating hospice referrals for ICU patients during a phased launch of floating hospice, 2 palliative order sets, and general education to support implementation of palliative care guidelines. This study provided the organization with vital information about their initiative to expand end-of-life resources. Utilization and timing of palliative consults and floating hospice referrals were lower and later than expected, highlighting the importance of developing purposeful strategies beyond education to address ICU cultural and structural barriers.

**Applying M-Health to Palliative Care: A Systematic Review on the Use of M-Health in Monitoring Patients With Chronic Diseases and its Transposition in Palliative Care.**

Bienfait F. et al

*Palliative care and social practice*; 2020; vol. 14; p. 2632352420921867.

The major growth of mobile technologies in the recent years has led to the development of medical-monitoring applications, particularly on smartphones. The development of an m-Health application could become a complementary monitoring tool during palliative care. However, it seems important to question the impact of technique in the professional-patient relationship and avoid the pitfalls of standardizing palliative care and reducing the patient to a "sick" health technician. A future step would then be to define which health-care professional would be in charge of this "m-monitoring."

**Professionals' experiences with palliative care and collaboration in relation to a randomised clinical trial: a qualitative interview study.**

Raunkiaer M. et al

International evidence on the outcome of generalist versus specialist palliative care provision in palliative care trajectories is limited and varied. In general, intervention studies can influence the organisation of palliative care practice and professional collaborations. However, randomised clinical trials in palliative care rarely consider the organisational significance of the studies, as experienced by the professionals involved. DOMUS is the abbreviation for a Danish intervention study designed as a randomised clinical trial, investigating an accelerated transition from oncological to specialist palliative care at home for patients with incurable cancer. Alongside conducting the palliative care intervention study, we wanted to discover the perspectives of the healthcare professionals involved. We explore the organisational significance of the DOMUS intervention study as experienced by the professionals involved. Professionals involved in the DOMUS palliative care intervention found that the study had organisational significance, with an influence on professionals, patients and relatives. Specialist palliative care in Denmark is devoted organisationally and professionally to patients with severe or complex palliative care needs. Hence, new ways of organising palliative care for people in the earlier stages of their disease are needed.

Quality of Health Care

**Effect of an Early Palliative Care Telehealth Intervention vs Usual Care on Patients With Heart Failure: The ENABLE CHF-PC Randomized Clinical Trial.**
Bakitas MA. et al
*The American journal of hospice & palliative care;* Jul 2020; vol. 37 (no. 7); p. 565-571.
National guidelines recommend early palliative care for patients with advanced heart failure, which disproportionately affects rural and minority populations. We look to determine the effect of an early palliative care telehealth intervention over 16 weeks on the quality of life, mood, global health, pain, and resource use of patients with advanced heart failure. This randomized clinical trial with a majority African American sample and baseline good quality of life did not demonstrate improved quality of life or mood with a 16-week early palliative care telehealth intervention. However, pain intensity and interference (secondary outcomes) demonstrated a clinically important improvement.

**Understanding the Outcomes of Supplementary Support Services in Palliative Care for Older People. A Scoping Review and Mapping Exercise.**
Dodd SR. et al
*The American journal of hospice & palliative care;* Jul 2020; vol. 37 (no. 7); p. 549-564.
Supplementary support services in palliative care for older people are increasingly common, but with neither recommended tools to measure outcomes nor reviews synthesizing anticipated outcomes. Common clinically focused tools may be less appropriate. We identify stakeholder perceptions of key outcomes from supplementary palliative care support services, then map these onto outcome measurement tools to assess relevance and item redundancy. Pertinent outcome concepts for these services and population are not well represented in commonly used outcome measurement tools, and this may have implications in appropriately measuring outcomes. This review and mapping method may have utility in fields where selecting appropriate outcome tools can be challenging.

**The effect of disclosing life expectancy information on patients' prognostic understanding: secondary outcomes from a multicenter randomized trial of a palliative chemotherapy educational intervention.**
Enzinger A. et al
*Journal of pain and symptom management;* Aug 2020; vol. 60 (no. 2); p. 476-486.
Many advanced cancer patients have unrealistic prognostic expectations. We tested whether offering life expectancy (LE) statistics within palliative chemotherapy (PC) education promotes
realistic expectations. Offering LE information within a PC educational intervention had no effect on patients’ prognostic expectations.

Optimised clinical study recruitment in palliative care: success strategies and lessons learned.
White C. et al
JAMA oncology; Jul 2020.
Recruitment challenges to clinical research studies in palliative care settings, particularly in hospices, are well documented. However, a recent study (Hospice Inpatient Deep vein thrombosis Detection (HIDDen) study) performed across five hospices in the UK recruited above target and on time. We describe strategies that aided successful recruitment in this study, and the lessons learnt for improving future studies. The SMMF provides a potential structure to help researchers to plan recruitment. However, to fully streamline trial set up and in order for hospice involvement in research to be realised systematically, a centralised approach to governance, organisational culture change whereby hospices embrace research as a legitimate purpose and consistent access to research staff are identified as key strategic elements promoting recruitment to studies in hospices.

Community Tele-pal: A community-developed, culturally based palliative care tele-consult randomized controlled trial for African American and White Rural southern elders with a life-limiting illness.
Watts KA. et al
Patients living in rural areas experience a variety of unmet needs that result in healthcare disparities. The triple threat of rural geography, racial inequities, and older age hinders access to high-quality palliative care (PC) for a significant proportion of Americans. Rural patients with life-limiting illness are at risk of not receiving appropriate palliative care due to a limited specialty workforce, long distances to treatment centers, and limited PC clinical expertise. Although culture strongly influences people’s response to diagnosis, illness, and treatment preferences, culturally based care models are not currently available for most seriously ill rural patients and their family caregivers. This is the first community-developed, culturally based PC tele-consult program for rural southern AA and W populations. If effective, the tele-consult palliative program and methods will serve as a model for future culturally based PC programs that can reduce patients’ symptoms and care partner burden.

Spiritual and psychological care

Knowledge and Attitudes of Hospice and Palliative Care Professionals toward Diversity and Religious Literacy in Cyprus: A Cross-Sectional Study.
Pentaris Pand Christodoulou P.
BMJ supportive & palliative care; Jun 2020; vol. 10 (no. 2); p. 136-144.
This study is the first to document knowledge-base and knowledge attitudes about cultural competence and religious literacy in hospice and palliative care in Cyprus. The aim of this article is to investigate and document the knowledge-base and attitudes toward advancing knowledge and expertise of hospice and palliative care professionals in Cyprus. Professionals and organizations need to nurture and promote lifelong learning, supervision, and enable individual practitioners to engage with activities that will enhance their self-awareness, reflexivity, and attitude toward the unique identities of others.

The suffering measurement instruments in palliative care: A systematic review of psychometric properties.
Gutiérrez-Sánchez D. et al
Journal of palliative medicine; Aug 2020; vol. 23 (no. 8); p. 1104-1124.
The aim of this systematic review is twofold: (1) identify the measures assessing suffering in the palliative care population, and (2) assess the measurement properties of these measures. DESIGN:
A systematic review of the measurement properties of instruments assessing suffering in palliative care was carried out. Instruments assessing suffering in palliative care have been identified in this systematic review. The Suffering Pictogram seems to be the most useful instrument identified. Tweetable abstract: The relief of suffering is one of the main goals to reach at the end of life, and the selection of the most appropriate measure for assessing this construct is crucial.

"To live until you die could actually include being intimate and having sex": A focus group study on nurses' experiences of their work with sexuality in palliative care.
Hjalmarsson E and Lindroth M.
BMJ supportive & palliative care; Jun 2020; vol. 10 (no. 2); p. 145-156.
We examine nurses' experiences of working with issues of sexuality in palliative care. Sexuality has value for human lives and relations and is important for one's overall well-being throughout life. Guidelines for palliative care state that sexuality should be addressed. Previous research shows that the inclusion of sexuality in general health care is deficient, and there is a knowledge gap on how sexuality is addressed in palliative care. Overall, nurses appear to follow differing cultural, interpersonal and intrapsychic scripts on sexuality rather than knowledge-based guidelines. This underlines the importance of managers who safeguard the adherence to existing palliative care guidelines where sexuality is already included. In this work, it is important to be aware of norms to avoid excluding patients and partners that differ from the nurses themselves as well as from societal norms on sexuality.

Staff

Challenging the Status Quo of Physician Attire in the Palliative Care Setting.
Azhar A. et al
Journal of pain and symptom management; Aug 2020; vol. 60 (no. 2); p. 449-459.e21.
This randomized controlled trial aimed to compare the impact of a physician's attire on the perceptions of patients with cancer of compassion, professionalism, and physician preference. Our hypothesis was that patients would perceive the physician with formal attire as more compassionate than the physician wearing casual attire. Doctors' attire did not affect the perceptions of patients with cancer of physician's level of compassion and professionalism, nor did it influence the patients' preference for their doctor or their trust and confidence in the doctor's ability to provide care. There is a need for more studies in this area of communications skills.

Continuing Professional Development for Primary Care Providers in Palliative and End-of-Life Care: A Systematic Review.
Kelley LT. et al
Palliative medicine; Aug 2020; p. 269216320947601.
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.

Symptoms
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<th>Title</th>
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<td><strong>Association Between Heart Rate and Reversibility of the Symptom, Refractoriness to Palliative Treatment, and Survival in Dyspneic Cancer Patients.</strong></td>
<td>Mori I. et al</td>
<td>BMJ supportive &amp; palliative care; Jun 2020.</td>
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<td>Dyspnea is one of the most distressing symptoms for terminally ill cancer patients and a predictor of poor prognosis. Identification of simple clinical signs, such as heart rate, indicating clinical course of each patient is of value. We explore the potential association between heart rate and reversibility of the symptom, treatment response to palliative intervention, and survival in terminally ill cancer patients with dyspnea at rest. Heart rate may help clinicians to make the prediction of the patient’s clinical course more accurate.</td>
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<td>Despite advances in curative treatments for esophageal cancer, many patients often present with advanced disease. Dysphagia resulting in significant weight loss and malnutrition leads to poor quality of life. Palliative esophageal stenting with self-expanding metal stents (SEMS) helps alleviate symptoms and prolongs survival. However, access to fluoroscopy may be limited at certain centers causing delay in patient care. Palliative esophageal stenting without fluoroscopy using SEMS is both safe and effective in patients with advanced esophageal cancer.</td>
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<td><strong>Oral medicinal cannabinoids to relieve symptom burden in the palliative care of patients with advanced cancer: a double-blind, placebo-controlled, randomised clinical trial of efficacy and safety of 1:1 delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD)</strong></td>
<td>Hardy J. et al</td>
<td>BMJ supportive &amp; palliative care; Aug 2020.</td>
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<td>Despite improvements in medical care, patients with advanced cancer still experience substantial symptom distress. There is increasing interest in the use of medicinal cannabinoids but little high-quality evidence to guide clinicians. This study aims to define the role of a 1:1 delta-9-tetrahydrocannabinol/cannabidiol (THC/CBD) cannabinoid preparation in the management of symptom burden in patients with advanced cancer undergoing standard palliative care. This will be the first placebo-controlled clinical trial to rigorously evaluate the efficacy, safety and acceptability of 1:1 THC/CBD for symptom relief in advanced cancer patients. This study will allow the medical community to have some evidence to present to patients wishing to access cannabis for their symptoms caused by advanced malignancy.</td>
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<td><strong>Refractory angina is a growing challenge for palliative medicine: a systematic review of non-invasive interventions.</strong></td>
<td>Murphy I. et al</td>
<td>Journal of palliative medicine; Jul 2020; vol. 23 (no. 7); p. 922-929.</td>
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<td>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.</td>
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<td><strong>Complementary therapy in palliative care: A synthesis of qualitative and quantitative systematic reviews.</strong></td>
<td>Armstrong M. et al</td>
<td>Cancers; Jul 2020; vol. 12 (no. 7).</td>
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<td>Interventions delivered in palliative care are complex and their evaluation through qualitative and</td>
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quantitative research can lead to contrasting results. In a systematic review of trials, the effectiveness results of complementary therapies in palliative care were inconclusive; however, our qualitative synthesis showed participants perceived them to be beneficial. By integrating qualitative and quantitative review data, we determined the reasons trials may be inconclusive. This methodological exemplar provides a framework for understanding complexity in outcomes across trials and a direction for future research.

The use of patient reported outcome measures (PROMs) in palliative radiotherapy: A topical review.
Oldenburger E. et al
Radiotherapy (RT) can be used to palliate cancer-related symptoms and improve quality of life (QoL). Patient Reported Outcome Measures (PROMs) could be a reliable, minimally invasive method to monitor patients after palliative radiotherapy. This review was performed to provide an overview of the way PROMs are currently used in follow-up after palliative RT, regarding the goal of the PROM, the type of PROMs, PROM selection, PROM completion as well as the follow-up schemes and patient adherence and attrition. We did not find any studies referencing patients' experience on PROMs. Although clear guidelines on the use of PROMs in palliative RT may be difficult to establish, more attention should be paid to the PROM aspect when writing study protocols. Furthermore, efforts should be made to introduce PROMs in routine clinical care in the context of palliative RT.

A proposed guideline for vagus nerve stimulator handling in palliative care and after death.
Alhajaj G. et al
Journal of pain and symptom management; Aug 2020; vol. 60 (no. 2); p. e75-e78.
Vagus nerve stimulation (VNS) is often used for patients with drug-resistant epilepsy. Although this intervention may improve seizure control and mood, a number of factors must be considered when patients with VNS near end of life. We reviewed relevant literature to create a proposed guideline for management of patients with VNS in palliative care and after death.