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End of Life Care

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July 2025

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Measuring undergraduate nursing students' knowledge of Christian, Islamic, and Hindu death rituals: A national study

Thamanam N. *Nurse Education Today* 2025;151:106691.

This study measured undergraduate nursing students' knowledge of specific death rituals as practised by three world religions (Christianity, Islam and Hinduism) in the Republic of Ireland.

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1. **Nutrition support therapy prescribing practices in hospice and palliative care units: a retrospective cohort study investigating physician prescribing practices and roles of pharmacists at a tertiary cancer center**

Authors: Abdelhadi, Nadine N. and Jaddoua, Saad

Publication Date: 2025

Journal: Journal of the Egyptian National Cancer Institute 37(1), pp. 38

Abstract: Competing Interests: Declarations. Ethics approval and consent to participate: This study was approved by the institutional review board (IRB) at KHCC on 25 th of October, 2021 with the approval number RC/2021/153. As the study was retrospective, there was no study-specific consent. Consent for publication: This research was retrospective study and not require informed consent from the patient to obtain an ethical approval. Competing interests: The authors declare no competing interests.; Background: The literature on nutrition support therapy prescribing practices by physicians and the roles of nutrition support pharmacists in palliative and hospice care cancer patients is limited.; Methods: The study aimed to analyze the prescribing practices of physicians and the roles of clinical pharmacists at a tertiary cancer center. A retrospective analysis of 12527 electronic records of hospice and palliative care cancer patients. All nutrition support therapy prescriptions by physicians and clinical pharmacists' interventions were recorded. Analysis was conducted utilizing the Jamovi statistical package 2022.; Results: The study population comprised inpatients and homecare patients. The most frequently prescribed nutrition support therapy was vitamins and minerals supplements, followed by enteral nutrition and parenteral nutrition. The total number of nutrition support pharmacist interventions was 660 (5.2%). The acceptance rate of interventions by physicians was 90%. Initiating mineral use was the most frequent intervention, followed by discontinuation of mineral use.; Conclusion: Vitamins and mineral supplements are the most prescribed type of nutrition support therapy. The interventions of clinical pharmacists were highly accepted by physicians. Initiating mineral use is the most frequent intervention. Further research is needed to explore the impact of nutrition support therapy on patient outcomes and barriers to its implementation. (© 2025. The Author(s).)

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2. **Circadian Rhythm in End-Of-Life Delirium: A Secondary Analysis of Two Randomized Controlled Trials**

Authors: Admane, Sonal;Pasyar, Sarah;Bassett, Roland;Bruera, Eduardo and Hui, David

Publication Date: 2025

Journal: Journal of Pain & Symptom Management 70(2), pp. 131–113

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3. **The Views of People With Intellectual Disabilities About What Contributes Towards Optimal End-of-Life Care: A Qualitative Evidence Synthesis.**

Authors: Bebbington C.A. and Croot, E.

Publication Date: 2025

Journal: Journal of Applied Research in Intellectual Disabilities : JARID 38(3), pp. e70067

Abstract: BACKGROUND: People with intellectual disabilities face inequities in access to end-of-life care and inequalities in its quality and delivery. This review aimed to synthesise qualitative evidence to understand their own perspectives about what contributes to optimal end-of-life care. METHODOLOGY: Data from 93 participants in five qualitative studies were thematically synthesised to identify optimal care and inform recommendations.
RESULT(S): Four overarching and interrelated analytical themes were generated. (1) Optimal care recognises heterogeneity and is person-centred. It aligns with individuals' wishes and preferences which are established through 'active' communication. (2) This enables an individual's holistic support needs to be identified. (3) It fulfils ethical obligations around autonomy, equity and a person's 'right to know'. (4) It involves the necessary people to ensure all needs are met.
CONCLUSION(S): Optimal end-of-life care is person-centred, holistic, uses 'active' communication, meets ethical obligations and involves the necessary people in care.
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published by John Wiley & Sons Ltd.

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4. **Palliative care communication between patients with intellectual disabilities and hospice staff: a Conversation Analysis pilot study.**

Authors: Bruun A. and TuffreyWijne, I.

Publication Date: 2025

Journal: BMJ Open 15(6) (pagination), pp. Article Number: e101622. Date of Publication: 26 Jun 2025

Abstract: Introduction Communication challenges are among the main barriers for people with intellectual disabilities in accessing palliative care. They include inadequate skills among staff and difficulties with confirming understanding and around the presentation and assessment of symptoms. In-depth analysis of interactions between people with an intellectual disability and staff may shed light on these communicative challenges as well as facilitators. However, no studies have closely analysed the interactions between people with an intellectual disability and professionals within palliative care settings. Methods and analysis This protocol describes a pilot study assessing the feasibility and acceptability of conducting a Conversation Analysis study involving video-recording palliative care conversations between people with intellectual disabilities and professionals. Three conversations between patients with an intellectual disability, their companions and palliative care staff will be video recorded in a UK hospice. Recordings will be transcribed and analysed using Conversation Analysis. Communication phenomena of interest and worth further exploration will be identified in collaboration with key stakeholders. Ethics and dissemination The study received a favourable opinion by a UK research ethics committee in February 2025. All participants must provide informed consent to take part in the study. It will be carefully assessed that potential participants with an intellectual disability have capacity to consent to take part. Accessible study information materials for participants with an intellectual disability are available (ie, easy-read and video). Study findings will be disseminated in academic papers and conference presentations. Progress and findings will also be shared via social media and with relevant groups of people with intellectual disabilities, family carers, service providers and academics.
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5. **A Strategic Path Forward for Hospice and Palliative Care: A White Paper on the Potential Future of the Field.**

Authors: Byock, I.

Publication Date: 2025

Journal: Palliative Medicine Reports 6(1), pp. 308–323

Abstract: The field of hospice and palliative care in the United States is experiencing serious problems and faces an uncertain future. Quality of hospice care is highly variable. Unethical hospice business practices are common in some regions. Palliative care's integration within American health care has stalled, despite demonstrating that much better care for seriously ill and dying people is both feasible and affordable. Corrective steps have been halting. Urgent work is needed to safeguard seriously ill patients and their families and ensure quality and reliability of hospice and palliative care programs and services. The moment has come for the clinical specialties and corporate community of hospice and palliative care to chart a strategic path forward. Efforts must start with zero tolerance of fraudulent business and clinical practices that harm vulnerable patients. The four components of this strategic approach are (1) publishing clear clinical and programmatic standards, (2) making meaningful data readily available, (3) driving quality-based competition, and (4) embracing the field's authentic brand of expert care that fosters well-being for patients and their families. Part I of this white paper examines the root causes of the key problems facing the field. Part II presents the rationale and practical considerations for each of the four components of this strategy. This path forward addresses the hard problems the field faces and enables it to realize its dual mission of caring well for ill and dying people and helping society integrate illness, caregiving, dying, and grieving within a continuum of full and healthy living.

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6. **Differential Effects of an Integrated Community-Based End-Of-Life Support Team (ICEST) Model for Terminally Ill Older Adults on Spousal and Adult-Children Caregivers**

Authors: Chow, Amy Yin Man;Zhang, Anna Yan;Wong, Kelly Tsz Ching;Chan, Iris Kwan Ning;Fordjour, Genevieve Ataa;Xiong, Xuechen;Lou, Vivian Waiqun and Chan, Cecilia Lai Wan

Publication Date: 2025

Journal: American Journal of Hospice & Palliative Medicine 42(8), pp. 775–784

Abstract: Backgrounds: Family caregivers (FCs) play an essential role in delivering home-based end-of-life care. However, little is known about FCs'' experiences when undertaking this role. The integrated community end-of-life support team (ICEST) is a needs-driven, home-based, family-centered care model in Hong Kong. We evaluated its effects on FCs and compared outcomes for spouses and adult children. Method: A multicenter pre-post-test study was conducted. Eligible participants were primary FCs of terminally ill older adults (age ≥ 60) who had a life expectancy of ≤12 months. Baseline (T0) and three-month post-intervention (T1) outcome measures included FCs'' caregiving strain, psychological distress, perceived external support, intimate relationships, and communications regarding care planning. Results: A sample of 628 FCs were enrolled at T0, and 40.0% completed the T1 assessments. The ICEST model was effective in reducing caregiving strain, depression, and worries about patients, whilst there were improvements in agreement about care planning with patients, and perceived external supports. At T0, spouses held more negative perceptions of caregiving and faced fewer adjustment demands than adult children. Compared with spouses, adult children were more intimate with patients. Between T0 and T1, spouses experienced a greater reduction in worries about patients, than adult children. Conclusions: The ICEST model contributed to better outcomes, individually and relationally, for FCs, regardless of relationship type. Spouses and adult children faced different challenges while delivering home-based end-of-life care. Effective interventions should modify the negative perceptions of caregiving in spousal caregivers and enable adult children to deal with multiple tasks and complex expectations.

7. **Deathbed Visions: Hospice Palliative Care Volunteers' Experiences, Perspectives, and Responses**

Authors: Claxton-Oldfield, Stephen and Yoon, Hyeseong

Publication Date: 2025

Journal: Omega: Journal of Death & Dying 91(3), pp. 1642–1657

Abstract: 11 female hospice palliative care volunteers who had either witnessed and/or had patients or patients' family members tell them about deathbed visions (DBVs) were interviewed about their experiences, perspectives, and responses. The volunteers responded to a series of guiding questions and shared stories about their patients' DBVs. During the interviews, the volunteers talked about, among other things, the impact of DBVs on their patients and themselves, how they responded to their patients' DBVs, and their explanations for them. The most common visitors appearing in the deathbed vision stories shared by the volunteers were their patients' deceased family members (parents, siblings). The volunteers described their patients' visions as having largely positive (e.g., comforting) effects on the patients as well as having a positive impact on themselves (e.g., lessening their own fear of death). The volunteers did not initiate conversations about DBVs with their patients, but responded appropriately by listening, asking questions, and not being dismissive if the patient brought it up first. All volunteers provided spiritual as opposed to medical or scientific explanations for DBVs. The implications and limitations of the findings are discussed.

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8. **Antibiotics at End of Life: Where Are We Now and Where Are We Going? A Narrative Review**

Authors: Crowley, Patrick D.;Whalen, Francis X.;Siegel, Leslie R. and Challener, Douglas W.

Publication Date: 2025

Journal: American Journal of Hospice & Palliative Medicine 42(8), pp. 792–800

Abstract: Background: Antibiotics are frequently prescribed at the end of life, though the benefits and harms are not well understood. Methods: We abstracted relevant findings from articles published in English in the past 25 years to answer questions generated by discussion among the authors and with stakeholders in Palliative Care and Infectious Diseases. Findings: Prescribing practices vary based on individual situation and geographic location. Patients with cancer and those hospitalized receive more antibiotics than those enrolled in outpatient hospice. Urinary tract infections and pulmonary infections are the most common conditions treated with antibiotics at the end of life -most often with penicillin derivatives and vancomycin in the hospital, fluoroquinolones in outpatient, and cephalosporins in both settings. When asked, patients most often prefer limiting antibiotics to symptom management at the end of life. Physicians' over-estimation of patient preference for antibiotics and the increased probability of misdiagnosis increases antibiotic prescription rates. Antibiotics can improve symptoms when used for specific diseases at the cost of drug reactions, resistant organisms, and delayed discharge. Antibiotic use has variable results on survival duration. Antimicrobial stewardship exists in hospital and long-term care facilities, but not outpatient hospice groups. Stewardship

interventions could increase proper use of antibiotics, but more information is needed to apply these interventions to hospice groups. Conclusions: Antibiotics at the end of life are impactful and efforts to educate patients and providers will be invaluable in optimizing care.

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9. **Factors Associated With the Management of Pressure Injuries at the End of Life: A Scoping Review**

Authors: Gillan, Pauline Catherine and Parker, Christina

Publication Date: 2025

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 27(4), pp. E144–E151

Abstract: Competing Interests: The authors have no conflicts of interest to disclose.; Pressure injuries are a major problem in all health care settings. The incidence of pressure injuries at the end of life is as high as 58% in some facilities, and there is little consensus on how pressure injuries are managed at the end of life. A scoping review was conducted, to investigate what is known of the factors associated with the management of pressure injuries at the end of life. Literature was sourced from several databases. A total of 1760 potential sources were identified; after applying the Population Concept Context inclusion and exclusion criteria, 16 empirical research articles were sourced: 10 were quantitative, 5 were qualitative, and 1 was mixed methods. Studies were published between 2003 and 2021 and originated from Italy, the United States, Australia, Sweden, Brazil, Taiwan, Turkey, and Canada. Key interventions included regular second hourly turning, wound debridement, wound assessment, and application of various wound coverings. The most widely discussed management strategy, regular second hourly turning, proved controversial and inconsistent in practice. There were also inconsistencies with wound assessment, with practice not always following best evidence-based assessment guidelines. Research findings also highlighted issues with prognostication and identification of the end-of-life phase with no consistent tool applied to assist end-of-life pressure injury management decision-making. (Copyright © 2025 by The Hospice and Palliative Nurses Association. All rights reserved.)

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10. **Anaemia investigation and treatment in hospice inpatients: palliative medicine consultants attitudes and practices survey.**

Authors: Kennedy M.T.;Lee J.;Murphy M.;O'Leary M.J.;Houstoun C.;Gilligan O.;Kiely F. and Lowney, A. C.

Publication Date: 2025

Journal: BMJ Supportive and Palliative Care (pagination)

11. **End-of-Life Symptoms in Persons Dying With Advanced Dementia in the Community Setting: Findings From IN-PEACE**

Authors: Kroenke, Kurt;Gao, Sujuan;Hickman, Susan E.;Torke, Alexia M.;Johnson, Nina M.;Pemberton, Amy;Vrobel, Andrea;Pan, Minmin;Holtz, Laura R. and Sachs, Greg A.

Publication Date: 2025

Journal: Journal of Pain & Symptom Management 70(2), pp. 189–119

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12. **Grief Coach , a Text-Based Grief Support Intervention: Acceptability Among Hospice Family Members**

Authors: Levesque, Deborah A.;Lunardini, Melissa M.;Payne, Emma L. and Callison-Burch, Vanessa

Publication Date: 2025

Journal: Omega 91(3), pp. 1561–1589

Abstract: 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.; U.S. Medicare-certified hospices must provide bereavement care to family members for 13 months following a patient's death. This manuscript describes Grief Coach , a text message program that delivers expert grief support and can assist hospices in meeting the bereavement care mandate. It also describes the first 350 Grief Coach subscribers from hospice and the results of a survey of active subscribers (n = 154) to learn whether and how they found the program helpful. The 13-month program retention rate was 86%. Among survey respondents (n = 100, response rate = 65%), 73% rated the program as very helpful, and 74% rated it as contributing to their sense of being supported in their grief. Grievers aged 65+ and males gave the highest ratings. Respondents' comments identify key intervention content that they found helpful. These findings suggest that Grief Coach may be a promising component of hospice grief support programming to meet the needs of grieving family members.

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13. **A controlled study: Evaluating the clinical impact of a nurse-centred multidisciplinary hospice care model on anxiety, depression, and quality of life in patients with advanced malignant tumours**

Authors: Liu, Xueshuang;Kang, Jing;Lv, Jie and Ding, Shu

Publication Date: 2025

Journal: Journal of Evaluation in Clinical Practice 31(5), pp. e14165

Abstract: Objective: To explore the clinical effect of a nurse-centred multidisciplinary collaborative hospice care model in patients with advanced malignant tumours.; Methods: A total of 30 patients with advanced malignant tumours were hospitalised and randomly divided into a study group and a control group, each consisting of 15 cases. The study group received nurse-led multidisciplinary collaborative hospice care, whereas the control group underwent high-quality nursing intervention. Variables such as the self-rating anxiety scale (SAS) score, self-rating depression scale (SDS) score, quality of life scale (EORTC QLQ-C30) score, patient happiness, and nursing satisfaction were compared between the two groups.; Results: Post-intervention, the SAS and SDS scores in the study group were lower than those in the control group ($p < 0.01$). The overall quality of life score of the study group was higher than that of the control group ($p < 0.01$). The Memorial University of Newfoundland Scale of Happiness scores in the study group also surpassed those of the control group ($p < 0.01$). Additionally, nursing satisfaction in the study group exceeded that of the control group ($p = 0.027$).; Conclusion: The nurse-led multidisciplinary collaborative hospice care model substantially alleviated negative emotions among patients, effectively improved their quality of life and happiness, and garnered positive evaluations of nursing satisfaction. (© 2024 John Wiley & Sons Ltd.)

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14. **Breaking with the status quo in end-of-life care through de-implementation**

Authors: Malhotra, Chetna and Andres, Ellie Bostwick

Publication Date: 2025

Journal: Journal of Internal Medicine 298(2), pp. 97–106

Abstract: This paper addresses the challenge of de-implementing low-value care practices in the end-of-life (EOL) context, where burdensome interventions often offer marginal life-extending benefits, incur substantial costs and diminish quality of life. We examine the complexities involved in discontinuing such practices, including clinician biases, institutional cultures favouring aggressive interventions and communication barriers among healthcare providers, patients and families. We discuss how de-implementation at the EOL is unique from other contexts, prioritizing patient-centred care rather than cost reduction. Effective communication and support for patients, families and clinicians is essential, as de-implementation often represents a shift towards what patients and families value. Our review of existing evidence underscores the need for the development and evaluation of de-implementation strategies tailored to EOL care, as described. De-implementation at the EOL requires sensitivity to the complex, emotional nature of EOL care and provides a unique opportunity to integrate palliative care approaches and improve overall EOL care quality. (© 2025 The Author(s). Journal of Internal Medicine published by John Wiley & Sons Ltd on behalf of Association for Publication of The Journal of Internal Medicine.)

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15. **The e-PainSupport Digital Application for Assessing Pain and Pain Management in Home Hospice: A Randomized Controlled Trial**

Authors: Mayahara, Masako;Wilbur, JoEllen;Fogg, Louis;Houlihan, Mary Clare;Oliver, Debra Parker;Benson, Jacquelyn J. and Miller, Arlene M.

Publication Date: 2025

Journal: Western Journal of Nursing Research 47(8), pp. 708–719

Abstract: 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.; Background: Poor patient pain management in home hospice is associated with low family caregiver adherence to analgesic regimens. Health care technology can improve caregiver access to education and communication to hospice nurses.; Objective: The study purpose was to (1) compare the effects of the e-PainSupport intervention for family caregivers on change in patient pain intensity from baseline to 14 days to the effects of a usual care control condition and (2) examine mediating effects of pain management knowledge, self-efficacy, and adherence to analgesic regimens on change in pain intensity, controlling for study condition and patient gender.; Methods: Utilizing a 2-group, 2-week randomized controlled trial with dyads (N = 44) of patients (52% female, mean age 74.1 years) and their caregivers (75% female, mean age 55.2 years), dyads were randomly assigned to either the e-PainSupport intervention or usual care control condition. The e-PainSupport intervention included caregiver pain education, a pain assessment and management tracker, and communication to nurses. Participants were recruited from 4 hospice agencies in a large metropolitan area. Outcome measures included caregiver knowledge, self-efficacy, medication adherence, and patient-reported pain intensity.; Results: The e-PainSupport intervention produced a small positive effect on reducing pain intensity (d = 0.27) and statistically significant increase in adherence (P = .003), compared with usual care. Hierarchical regression models showed a significant mediating effect of increased caregiver knowledge on reduced pain intensity (P < .01), regardless of condition.; Conclusions: Caregiver use of the e-PainSupport app is feasible and may contribute to decreasing hospice patient pain.; Clinical Trial Registration: The study was registered at ClinicalTrials.gov on May 3, 2021, NCT04869085. The first participant was enrolled on April 21, 2021.

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16. **Death and Dying in the Emergency Department: A New Model for End-of-Life Care.**

Authors: McCallum K.;Jackson D.;Walthall H. and Aveyard, H.

Publication Date: 2025

Journal: Journal of Advanced Nursing 81(7), pp. 4000–4009

Abstract: BACKGROUND: Death and dying remain taboo subjects in society today and therefore people may come to the end of their life without having thought about what death and dying might be like and what it is to have a good death. The purpose of this qualitative study was to understand the experience of death and dying in a hospital emergency department. Culturally, some individuals are unprepared for death, and when death occurs in an emergency setting it can be particularly shocking.
METHOD(S): A phenomenological study was undertaken, based on the existential phenomenology of Merleau-Ponty; and framed by the nurse theorist Hildegard Peplau. Bereaved relatives and registered nurses gave in-depth interviews describing their experiences and the interviews were analysed using an adaptation of the work of Thomas and Pollio (2002) and Hycner (1985), consistent with Merleau-Ponty's theories.
RESULT(S): The study brings new understanding of what it is like to die in an emergency setting through new understanding of what the accompanying relatives/friends of the deceased person experience, aided by new understanding of the experiences of emergency nurses.
CONCLUSION(S): A nursing model based both on the work of Peplau (Parse et al. 2000) and on the work of the nurse theorists Ruland and Moore (1998) and Zaccara et al. (2017) was

devised for use in the emergency department when death occurs. It is hoped that this model will help nurses improve the care given to this group of patients and their loved ones.

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17. **A Qualitative Exploration of Healthcare Workers' Experiences of End of Life Care for People With an Intellectual Disability.**

Authors: McCarron M.;Burke E.;Callion P.M. and Timmins, F.

Publication Date: 2025

Journal: Journal of Advanced Nursing 81(7), pp. 3972–3986

Abstract: AIM: To explore healthcare workers' experiences of end of life care for people with an intellectual disability. DESIGN: A descriptive qualitative study.
METHOD(S): Semi-structured interviews were conducted with 28 healthcare workers who cared for older people with an intellectual disability at their end of life. Data were analysed using thematic analysis and reported according to the COREQ guidelines.
RESULT(S): Three major themes emerged: not joining up the dots, living the life desired in one's last days and dealing with death and beyond.
CONCLUSION(S): Gaps emerged in the care of the person with intellectual disability. Pain assessment and pain management were particular challenges. End of life care was not always effectively planned, and earlier intervention, including end of life conversations, were needed. More needs to be done in terms of education for healthcare workers, and especially those in the acute care setting and palliative care services who may be unfamiliar with the needs of this cohort. IMPLICATIONS FOR THE PROFESSION AND/OR PATIENT CARE: There is little consensus or understanding about the palliative care needs of those with intellectual disability. There are often specific challenges around providing palliative care particularly in relation to healthcare staffs' knowledge and confidence in understanding palliative care needs of this group and indeed communicating and assessing particular needs. Staff require educational preparation and training in palliative care to address the particular needs of this cohort.
IMPACT: This study revealed that there are gaps emerging in the care of the person with intellectual disability at the end of life. Pain assessment and pain management are particular challenges that require urgent attention. PATIENT OR PUBLIC CONTRIBUTION: There was no patient or publication contribution in this specific study, although IDS-TILDA has a client representative and advisory committee that advise on all aspects of project design and management.

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18. **Factors Influencing Discharges to Hospice for Patients With Late-Stage Huntington's Disease.**

Authors: Ogilvie A.C.;Carnahan R.M.;Mendizabal A.;GilbertsonWhite S.;Seaman A.;Chrischilles E. and Schultz, J. L.

Publication Date: 2025

Journal: The American Journal of Hospice & Palliative Care 42(7), pp. 644–652

Abstract: Background: Hospice services for patients with Huntington's disease (HD) are likely beneficial in relieving significant burdens and minimizing costly hospitalizations at the end of life, though there has been little study or clinical guidance on hospice enrollment for patients with HD.
Objective(s): The primary objective of this study was to identify clinical, sociodemographic, and system-level factors associated with discharges to hospice compared to other dispositions for hospitalized patients with late-stage HD.
Method(s): These analyses used data from the Nationwide Inpatient Sample between the years 2007 and 2011. Weighted logistic regression with a forward selection approach was performed to identify factors associated with discharge to hospice compared to discharge to home, facility, other locations, and death in hospital.
Result(s): These analyses included 6544 hospitalizations of patients with late-stage HD. There was a significant increasing trend in discharges to hospice over the study period ($P < 0.001$). After adjustment, multiple clinical, sociodemographic, and system-level variables were identified as being associated with discharges to hospice. Patients with aspiration pneumonia and non-aspiration pneumonias had lower odds of being discharged to hospice compared to dying in the hospital. When comparing to discharges to facilities and home, weight loss and palliative care consultation were associated with greater odds of discharge to hospice.
Conclusion(s): Our findings serve as a foundation for future studies on these factors, and thus help clinician decision-making on when to start advance care planning or end-of-life care for patients with HD. These results also support studies developing hospice referral criteria specific to patients with HD.

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19. **Culturally appropriate and respectful end-of-life care for patients and their families in the intensive care unit: A mixed-method study.**

Authors: O'Neill K.;Brooks L.;Manias E. and Bloomer, M. J.

Publication Date: 2025

Journal: Australian Critical Care : Official Journal of the Confederation of Australian Critical Care Nurses 38(4), pp. 101238

Abstract: BACKGROUND: Australia is culturally and linguistically diverse. Yet little is known about perceived barriers to the provision of end-of-life care tailored to diverse cultural needs and preferences. AIMS: The aim of this study was to measure critical care nurses' cultural intelligence, comfort, and capabilities in providing end-of-life care and explore the perceived barriers to providing end-of-life care for culturally diverse patients and their families. METHOD(S): An explanatory mixed-method approach was undertaken utilising surveys and interviews. A national survey was distributed in February 2024, collecting data about critical care nurses' capability, comfort, and cultural intelligence when providing end-of-life care. Individual interviews were conducted with nurses between March and April 2024. Quantitative data were analysed using descriptive and inferential statistics, and open-ended survey and interview responses were analysed using inductive content analysis. FINDINGS: From the sample of 89 survey responses, the median number of years nurses worked in the intensive care unit was 15 (interquartile range = 7.0-21.5). Respondents came from 14 different

countries, 20.2% (n = 18) spoke a second language, and 50.6% (n = 45) were affiliated with a religion. One-third had completed end-of-life care training (34.8%, n = 31), whilst 31.5% (n = 28) had completed training in cultural diversity. Respondents who completed end-of-life care training had significantly higher comfort and capability scores regarding end-of-life care provision (Mdn = 91.0) than those with no training (Mdn = 80.5, U = 1301.0, p < 0.001). Interview participants acknowledged some discomfort with diversity, and the importance of prioritising comfort and dignity, and understanding and interpreting cultural preferences. Communication challenges associated with professional interpreter access were also identified.
CONCLUSION(S): Critical care nurses' comfort and capabilities with end-of-life care and perceptions of the barriers are critical to understand because end-of-life care is about more than clinical care. Supporting nurses to build their understanding and comfort with providing care that aligns with cultural and religious needs and preferences, and optimising access to professional interpreters, is imperative.

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20. **Utilization of Antibiotics for the Treatment of Urinary Tract Infections in End-of-Life Patients**

Authors: Thomas, Abigail;Davis, Lacey;Dolan, Allie and Prewett, Rebecca

Publication Date: 2025

Journal: American Journal of Hospice & Palliative Medicine 42(8), pp. 769–774

Abstract: Purpose: The use of antibiotics for end-of-life patients is controversial; currently there is limited guidance on the use of antibiotics in hospice patients. The threat of antibiotic resistance, risk of adverse events, variable efficacy, and time to benefit in hospice patients makes their use divisive. Patients' potential care needs are estimated using the palliative performance scale (PPS) with lower scores indicating more care is required. The purpose of this project is to examine the utilization of antibiotics for urinary tract infections (UTIs) in hospice patients. Methods: This multi-center retrospective observational cohort study evaluated the prescribing of antibiotics in symptomatic vs asymptomatic hospice patients being treated for UTIs and assessed antibiotic initiation based on PPS of ≥30% or <30%. Patients included in this study were adults initiated on oral antibiotics for UTI. Exclusion criteria included antibiotics initiated prior to admission, prophylactic antibiotics, non-oral antibiotics, or if the patient revoked election of hospice. Results: A total of 56 patients were prescribed antibiotics for UTIs during the 1-year study period. Half of the antibiotics were prescribed appropriately based on documented symptoms when starting the antibiotics. There was not a statistically significant difference between appropriate utilization based on PPS ≥30% or <30% using the Mann-Whitney U test (P = 0.255). Conclusion: The prescribing of antibiotics in end-of-life patients is not always appropriate regardless of the PPS. This may indicate that antibiotics are initiated in asymptomatic hospice patients, and the utilization of unnecessary medications presents the risk of adverse effects.

21. **What matters to patients with cancer receiving home care at the end of life? A qualitative study comparing patients' and healthcare professionals' views**

Authors: Thoresen, Lisbeth;Aas, Eline;McCaffrey, Nikki;Engel, Lidia;Løkkevik, Nina;Michel, Yvonne Anne and Bjørnelv, Gudrun,Maria Waaler

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Journal: International Journal of Qualitative Studies on Health and Well-Being 20(1), pp. 2517358

Abstract: Purpose: To improve care for patients in the last phase of life, healthcare professionals (HCPs) need to understand what matters to them in terms of care and follow-up. Therefore, in our study, we investigated how patients with cancer in Norway who are receiving home care perceive their situations and what matters to them at the end of life and compared it with HCPs' views on what matters to such patients.; Methods: Following a qualitative design, we conducted in-depth interviews with eight patients with late-stage cancer living at home and four focus group interviews with 21 hCPs, mainly nurses. Patients and HCPs were recruited from two municipalities in Southeast and mid-Norway. The study period lasted from December 2020 to October 2022. We performed reflexive, thematic analyses of both data sets.; Results: The views of all eight patients and all 21 hCPs were interpreted according to five themes: cancer impacts all aspects of life, navigating the healthcare system, living with dying, the paramount importance of relationships, and dying at home.; Conclusion: Entering the end of life, patients feel exhausted, lonely, and abandoned. They lack confidence in HCPs and the healthcare system. HCPs characterized plans and predictability as being important during end-of-life care, whereas patients were often hesitant to talk about and plan for the last phase of life.

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

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