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End of Life Care

Current Awareness Bulletin

September 2025

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.

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New training via MS Teams available from the Academy Library:

- **Bitesize searching databases for evidence: a quick guide to help you develop your literature searching skills**
  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.

  Next sessions: 25th September @ 9am, 3rd October @ 10am & 10th November @ 11am

- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
  30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.

  Next sessions: 5th September @ 3pm, 6th October @ 9am & 11th November @ 10am

- **Quickfire health literacy: communicating with patients more effectively**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.

  Next sessions: 10th September @ 10am, 2nd October @ 11am & 28th November @ 12 noon

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

National audit of care at the end of life 2024: 2024 state of the nations report

Healthcare Quality Improvement Partnership

This report presents a comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission to hospital before death. The aim of the audit is to improve the quality of care of adults at the end of life in NHS-funded hospital inpatient settings in England, Wales and publicly funded care in Jersey.

Read the report at https://www.hqip.org.uk/resource/nacel-ref520/

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1. **Living for the Moment – How Important Is It in the End of Life?**

Authors: Chintapalli, Renuka

Publication Date: 2025

Journal: American Journal of Hospice & Palliative Medicine 42(10), pp. 1088–1091

Abstract: This essay investigates the role of present-moment living in end-of-life care, drawing on reflections from a personal patient encounter in a palliative care setting, Mrs. B, a 63-year-old patient with terminal squamous cell lung cancer, whose experience underscores the impact of living with a sense of fulfillment and joy despite a life-limiting diagnosis. Mrs. B's approach to her illness—marked by an optimistic acceptance of mortality and a focus on daily joys—

challenges traditional palliative care paradigms that emphasize somberness and future-oriented care. Through detailed narrative and reflective analysis, the essay highlights how Mrs. B's resilience and spiritual beliefs contributed to her ability to maintain a positive outlook in the face of terminal illness. This case study illustrates the potential for joy and present-moment living to coexist with palliative care practices, offering a nuanced perspective on patient care. The discussion extends to the implications for healthcare professionals, advocating for a more adaptable and empathetic approach that aligns with individual patient values and preferences. This reflection calls for a shift in palliative care practices towards recognizing and supporting the diverse ways patients navigate their end-of-life experiences.

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2. **Providing spiritual care at the end of life: nurses' roles and perspectives**

Authors: De Luca, Enrico and de Wal, Lindsay Jane

Publication Date: 2025

Journal: Nursing Standard (Royal College of Nursing (Great Britain) : 1987) 40(9), pp. 68–73

Abstract: Competing Interests: None declared; Identifying and meeting patients' spiritual needs is integral to nursing in end of life care. However, spirituality, spiritual care and assessment models are still not fully embedded across the UK. While nurses often collaborate with chaplains or other spiritual care professionals to support patients, ambiguity and misunderstanding between spirituality and religion can cause challenges in delivering effective, person-centred care. This article explores the role of spirituality in nursing practice and introduces structured reflections and practical tools to support spiritual care in end of life settings. It discusses the potential of the horizontal transcendence model as an existential and relational approach to exploring meaning, identity and connection at the end of life. Nurses can use this model to help patients and their families navigate spiritual needs in diverse and inclusive ways. By offering reflective prompts and an accessible, practice-oriented framework, the authors invite nurses to engage with their own understanding of spirituality and integrate this awareness into the provision of compassionate holistic care. (© 2025 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

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3. **Healthcare Professionals' Perspective on Supporting Patients and Family Caregivers in End-Of-Life Care Decision-Making: A Qualitative Study in Specialist Palliative Care**

Authors: Featherstone, Hannah J.;McQuillan, Regina and Foley, Geraldine

Publication Date: 2025

Journal: American Journal of Hospice & Palliative Medicine 42(10), pp. 1005–1011

Abstract: Background: Healthcare professionals in specialist palliative care have a key role in conducting end-of-life care discussions with patients and their family caregivers. We aimed to identify key barriers and facilitators for healthcare professionals in specialist palliative care to support patients and their family caregivers in decision-making for patient end-of-life care. Methods: Twenty-two healthcare professionals from different healthcare professions were

recruited from a large regional specialist palliative care service in Ireland comprising 2 hospice sites. Five focus groups were conducted with participants. Data were member checked and analyzed using thematic analysis. Results: Open communication and trusting relationships with patients and family caregivers combined with sufficient time for early and phased exploration of the patient's preferences for end-of-life care, were key facilitators for participants. Family caregivers keeping information from the patient, family misunderstanding about who is responsible for decision-making, and a lack of involvement of other specialties in end-of-life care discussions were perceived by participants as key barriers. Although participants indicated they had sufficient expertise to support patients in end-of-life care decision-making, they felt that end-of-life care discussions were not solely the responsibility of specialist palliative care services. Conclusion: Open communication with patients in end-of-life care decision-making can be of central importance for healthcare professionals in specialist palliative care. Further research is needed to understand the role of healthcare professionals outside of specialist palliative care in end-of-life care discussions and decision-making.

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4. **Tailoring Hospice Care to the Veteran Population**

Authors: Kommer, Curtis G. and Nadolny, Autumn

Publication Date: 2025

Journal: American Journal of Hospice & Palliative Medicine 42(10), pp. 1054–1060

Abstract: United States Military Veterans are an increasingly elderly population, and more and more veterans are choosing hospice care at the end of life. These veterans, particularly if they served in combat, can bring unique management challenges and opportunities to a hospice team. This review highlights the physical and psychosocial traumas experienced by many veterans, and discusses how these issues can affect their hospice care. Traumatic injury-related issues such as chronic pain, neuropathic pain, insomnia, and chronic headaches can worsen for veterans at the end of life, and the psychological sequelae of these traumatic events such as Post-Traumatic Stress Disorder (PTSD), Chronic Anxiety, Substance Abuse, and increased risk of suicide can also be magnified during this time. This review details these and other commonly seen service-related comorbidities, and offers evidence-based recommendations regarding their diagnosis and treatment. In addition, it discusses what is important to veterans at the end of life, and provides suggestions on how hospice programs can individualize and optimize their care of this special population. Honoring their service and respecting their sacrifices are also important aspects of "Best Care" for veterans at the end of life, and this review provides suggestions on how to do so and includes a list of resources that can greatly assist hospice programs, veterans, and families in delivering the most respectful, comprehensive, and thoughtful care possible.

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5. **Patient cues about end-of-life matters: An observational study of palliative care consultations using conversation analysis**

Authors: Land, Victoria and Pino, Marco

Publication Date: 2025

Journal: Patient Education and Counseling 139, pp. 109243

Abstract: Competing Interests: Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.; Objective: This article examines instances of patients making allusive or ambiguous potential reference to death and dying (cues) and analyses how they are built and received in consultations.; Methods: Conversation analysis of video and audio recorded interactions in a large UK hospice. These consultations occurred between patients and companions and a variety of healthcare professionals (HCPs), comprising six palliative medicine consultants, five occupational therapists, and three physiotherapists.; Results: Patients may foreground the end-of-life (EoL) aspect of a cue by, for example, producing it while launching a topic or making a pronouncement/report. This exerts sequential pressure for HCPs to address the EoL implication (unmarked case), but HCPs may avoid engaging with it (marked case). Sometimes, patients allusively or ambiguously refer to death and dying in the course of another interactional activity, thereby backgrounding the EoL implication. The unmarked case involves the HCP attending to the ongoing activity, which maintains the backgrounding. However, HCPs can target the EoL implications in cues produced in the service of other activities or in cases in which the patient has unpacked with a non-EoL concern.; Conclusion: Although not determinative, the sequential environment in which the cue is deployed shapes how HCPs respond to it. This is important because it permits HCPs avenues for engaging in EoL discussion.; Practice Implications: HCPs can better understand the interactional work done with cue like utterances if there are contextualised in the ongoing sequence of interaction. For patients reticent to talk about EoL issues, stepwise engagement with the topic, even when EoL has been backgrounded may provide an opportunity for discussing difficult but essential topics. (Copyright © 2025 The Authors. Published by Elsevier B.V. All rights reserved.)

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6. **Models, components and outcomes of palliative and end-of-life care provided to adults living at home: A systematic umbrella review of reviews**

Authors: Pask, Sophie;Okwuosa, Chukwuebuka;Mohamed, Ahmed;Price, Rebecca;Young, Jennifer;Curtis, Thomas;Henderson, Stuart;Winter-Luke, Ishbel;Sunny, Anisha;Chambers, Rachel L.;Greenley, Sarah;Johansson, Therese;Bone, Anna E.;Barclay, Stephen;Higginson, Irene J.;Sleeman, Katherine E. and Murtagh, Fliss Em

Publication Date: 2025

Journal: Palliative Medicine , pp. 2692163251362567

Abstract: Background: There is growing demand for home-based palliative care because of patient preference, and increased number of deaths. Optimal models for community-based palliative and end-of-life care are unknown.; Aim: To identify, synthesise and describe review-level evidence to better understand models of palliative and end-of-life care for adults living at home, and examine components of these models and their association with outcomes.; Design: Systematic umbrella review, using key concepts established a priori from Firth et al. and Brereton et al."s model descriptions. Quality assessment used AMSTAR-2 or equivalent.; Data Sources: MEDLINE, EMBASE, CINAHL, Cochrane Database, Epistemonikos (inception - 2024), supplemented by CareSearch, PROSPERO and citation searches.; Results: From 6683 initial papers, n = 66 reviews were included. Seven models of care were identified; by setting (in-home, outpatient); type of professionals (specialist, integrated, non-specialist); or mode (telehealth, education/training). Components included: holistic person-centred assessment, skilled professionals, access to medicines/care/equipment, patient/family support, advance care planning, integration of services, virtual/remote technology and education. We categorised outcomes into: (i) patient outcomes, (ii) family/informal caregiver outcomes, (iii) professional outcomes and iv) service utilisation/cost outcomes. The 'in-home palliative care' model was most researched with good evidence of positive benefit. Specialist and integrated models of care were next most researched, with evidence of improved patient and service utilisation outcomes. Cost-effectiveness evidence was lacking.; Conclusion: This meta-level evidence supports provision of in-home palliative care, with most review level evidence showing positive effect on patient outcomes. There was also evidence to support specialist palliative care and integration of primary palliative care with specialist support.

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7. **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

Publication Date: 2025

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.

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8. **Beyond Bars: Evaluating End-of-Life Care and Surrogate Decision-Making for Hospitalized Incarcerated Persons**

Authors: Watson, Zack;Brown, Julie;Vyas, Abhinav;Tillman, Stacey;Misra, Sumi;Agarwal, Rajiv;Gatto, Cheryl;McCarthy, Allison and Karlekar, Mohana

Publication Date: 2025

Journal: Journal of Palliative Medicine

Abstract: Incarcerated persons (IPs) retain the constitutional right to health care, yet they face unique challenges in accessing palliative care (PC) and designating surrogates, especially when incapacitated. We present two cases of hospitalized IPs with life-limiting illnesses who experienced significant barriers in identifying and engaging surrogates. Both cases underscore the effect of delays in communication with surrogates and restricted end-of-life (EOL) visitation due to correctional policies. These delays limited the delivery of optimal interdisciplinary PC and bereavement support. Despite clear legal guidance under the Tennessee Health Care Decisions Act, misinformation and procedural ambiguity among medical and correctional staff impeded timely and appropriate care. Our findings highlight the need for improved institutional policies and training to ensure IPs receive adequate EOL care. Enhanced awareness of legal frameworks, clearer surrogate identification protocols, and collaboration between health care and correctional systems are essential to upholding the rights and dignity of IPs facing serious illness or death.

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9. **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: 2025

Journal: Journal of Clinical Nursing (John Wiley & Sons, Inc.) 34(10), pp. 3959–3967

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.

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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