NHS
Royal United Hospitals Bath
NHS Foundation Trust

End of Life Care

Current Awareness Bulletin

March 2024

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

Please contact the Academy Library to request any articles:

✉ ruh-tr.library@nhs.net

☎ 01225 82 4897/4898

Carry out basic searches using the Knowledge and Library Hub.

Sign up to NHS OpenAthens to access our subscriptions.

Contact us to receive our bulletins via email each month.

Get personalised alerts via our KnowledgeShare service.

ruh.nhs.uk/library

1. **Qualitative analysis of expressions used in the end-of-life discussions and their associated factors**

Authors: Abe, Akiko;Takeuchi, Mari;Kobayashi, Masato;Kohno, Takashi;Mimura, Masaru and Fujisawa, Daisuke

Publication Date: 2024

Journal: Palliative & Supportive Care 22(2), pp. 374-380

Abstract: Objectives: Discussing end-of-life (EOL) issues with patients remains challenging for health professionals. Physicians may use various expressions, including euphemistic ones, when disclosing the prognosis to their patients to reduce their psychological impact. However, the actual expressions of EOL disclosure in clinical practice are unclear. This study aims to investigate the expressions used in EOL disclosures and explore their associated factors.; Methods: A retrospective chart review was conducted enrolling all the patients who died in a university-affiliated hospital. Expressions used in the EOL disclosure were qualitatively analyzed. The patients' participation rate and length from the discussion to death were investigated.; Results: EOL disclosures were observed in 341 of 358 patients. The expressions used by the physicians were categorized into 4 groups; Group 1: Clear presentation of life expectancy (n = 106; 31.1%), Group 2: Euphemistic presentation of life expectancy (n = 24; 7.0%), Group 3: Presentation of risk of sudden death (n = 147; 43.1%), Group 4: No mention on life expectancy (n = 64; 18.8%). The proportion of male patients was higher in Group 2 (79%) and lower in Group 4 (56%). Patients with cancer accounted for approximately 70% of Groups 1 and 4, but only approximately 30% of Group 3. The patient participation rate was highest in Group4 (84.4%), followed by Group 2 (50.0%). The median time from EOL disclosure to death was longer in Groups 1 and 4 (26 and 29.5 days, respectively), compared to Groups 2 and 3 (18.5 and 16 days, respectively).; Significance of Results: A variety of expressions are used in EOL disclosure. Patterns of communication are influenced by patients' gender and type of illness (cancer or noncancer). Euphemisms do not seem to facilitate timely disclosure of life expectancy or patient participation. For health professionals, not only devising the expressions to alleviate their patients' distress when breaking bad news but also considering the communication process and patient background are essential.

---

2. **Nursing Students' Intention to Work in Hospice Care in the Future: A Cross-sectional Study**

Authors: Ben Natan, Merav;Makhoul Khuri, Moran;Hammer, Haviel and Yarkoni, Maya

Publication Date: 2024

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 26(2), pp. E55-E61

Abstract: Studies reveal that nursing students rank hospice nursing among their least preferred career choices. The purpose of this study was to explore the association between nursing students' intention to work in hospice care in the future and their attitudes toward caring for dying patients, death anxiety, personal and/or professional experience of caring for dying patients, and type of nursing program studied. In this cross-sectional study, 200 nursing students completed an online survey based on the Frommelt Attitude Toward Care of the Dying Scale and the Turkish Death Anxiety Scale. Only 11% of the respondents were found to express interest in working in hospice care in the future. Studying in the accelerated program for nonnursing Bachelor of Arts graduates predicted a higher intention to work in hospice care in the future, than studying in the generic program ($\beta = 0.27$, $P < .001$). Completion of clinical experience in a medical ward predicted lower intention ($\beta = -0.21$, $P < .01$). These findings suggest that nursing students in the accelerated program for nonnursing Bachelor of Arts graduates should be provided with appropriate experience and support to maintain their interest in hospice nursing. Clinical experience in medical wards does not seem to be a good substitute for clinical experience in hospice care.; Competing Interests: The authors have no conflicts of interest to disclose. (Copyright © 2023 by The Hospice and Palliative Nurses Association. All rights reserved.)

3. **Questionnaires About the End of Life for Cancer Patients – Is the Response Burden Acceptable?**

Authors: Betker, Liv;Seifart, Carola and von Blanckenburg, Pia

Publication Date: 2024

Journal: Journal of Pain & Symptom Management 67(3), pp. 233-240

---

4. **A Request for Gender-Affirming Treatment in End-of-Life Care: A Case Study From an Inpatient VA Hospice Program**

Author: Brecher, David B. and Romero, Melissa S.

Publication Date: 2024

Publication Details: American Journal of Hospice & Palliative Medicine, 41, (3) pp.340-342. , Thousand Oaks, California: Sage Publications Inc.

Abstract: Hospice care involves focusing on our patients' goals of care and good symptom management. This coincides with a focus on their comfort, dignity, and respect. Working with lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ+) patients on a hospice service can be challenging for medical staff. Many of these potential challenges relate to lack of training of medical professionals. These patients often receive discriminatory care compared to those who do not identify as LGBTQ+. This case study describes an assigned-male-at-birth Veteran admitted to a Veterans Affairs Community Living Center (CLC) hospice service who, after admission, informed staff of the strong desire to go forward with gender reassignment. Despite a prognosis of 6 months, working with the Veteran to help achieve these goals, supporting the medical plans for providing gender-transition information, and focusing on addressing the Veteran with appropriate pronouns were critical to our medical team's support for our Veteran at this difficult time.

---

5. **The Effect of a Repeated Standardized Patient-Based End-of-Life Care Training Program on Nursing Students' Knowledge, Attitudes, and Emotions Toward End-of-Life Patients**

Authors: Çakmak, Betül and Inkaya, Bahar

Publication Date: 2024

Journal: The American Journal of Hospice & Palliative Care , pp. 10499091241236921

Abstract: Background: Sufficient knowledge of end-of-life care, positive attitudes, and emotions regarding death and dying are essential criteria for showcasing favorable palliative care educational results to undergraduate nursing students. However, nursing students have negative attitudes toward end-of-life care and know little about it.; Aim: This study aimed to examine the effect of a repeated standardized patient-based training program (intervention) on nursing students' knowledge, attitudes, and emotions about end-of-life patients.; Method: This study adopted a pretest-posttest quasi-experimental research design. The sample consisted of 50 fourth-year nursing students divided into intervention (n = 25) and control (n = 25) groups. All participants attended the intervention. The intervention group attended the intervention twice, while the control group attended it only once. Data were collected using a personal information form, the Frommelt Attitudes Toward Care of the Dying Scale, the Positive and Negative Affect Schedule, and the End-of-Life Care Nursing Questionnaire. The data were analyzed using descriptive statistics, Pearson's Chi-square test, dependent groups t test, Pearson-Spearman, Mann-Whitney test, Wilcoxon test, and Friedman test.; Results: The intervention helped participants learn more about end-of-life care ($\chi 2 = 27.167$, $P = .000$; $F = 42.725$, $P = .000$) and develop more positive attitudes toward end-of-life patients ($F = 13.279$, $P = .000$; $F = 6.934$, $P = .000$). The intervention also helped participants develop communication skills.; Conclusion: Universities should integrate repeated standardized patient-based into nursing curricula.; Competing Interests: Declaration of Conflicting InterestsThe authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

---

6. **Perceived barriers and facilitators to good end of life care: Focusing on people with intellectual disabilities**

Authors: Diaz, Marissa A.;Angus, Fionn Crombie and Bickenbach, Jerome E.

Publication Date: 2024

Journal: Journal of Applied Research in Intellectual Disabilities 37(2), pp. 1-12

Abstract: Background: People with intellectual disabilities are often left out of research on important topics. This exploratory study investigated their views on barriers and facilitators to accessing care at end of life, both at home and in a hospice setting. Method: This qualitative study used reflexive thematic analysis. Two focus groups were held via Zoom with a total of four participants. Results: Three themes were produced: Unsettling Transitions, Maintaining Familiarity, and Respecting People's Wishes. Keeping things as unchanged as possible at end of life was highlighted as an ideal. Respecting people's wishes and education were highlighted as facilitators to good end of life care. Conclusions: The themes identified in this study highlight the fears and wishes of this population with regards to receiving quality end of life care. Training for staff and families, as well as advanced care planning, could focus on enhancing facilitators and decreasing barriers for this population.

---

7. **Beliefs, practices, perceptions and motivations of healthcare professionals on medication deprescribing during end-of-life care: A systematic review**

Authors: Hickman, Elizabeth;Almaqhawi, Abdullah;Gillies, Clare;Khunti, Kamlesh and Seidu, Samuel

Publication Date: 2024

Journal: Primary Care Diabetes

Abstract: Aim: Conduct a systematic review to investigate current beliefs, practices, perceptions, and motivations towards deprescribing practices from the healthcare professional perspective in older adults residing in long term care facilities with cardiometabolic conditions, using a narrative approach.; Methods: Studies were identified using a literature search of MEDLINE, CINAHL and Web of Science from inception to June 2023 Two reviewers (EH and AA) independently extracted data from each selected study using a standardised self-developed data extraction proforma. Studies reviewed included cross-sectional and observational studies. Data was extracted on baseline characteristics, motivations and beliefs and was discussed using a narrative approach.; Results: Eight studies were identified for inclusion. Deprescribing approaches included complete withdrawal, dose reduction, or switching to an alternative medication, for at least one preventive medication. Most healthcare professionals were willing to initiate deprescribing strategies and stated the importance of such interventions, however many felt inexperienced and lacked the required knowledge to feel comfortable doing so.; Conclusion: Deprescribing is a key strategy when managing older people with cardiometabolic and multiple long term conditions (MLTC). Overall, HCPs including specialists, were happy to explore deprescribing strategies if provided with the relevant training and development to do so. Barriers that still exist include communication and consultation skills, a lack of evidence-based guidance and trust based policies, and a lack of MDT communications and involvement.; Systematic Review Registration: PROSPERO CRD42022335106.; Competing Interests: Conflict of Interest KK has acted as a consultant and speaker for Novartis, Novo Nordisk, Sanofi-Aventis, Lilly and Merck Sharp and Dohme. He has received grants in support of investigator and investigator initiated trials from Novartis, Novo Nordisk, Sanofi-Aventis, Lilly, Pfizer, Boehringer Ingelheim and Merck Sharp and Dohme. KK has received funds for research, honoraria for speaking at meetings and has served on advisory boards for Lilly, Sanofi-Aventis, Merck Sharp and Dohme and Novo Nordisk. SS has received honoraria for speaking at meetings and serving on Advisory Boards for Novartis, Novo Nordisk, Janssen, MSD, Lilly, and Boehringer Ingelheim. Clare Gillies, Elizabeth Hickman, and Abdullah Almaqhawi have no conflicts of interest to declare. (Copyright © 2024 The Authors. Published by Elsevier Ltd.. All rights reserved.)

---

8. **Social Model Hospice: Providing Hospice and Palliative Care for a Homeless Population in Salt Lake City, Utah**

Authors: Jensen, Francine Bench and Thorpe, Deborah

Publication Date: 2024

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 26(2), pp. 91-97

Abstract: Health care for the homeless population is a complex challenge and represents a significant gap in care, particularly for those at the end of life. Hospice care may be desired but is rarely an option for people without residences, social support, and payment sources. Social model hospice is a unique paradigm of care delivery that offers a viable solution to make hospice and palliative care possible for this population. In this historical report from interviews with early organizers, prior and current leadership (n = 6), the evolution of The INN Between in Salt Lake City, Utah, is described. In 2010, The INN Between was conceptualized as a nonprofit community effort addressing this need to provide an alternative to people dying unsheltered. After 5 years of planning, it opened in 2015 and has grown to become a comprehensive community resource for homeless medically frail and terminally ill individuals. Recommendations for establishing social model hospices are made: key strategies include identifying stakeholders dedicated to alleviating end-of-life homelessness needs, doing a formal needs assessment to identify community resource deficits, and forming mentoring relationships with established programs. Social model hospice is a viable way of meeting the end-of-life needs of many communities' most vulnerable residents.; Competing Interests: The authors have no conflicts of interest to disclose. (Copyright © 2023 by The Hospice and Palliative Nurses Association. All rights reserved.)

---

9. **End-of-Life Care Planning: Perspectives of Returning Citizens**

Authors: Kitt-Lewis, Erin and Loeb, Susan J.

Publication Date: 2024

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 26(2), pp. 82-90

Abstract: Demographic shifts toward an older and sicker prison population present challenges for corrections leaders and incarcerated people. The priority of custody and control over care in prisons can deprive people of a modicum of autonomy even about expressing their end-of-life wishes. This study was undertaken to inform best practices and identify essential components of end-of-life care planning (EOLCP) for people who will likely die incarcerated. Individual interviews with formerly incarcerated people (n = 16) provided insights on EOLCP knowledge, perceptions, and future plans as each reflected on experiences while incarcerated. Zoom Video Communications were used for the interviews, and audio recordings were transcribed verbatim, verified, and deidentified prior to thematic analysis. Themes were defined and discussed until consensus was reached between the 2 researchers. End-of-life care planning themes included the following: understanding of and experience with advanced directives/care planning (AD/ACP), defining AD/ACP, timing of AD/ACP accessibility to health care resources, how to approach EOLCP in prison, advantages of EOLCP, and barriers to EOLCP. Formerly incarcerated peoples' knowledge, perceptions, and future plans revealed important considerations when developing a contextually relevant toolkit for EOLCP for people living in prison.; Competing Interests: The authors have no conflicts of interest to disclose. (Copyright © 2023 by The Hospice and Palliative Nurses Association. All rights reserved.)

10. **Intensive Care Unit Nurses' Attitudes Toward Truth-Telling, Life-Sustaining Treatment, and Decision-Making Intention for End-of-Life Patients: A Cross-sectional Survey**

Authors: Liu, Mengjie;Zhang, Tingting;Chen, Li;Liu, Yan;Yin, Aini;Mei, Xu and Qiu, Fang

Publication Date: 2024

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 26(2), pp. E46-E54

Abstract: Truth-telling and life-sustaining treatment decisions are important elements of the quality of patients' care at the end of life. As the primary caregivers of patients at the end of life in intensive care units (ICUs), ICU nurses play an important role in patient decision making and hospice care. This study aimed to investigate and analyze ICU nurses' attitudes toward truth-telling, attitudes toward end-of-life life-sustaining treatment, and end-of-life decision-making behavioral intentions. One hundred twenty-two ICU nurses participated in this cross-sectional survey. Data were collected using a validated questionnaire. The results showed that ICU nurses' attitudes toward telling patients the truth and end-of-life life-sustaining treatment were both positive, but further improvement is needed. Nurses have a higher willingness to make palliative care decisions for patients at the end of life and to help patients achieve a good death. The truth-telling attitude, the life-sustaining treatment attitude, and whether they knew that cardiopulmonary resuscitation could be legally forgone at the end of life were factors influencing ICU nurses' behavioral intention toward decision making for patients at the end of life (all P s < .05). We conclude that nurses' participation in truth-telling and end-of-life decision making should be promoted, and timely hospice care should be provided to patients to help them achieve a good death.; Competing Interests: The authors have no conflicts of interest to disclose. (Copyright © 2023 by The Hospice and Palliative Nurses Association. All rights reserved.)

---

11. **End-of-life care discussions with healthcare providers and dying experiences: A latent class analysis using the health and retirement study**

Authors: Lou, Yifan

Publication Date: 2024

Journal: Archives of Gerontology and Geriatrics 119, pp. 105319

Abstract: Background: The impact of provider-patient end-of-life care conversations on the dying experience as a multi-dimensional concept among non-White population is understudied. The study examines whether such discussions are effective at improving end-of-life experiences among U.S. older adults with diverse backgrounds.; Methods: The analytic sample featured 9,733 older adults who died between 2002 and 2019 in the Health and Retirement Study. Latent class analysis was used with sixteen end-of-life indicators, including service utilization of seven aggressive and supportive care, symptom management, and quality of care. Multinomial logistic regression was conducted to estimate the effects of provider-patient end-of-life discussions on the predicted membership.; Results: Three types of end-of-life experiences were identified. People in "minimum service user with good death" (44.54 %) were least likely to use any type of medical care, either aggressive or comforting, and had best end-of-life symptom management and quality of care. Intensive care users (20.70 %) are characterized by very high use of aggressive treatments and low use of supportive care. "Extensive service user with uncomfortable death" (34.76 %) had high likelihoods of using both aggressive and comforting care and had the worst dying experience. Older adults who discussed their end-of-life wishes with providers were 49 % and 51 % more likely to be an intensive care user and extensive service user with uncomfortable death, respectively, rather than a minimum service user with good death.; Conclusion: Discussing end-of-life care wishes with providers is associated with worse end-of-life experiences. Efforts are needed to facilitate early initiation and effectiveness of the provider-patient end-of-life care conversation.; Competing Interests: Declaration of Competing Interest None reported. (Copyright © 2023 Elsevier B.V. All rights reserved.)

12. **Knowledge Gaps in End-Of-Life Family Caregiving for Persons Living With Dementia: A Study of Hospice Clinician Perspectives**

Authors: McDarby, Meghan;Russell, David;King, Lori;Kozlov, Elissa and Luth, Elizabeth A.

Publication Date: 2024

Journal: American Journal of Hospice & Palliative Medicine 41(3), pp. 270-280

Abstract: Introduction: More than 35% of hospice care recipients 65 and older have a dementia diagnosis. Yet family care partners of persons living with dementia report feeling unprepared to address their hospice recipient's changing needs nearing end of life. Hospice clinicians may have unique insight into the knowledge needs of family care partners and strategies for end-of-life dementia caregiving. Methods: Semi-structured interviews were conducted with 18 hospice physicians, nurse practitioners, nurses, and social workers. Interview transcripts were deductively analyzed using thematic analysis to examine clinicians' perspectives on gaps and strategies related to family care partner knowledge about end-of-life dementia caregiving. Results: We identified 3 themes related to gaps in family care partners' knowledge: dementia is a progressive, fatal disease; end-of-life symptoms and symptom management in persons living with advanced dementia; and understanding hospice goals and guidelines. Three themes related to clinicians' strategies to increase knowledge included: providing education; teaching strategies to facilitate coping and preparedness for end-of-life care; and communicating with empathy. Discussion: Clinicians perceive gaps in knowledge specific to dementia and end of life among family care partners. These gaps include a lack of understanding of Alzheimer's symptom progression and strategies to manage common symptoms. Recommendations for approaches to reduce knowledge gaps include providing education and strategies delivered with empathy toward the family care partner experience. Conclusion: Clinicians who work with persons living with dementia receiving hospice care have valuable insights regarding family care partners' gaps in knowledge. Implications on the training and preparation of hospice clinicians working with this care partner population are discussed.

---

13. **Impact of an automated, remote monitoring and coaching intervention in reducing hospice cancer family caregiving burden: A multisite randomized controlled trial**

Authors: Mooney, Kathi H.;Coombs, Lorinda A.;Whisenant, Meagan S.;Wilson, Christina M.;Moraitis, Ann Marie;Steinbach, Mary N.;Sloss, Elizabeth A.;Lloyd, Jennifer L. E.;Alekhina, Natalya;Berry, Patricia H.;Kang, Youjeong;Iacob, Eli and Donaldson, Gary W.

Publication Date: 2024

Journal: Cancer 130(7), pp. 1171-1182

Abstract: Background: Care for those with life-limiting cancer heavily involves family caregivers who may experience significant physical and emotional burden. The purpose of this study was to test the impact of Symptom Care at Home (SCH), an automated digital family caregiver coaching intervention, during home hospice, when compared to usual hospice care (UC) on the primary outcome of overall caregiver burden. Secondary outcomes included Caregiver Burden at weeks 1 and 8, Mood and Vitality subscales, overall moderate-to-severe caregiving symptoms, and sixth month spouse/partner bereavement outcomes.; Methods: Using a randomized, multisite, nonblinded controlled trial, 332 cancer family caregivers were enrolled and analyzed (159 SCH vs. 173 UC). Caregivers were primarily White (92%), female (69%), and spouse caregivers (53%). Caregivers provided daily reports on severity levels (0-10 scale) for their anxiety, depressed mood, fatigue, disturbed sleep, and caregiving interference with normal activities. These scores combined constituted the Caregiver Burden primary outcome. Based on reported symptoms, SCH caregivers received automated, tailored coaching about improving their well-being. Reports of moderate-to-severe caregiving symptoms also triggered hospice nurse notification. Secondary outcomes of Mood and Vitality were subcomponents of the Caregiver Burden score. A combined bereavement adjustment tool captured sixth month bereavement.; Results: The SCH intervention reduced overall Caregiver Burden compared to UC ($p < .001$), with a 38%

reduction at 8 weeks and a medium-to-large effect size (d = .61). SCH caregivers experienced less (p < .001) disruption in both Mood and Vitality. There were higher levels of moderate-to-severe caregiving symptoms overtime in UC (OR, 2.722). All SCH caregivers benefited regardless of caregiver: sex, caregiver relationship, age, patient diagnosis and family income. SCH spouse/partner caregivers achieved better sixth month bereavement adjustment than UC (p < .007).; Conclusions: The SCH intervention significantly decreased caregiving burden over UC and supports the maintenance of family caregiver mood and vitality throughout caregiving with extended benefit into bereavement. (© 2023 American Cancer Society.)

---

14. **Demand for end-of-life care**

Authors: Peate, Ian

Publication Date: 2024

Journal: British Journal of Nursing (Mark Allen Publishing) 33(5), pp. 233

---

15. **Social work at the end of life: Humanization of the process**

Authors: Prieto-Lobato, Juan;De la Rosa-Gimeno, Pablo;Rodríguez-Sumaza, Carmen;Marquina-Márquez, Alfonso and Lucas-García, Jezabel,A.

Publication Date: 2024

Journal: Journal of Social Work 24(2), pp. 240-258

Abstract: Summary : This article examines the role of social workers involved in a pilot home care project undertaken to attend to the social needs of people at the end of their lives and their carers. Mixed methods approach and evidence-based, constructivist, and comprehensive evaluation were chosen to achieve this aim. Analyses are based on 235 responses from a survey addressed to professionals working in the project, 22 in-depth interviews with a selected group of these professionals, and 114 semi-structured interviews with the sick people and their caregivers. The analysis of the data has considered the theoretical development and professional experience systematized in the Spanish and international literature on social work in end-of-life care. Findings : The results highlight the relevance that professionals, patients, and carers attribute to social care at the end of life and to the role, skills, and qualities of social workers. Their contribution has been valued in terms of the management of services and supports (speed, availability, kindness, sensitivity), the establishment of teamwork (coordination, facilitation), and the recognition of the basic principles of the care process (individualization, respect for privacy, confidentiality). Applications : Findings demonstrate that social work is a profession well placed to help in the recognition of people's dignity at the end of life, in the exercise of their self-determination, and in the humanization of the care process. Some challenges facing consolidation of this professional practice are also indicated within a framework constrained by a predominantly biomedical culture.

---

16. **Unmet needs in end-of-life care for heart failure patients**

Authors: Quattrone, Filippo;Aimo, Alberto;Zuccarino, Sara;Morelli, Maria Sole;Morfino, Paolo;Gioia, Angela;Passino, Claudio;Ferrè, Francesca;Nuti, Sabina and Emdin, Michele

Publication Date: 2024

Journal: International Journal of Cardiology 399, pp. 131750

Abstract: Objective: To investigate end-of-life (EoL) care for heart failure (HF) in Tuscany (Italy) from healthcare professionals' perspective and identify areas for intervention.; Methods: All the directors of

Cardiology units (n = 29) and palliative care (PC) units (n = 14) in Tuscany were surveyed on the practices of EoL care.; Results: Forty-five percent of cardiologists reported that their hospital had some EoL care services for HF patients. However, 75% did not have a multidisciplinary team providing EoL care for HF patients. Sixty-four percent stated that <25% of patients who might benefit from PC did receive it, and 18% stated that no patient received PC. For most of PC specialists, HF patients accounted for <25% of their patients. PC specialists believed that patients with cancer diseases were much more likely to receive PC than HF patients at EoL, and 36% judged that almost no HF patients were timely referred to hospice care. The majority of PC specialists reported that almost no HF patient prepared advance healthcare directives, as opposite to 57% for cancer patients, suggesting poor understanding or acceptance of their terminal condition.; Conclusions: The management of HF patients in the EoL stage in Tuscany is often suboptimal. EoL care should be implemented to ensure an adequate quality of life to these patients.; Competing Interests: Declaration of competing interest None. (Copyright © 2024 Elsevier B.V. All rights reserved.)

---

17. **Measuring the Use of End-of-Life Symptom Relief Medications in Long-Term Care Homes--a Qualitative Study**

Authors: Roberts, Rhiannon L.;Milani, Christina;Webber, Colleen;Bush, Shirley H.;Boese, Kaitlyn;Simon, Jessica E.;Downar, James;Arya, Amit;Tanuseputro, Peter and Isenberg, Sarina R.

Publication Date: 2024

Journal: Canadian Geriatrics Journal 27(1), pp. 29-46

Abstract: Background At the end of life, individuals may experience physical symptoms such as pain, and guidelines recommend medications to manage these symptoms. Yet, little is known about the symptom management long-term care (LTC) residents receive at the end of life. Our research team developed a metric--whether residents receive one or more prescriptions for an end-of-life symptom management medication in their last two weeks--to explore end-of-life care for LTC residents. This qualitative study aimed to inform the refinement of the end-of-life prescribing metric, including the acceptability and applicability to assess the quality of a resident's symptom management at end-of-life. Methods We conducted 14 semi-structured interviews with Ontario health-care providers (physicians and nurses) who work in LTC homes and family caregivers of residents who died in LTC. Interviews were conducted virtually between February 2021 and December 2022, and were analyzed using thematic analysis. Results We identified three major themes relating to perceptions of the metric: 1) appropriateness, 2) health-care provider applicability, and 3) caregiver applicability. Participants noted that the metric may be appropriate to assess end-of-life care, but noted important nuances. Regarding applicability, health-care providers found value in the metric and that it could inform their practice. Conversely, caregivers found limited value in the metric. Conclusion The proposed metric captures a very specific aspect of end-of- life care--whether end-of-life medications were prescribed or not. Participants deemed that the metric may reflect whether LTC homes have processes to manage a resident's end-of-life symptoms with medication. However, participants thought the metric could not provide a complete picture of end-of-life care and its quality.

---

18. **The Health Service Model for Promoting Good Death in Critically Ill End-of-Life Patients in the Emergency Department: A Qualitative Study**

Authors: Sirivarawuth, Tidarat;Utriyaprasit, Ketsarin;Ratinthorn, Ameporn;Tankumpuan, Thitipong and Viwatwongkasem, Chukiat

Publication Date: 2024

Journal: Omega , pp. 302228241238388

Abstract: Good death is one of the important outcomes of end-of-life care service delivery. The initial management of critically ill patients in the Emergency Department (ED) for promoting good death often challenging since it requires a focus on human dignity and equity at the end of life. A qualitative approach was used included eight bereaved family members who loss of their loved one in the ED and 25 emergency staff, including 11 emergency physicians and 14 emergency nurses of a super tertiary hospital in Thailand. Semi-structured, face-to-face interviews were conducted from February to August 2021. All the interviews were transcribed verbatim for content analysis. The result identified four distinct scenarios and seven core themes of end-of-life patient characteristics in the ED. To promote a good death in the ED, health care provider should consider the unique service deliver for each critically end-of-life patients and their family members.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

---

19. **A Tunneled Catheter Placement Program for Community Hospices**

Authors: Stolzberg, Ned;Paramanandam, Gobi;Myers, Shelly R.;Abreu, Shawn and Volk-Craft, Barbara

Publication Date: 2024

Journal: Journal of Pain & Symptom Management 67(3), pp. e163-e168

---

20. **Palliative End-of-Life Medication Prescribing Rates in Long-Term Care: A Retrospective Cohort Study**

Authors: Tanuseputro, Peter;Roberts, Rhiannon L.;Milani, Christina;Clarke, Anna E.;Webber, Colleen;Isenberg, Sarina R.;Kobewka, Daniel;Turcotte, Luke;Bush, Shirley H.;Boese, Kaitlyn;Arya, Amit;Robert, Benoit;Sinnarajah, Aynharan;Simon, Jessica E.;Howard, Michelle;Lau, Jenny;Qureshi, Danial;Fremont, Deena and Downar, James

Publication Date: 2024

Journal: Journal of the American Medical Directors Association 25(3), pp. 532

Abstract: Medications are often needed to manage distressing end-of-life symptoms (eg, pain, agitation). In this study, we describe the variation in prescribing rates of symptom relief medications at the end of life among long-term care (LTC) decedents. We evaluate the extent these medications are prescribed in LTC homes and whether prescribing rates of end-of-life symptom management can be used as an indicator of quality end-of-life care. Retrospective cohort study using administrative health data. LTC decedents in all 626 publicly funded LTC homes in Ontario, Canada, between January 1, 2017, and March 17, 2020. For each LTC home, we measured the percent of decedents who received 1+ prescription(s) for a subcutaneous end-of-life symptom management medication ("end-of-life medication") in their last 14 days of life. We then ranked LTC homes into quintiles based on prescribing rates. We identified 55,916 LTC residents who died in LTC. On average, two-thirds of decedents (64.7%) in LTC homes were prescribed at least 1 subcutaneous end-of-life medication in the last 2 weeks of life. Opioids were the most common prescribed medication (overall average prescribing rate of 62.7%). LTC homes in the lowest prescribing quintile had a mean of 37.3% of decedents prescribed an end-of-life medication, and the highest quintile mean was 82.5%. In addition, across these quintiles, the lowest prescribing quintile had a high average (30.3%) of LTC residents transferred out of LTC in the 14 days compared with the highest prescribing quintile (12.7%). Across Ontario's LTC homes, there are large differences in prescribing rates for subcutaneous end-of-life symptom relief medications. Although future work may elucidate why the variability exists, this study provides evidence that administrative data can provide valuable insight into the systemic delivery of end-of-life care.

---

21. **Evaluation of a Novel Hospice-Specific Patient Decision Aid**

Authors: Tate, Channing E.;Mami, Gwendolyn;McNulty, Monica;Rinehart, Deborah J.;Yasui, Robin;Rondinelli, Nicole;Treem, Jonathan;Fairclough, Diane and Matlock, Daniel D.

Publication Date: 2024

Journal: The American Journal of Hospice & Palliative Care 41(4), pp. 414-423

Abstract: Background: We tested a novel hospice-specific patient decision aid to determine whether the decision aid could improve hospice knowledge, opinions of hospice, and decision self-efficacy in making decisions about hospice. Methods: Two patient-level randomized studies were conducted using two different cohorts. Recruitment was completed from March 2019 through May 2020. Cohort #1 was recruited from an academic hospital and a safety-net hospital and Cohort #2 was recruited from community members. Participants were randomized to review a hospice-specific patient decision aid. The primary outcomes were change in hospice knowledge, hospice beliefs and attitudes, and decision self-efficacy Wilcoxon signed rank tests were used to evaluate differences on the primary outcomes between baseline and 1-month. Participants: Participants were at least 65 years of age. A total of 266 participants enrolled (131 in Cohort #1 and 135 in Cohort #2). Participants were randomized to the intervention group (n = 156) or control group (n = 109). The sample was 74% (n = 197) female, 58% (n = 156) African American and mean age was 74.9. Results: Improvements in hospice knowledge between baseline and 1-month were observed in both the intervention and the control groups with no differences between groups (.43 vs .275 points, P = .823). There were no observed differences between groups on Hospice Beliefs and Attitudes scale (3.29 vs 3.08, P = .076). In contrast, Decision Self-Efficacy improved in both groups and the effect of the intervention was significant (8.04 vs 2.90, P = -.027). Conclusions: The intervention demonstrated significant improvements in decision self-efficacy but not in hospice knowledge or hospice beliefs and attitudes.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

---

22. **The utility of the surprise question by nurses to identify hospitalised older patients nearing the end-of-life and promotion of advance care planning: An interventional study**

Authors: Yen, Yung-Feng;Huang, Shu-Fen;Chen, Shu-Ting and Deng, Chung-Yeh

Publication Date: 2024

Journal: Journal of Clinical Nursing

Abstract: Aims and Objectives: To assess the prognostic accuracy of the surprise question (SQ) when used by nurses working in hospital wards to determine 1-year mortality in acutely hospitalised older patients.; Background: The predictive accuracy of the SQ, when used by general nurses caring for older hospitalised patients, has not been comprehensively studied.; Design: A prospective cohort study.; Methods: This cohort study recruited consecutive 10,139 older patients (aged ≥65 years) who were admitted to Taipei City Hospital and were evaluated for the needs of palliative care in 2015. All patients were followed up for 12 months or until their death. The c-statistic value was calculated to indicate the predictive accuracy of the SQ and Palliative Care Screening Tool (PCST).; Results: Of all participants, 18.8% and 18.6% had a SQ response of 'no' and a PCST score ≥4, respectively. After controlling for other covariates, an SQ response of 'no' (adjusted hazard ratio aHR], 2.05; 95% confidence interval CI], 1.83-2.31) and a PCST score ≥4 (AHR = 1.50; 95% CI: 1.29-1.75) were found to be the independent predictors for patients' 12-month mortality. The C-statistic values of the SQ and the PCST at recognising patients in their last year of life were .663 and .670, respectively. Moreover, there was moderate concordance (k = .44) between the SQ and the PCST in predicting 12-month mortality.; Conclusions: SQ response of 'no' and a PCST score ≥4 were independent predictors of 12-month mortality in older patients.; Relevance to Clinical Practice: The SQ, when used by nurses working in hospital wards, is effective in identifying older patients nearing the end of life, as well as in providing advance care planning for patients.; Patient or Public Contribution: Patients' palliative care needs at admission were assessed by general nurses using the SQ and PCST. (© 2024 John Wiley & Sons Ltd.)

23. **Can an Integrated Palliative and Oncology Co-rounding Model Reduce Aggressive Care at the End of Life? Secondary Analysis of an Open-label Stepped-wedge Cluster-randomized Trial**

Authors: Zhuang, Qingyuan;Zhou, Siqin;Ho, Shirlynn;Neo, Patricia Soek Hui;Cheung, Yin Bun and Yang, Grace Meijuan

Publication Date: 2024

Journal: The American Journal of Hospice & Palliative Care 41(4), pp. 442-451

Abstract: Background: Clinical trial evidence on the effect of palliative care models in reducing aggressive end-of-life care is inconclusive. We previously reported on an integrated inpatient palliative care and medical oncology co-rounding model that significantly reduced hospital bed-days and postulate additional effect on reducing care aggressiveness.; Objectives: To compare the effect of a co-rounding model vs usual care in reducing receipt of aggressive treatment at end-of-life.; Methods: Secondary analysis of an open-label stepped-wedge cluster-randomized trial comparing two integrated palliative care models within the inpatient oncology setting. The co-rounding model involved pooling specialist palliative care and oncology into one team with daily review of admission issues, while usual care constituted discretionary specialist palliative care referrals by the oncology team. We compared odds of receiving aggressive care at end-of-life: acute healthcare utilization in last 30 days of life, death in hospital, and cancer treatment in last 14 days of life between patients in two trial arms.; Results: 2145 patients were included in the analysis, and 1803 patients died by 4th April 2021. Median overall survival was 4.90 (4.07 - 5.72) months in co-rounding and 3.75 (3.22 - 4.21) months in usual care, with no difference in survival (P = .12). We found no significant differences between both models with respect to receipt of aggressive care at end-of-life. (Odds Ratio .67 - 1.27; all P > .05).; Conclusion: The co-rounding model within an inpatient setting did not reduce aggressiveness of care at end-of-life. This could be due in part to the overall focus on resolving episodic admission issues.; Competing Interests: Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Sources Used:

The following databases are searched on a regular basis in the development of this bulletin:

British Nursing Index, Cinahl, Medline along with a number of other sources

Disclaimer:

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.