Royal United Hospitals Bath
NHS Foundation Trust

# End of Life Care

# Current Awareness Bulletin

## July 2026

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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- **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: 3rd August @ 1pm and 29th September @ 2pm**

- **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: 18th August @ 9am and 9th September @ 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: 7th August @ 1pm and 21st September @ 2pm**

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## New Books

You can view new books added to our library collection at W14 New Books or scan the QR code.

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**Modern Service Framework for Palliative Care and End-of-Life Care: interim update**

UK Parliament

Read online at https://questions-statements.parliament.uk/written-statements/detail/2026-06-04/hcws88

**New models of prescribing: implementation of specialist palliative care prescribing in the community.**

Glass R. British Journal of Healthcare Management 2026;32(6):1-13.

People with life-limiting conditions often wish to have their palliative care needs met in the community. In Northern Ireland, the lack of an established process to enable prescribers working in these settings to issue a HS21 (health service) prescription to patients within their own home or care home can lead to delays in accessing medication. This service evaluation describes the implementation and assessment of a new model of prescribing.

**Conversations that matter most: improving communication in end of life care**

Parliamentary and Health Service Ombudsman

Since 2020, the PHSO has investigated complaints about palliative and end of life care services across England. Its investigations have found that communication is the most common failing, with patients not being told their diagnosis, families being kept in the dark, and vital information being lost when people move between services. In this report the PHSO draws on the experiences of families and clinicians to identify where communication most often falls short and what needs to change.

Read online at https://www.ombudsman.org.uk/publications/conversations-matter-most-improving-communication-end-life-care-0

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1. **Family resistance to end-of-life prognosis in hospice care: A conversation analytic single case analysis**

**Authors:** Anderson-Kittow, Rebecca and Bloch, Steven

**Publication Date:** 2026

**Journal:** Patient Education and Counseling 149, pp. 109660

**Abstract:** Objectives Some clinicians lack confidence providing prognostic information to families, particularly when they do not accept a short prognosis. This paper aims to understand the communication practices used when the family of a dying patient resist the provision and acceptance of prognostic information, and how a doctor responds to this. Methods Naturally occurring conversations between senior hospice clinicians and families of patients at the end of life were audio-recorded. We present a single-case of a consultation between a doctor and the family of an imminently dying patient. Using conversation analysis, we examine the ways in which prognostic information is resisted by the family and pursued by the doctor. Our analysis contrasts this with practices identified in previously analysed cases where prognostic information was accepted. Results Three practices for resisting prognosis were identified: passive resistance (minimal acknowledgement of prognostic statements), questioning the clinician's account for the prognosis and their certainty, and providing disaligning responses that do not engage with the prognostic statement. We demonstrate how in response, the doctor pursued prognostic talk, making increasingly explicit prognostic statements. The clinician balanced expressions of certainty that the patient was dying, with honesty about their uncertainty regarding timing. The doctor's statements more clearly resembled 'bad news delivery' than other cases in the dataset. Conclusions The analysis demonstrates how families can resist the provision and acceptance of prognostic information at the end of life. It shows an obligation for doctors to disclose this information and possible strategies to respond to resistance. Practice Implications When delivering prognostic information at the end of life, doctors can look for signs of resistance from the family and use strategies to respond, such as expressing certainty where possible while acknowledging uncertainty. These insights may be particularly valuable in acute settings, where prognostic awareness among families may be limited.

2. **Understanding end-of-life injectable medication patient safety origin incidents in the community: a mixed-methods analysis of national incident-reporting data**

**Authors:** Bowers, Ben;Gwyn, Sioned;McFadzean, Isobel Joy;Hellard, Stuart;Yardley, Sarah;Clarkson, P. J.;Pollock, Kristian;Barclay, Stephen and Carson-Stevens, Andrew

**Publication Date:** 2026

**Journal:** International Journal of Nursing Studies 180, pp. 105544

**Abstract:** Background The use of injectable end-of-life symptom control medications is complex and a risk-prone healthcare activity in the community. Attention is often directed towards the immediate causes of medication-related incidents; however, valuable learning can be gained by examining 'origin incidents', the first adverse event occurring in incident chains that resulted in patient harm or the potential for harm. Understanding these origin incidents can underpin improvements in system resilience to ensure the provision of timely, effective and safe symptom management. System resilience arises from capacities at individual, team and structural levels that enable a complex system to adapt practices and maintain essential functions under varying conditions. Objective To understand the nature of reported origin incidents involving injectable end-of-life symptom control medication in the community and to identify how system resilience can be improved. Design Retrospective observational study and mixed-methods analysis of nationally reported community injectable medication patient safety incidents, sourced via the National Reporting and Learning System database. Setting(s) Community-based care in England and Wales. Participants A stratified random sample of 2150 incidents was screened for eligibility: 317 incident reports were included. Incident reports involving injectable end-of-life symptom control medications were included. These related to adult patients (aged 18+) receiving end-of-life care in the community, between 2017 and 2022. Methods Eligible incidents involved reported chains of incidents (events) influenced by an origin incident. Incident narratives were coded to classify incident types, contributory factors, patient impact and harm severity. Data analysis utilised a mixed methods approach. An initial quantitative descriptive analysis informed subsequent qualitative thematic analysis lines of inquiry. Results Ineffective and unsafe symptom control care is influenced by injectable medication origin incidents occurring across the full range of medication management processes. 67.5% (214/317) of reports described actual harm to patients. System resilience was impeded by ineffective transfers of care, difficulties sourcing timely symptom management input from clinical teams, and medication stock and supplies issues. Chains of negative incidents were often exacerbated by discontinuity of care, inadequate communication between in-hours and out-of-hours care providers, mistakes and omissions, failure to follow protocols and insufficient staffing capacity. Conclusions Examining upstream origin incidents generated valuable system-wide insights, as these initial events influence subsequent actions and system resilience. Enhancing system resilience to support timely and safe symptom management requires improved coordination during transfers of care, reliable access to equipment and valid permission to administer charts, and adequate staffing to provide responsive, cross-organisational care.

3. **Between reality and meaning: a qualitative study on virtual reality as a compassionate technology in end-of-life care**

**Authors:** Chatchumni, Manaporn;Phibunnithikasem, Petpailin;Thatsiriniratkul, Ravinan;Prasertsri, Thongdech;Chotikunnan, Rawiphon and Chotikunnan, Phichitphon

**Publication Date:** 2026

**Journal:** International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2669695

**Abstract:** Background Virtual reality (VR) is increasingly recognized as a supportive tool in palliative care due to its potential to promote relaxation, emotional comfort, and spiritual reflection. In Thailand, where end-of-life care is shaped by family relationships, Buddhist beliefs, and the value of a peaceful death, little is known about how VR is perceived in this context. Aim To explore perceptions, emotional and spiritual needs, and anticipated acceptability of VR in end-of-life care among terminally ill patients, family caregivers, and palliative care professionals in Thailand. Method A qualitative descriptive study was conducted using semi-structured interviews with 15 purposively selected participants, including five terminally ill patients, five family caregivers, and five healthcare professionals. The study focused on anticipated rather than directly experienced use of VR. Interviews were conducted in Thai, audio-recorded, transcribed verbatim, and analyzed using inductive content analysis. Rigor was enhanced through investigator triangulation, reflexive memo writing, peer debriefing, and an audit trail. Results Four interrelated themes were developed: (1) emotional and existential needs, including longing for home, peace, and unresolved concerns; (2) spirituality and meaning, where VR was perceived as a medium for reflection and religious connection; (3) facilitators and barriers, including perceived benefits alongside concerns about usability, emotional impact, and staff workload; and (4) compassionate innovation, reflecting the potential of VR to support dignity, comfort, and meaning at the end of life. Participants viewed VR not merely as a distraction tool, but as a means of symbolic connection and emotional support. Conclusion In this Thai palliative care context, VR was perceived as a potentially compassionate and culturally meaningful technology that may support emotional, existential, and spiritual well-being when tailored to patient readiness, cultural values, and clinical feasibility. As findings reflect anticipated perceptions, further research is needed to evaluate its practical, emotional, and ethical impacts in clinical settings.

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4. **Patterns of Referral to Embedded Palliative Care and Impact of Timing on End-of-Life Outcomes**

**Authors:** Crowley, Fionnuala;Sheng, Tianxiang;Zeng, Li;Hobensack, Mollie;Bilani, Nadeem;Brown, Kari;Popp, Beth;Afezolli, Debora;Kelly, Lauren;Wey, Winston;Chen, Joanna;Arnold, Robert;Austin, Vanessa;Bajwa, Aleena;Easton, Eve;Pagala, Arlyn;Diniz, Marcio;Smith, Cardinale B. and Gelfman, Laura

**Publication Date:** 2026

**Journal:** Journal of Pain and Symptom Management 72(2), pp. 143–152

**Abstract:** Context Early palliative care referral has demonstrated benefits in quality of life and end-of-life outcomes, yet results have been inconsistent across cancer types. Previous guidelines recommended time-based referrals, but optimal timing may vary by individual patient factors. Objectives Investigate factors associated with the timing of referral to palliative care and the impact of timing of referral and the number of appointments on end-of-life outcomes. Methods We conducted a retrospective analysis of 779 patients with metastatic solid tumors referred to outpatient palliative care at two cancer center sites (2021-2023). We examined referral patterns and analyzed associations between timing, patient characteristics, and end-of-life outcomes. For bivariate analysis, "early" was defined as referral within three months of diagnosis. Results Overall, 38.9% of patients received early referrals, with significant variation by cancer type ($P < 0.001$): patients with head and neck cancer had the highest early referral rate (53.3%) while those with breast cancer had the lowest (9.6%). Patients with Medicaid insurance were more likely to receive early referral (42.8% vs. 35.2%, $P = 0.04$). Among 321 patients who died during follow-up, earlier referral relative to death was associated with increased hospice enrollment (OR 1.016 per month, $P = 0.01$), reduced end-of-life chemotherapy (OR 0.964 per month, $P = 0.002$), lower hospital death rates (OR 0.988 per month, $P = 0.04$), and decreased ICU utilization (IRR 0.962, $P = 0.02$). The timing of referral proved more influential than visit intensity across all end-of-life outcomes. Conclusion Palliative care referral timing varies significantly by cancer type and insurance status. Earlier referral relative to death influenced end-of-life outcomes more than visit intensity, supporting stepped models, which have found noninferior outcomes to early palliative care despite fewer visits.

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5. **How Physicians are Trained to Interact With the Dying: A Thematic Analysis of Medical Student Exposures to End-Of-Life Cases**

**Authors:** Currey, Erin;Fessler, M. M.;Wong, Caroline;Giger, Dasha and Collier, Kristin

**Publication Date:** 2026

**Journal:** Omega 93(3), pp. 1566–1582

**Abstract:** Physicians-in-training feel uncomfortable coping with the grief they experience while delivering end-of-life care, and medical schools offer minimal formal curricular offerings on end of life care. Few studies have identified what experiences medical students have with death while training or what lessons they are being taught by more senior physicians at bedside. This qualitative study conducted semi-structured interviews prior to and six months into the medical school clinical year. Our goal was to identify when students were encountering seriously ill/dying patients and what informal education students received about caring for dying patients. Descriptive statistics showed the majority of the encounters the students had with seriously ill or dying patients were in the hospital-based medicine setting. A minority of students participated in debriefs about end-of-life care with their care teams after the events. Thematic analysis showed significant heterogeneity in students' exposure and responses to patient deaths.

6. **Structural caregiving environments and gendered pathways to hospice at the end of life: evidence from Health and Retirement Study**

**Authors:** Dong, Yanjun;Wang, Kun;Rizzo, Victoria M.;Zhang, Min and Kang, Qing

**Publication Date:** 2026

**Journal:** Gerontologist 66(7), pp. 1–11

**Abstract:** Background and Objectives Hospice is designed to support comfort-focused care at the end of life, yet enrollment often depends on whether supportive caregiving infrastructures are in place. Prior studies rely on single indicators such as living arrangements, offering limited insight into the structural care environments that shape hospice feasibility. This study conceptualizes end-of-life care environments as graded structural positions: care formalization (how care is organized across household and institutional settings) and care scarcity (the availability of hands-on support) and examines their associations with hospice use among older decedents, including gender differences shaped by gendered life-course trajectories. Research Design and Methods Using nationally representative data from the Health and Retirement Study Harmonized End-of-Life Interview (1994–2021; N = 12,477), we estimated multivariable logistic regression models of hospice use in the last year of life. Results Occupying more formalized structural care positions was associated with greater odds of hospice use (OR = 1.39), whereas greater care scarcity was associated with lower odds (OR = 0.69). Gender moderated both associations: the facilitating effect of formalization was weaker for women (OR = 0.87), while the constraining effect of scarcity was attenuated for women (OR = 1.20), indicating steeper structural gradients among men. Discussion and Implications Hospice use is embedded within structurally patterned caregiving ecologies rather than driven solely by clinical trajectories or preferences. Erosion of support may constrain hospice access, whereas more formalized care settings may enhance referral and coordination. Strengthening caregiving infrastructures and targeting older adults experiencing care scarcity may promote more equitable end-of-life care.

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7. **Effect of end-of-life care video simulation versus written unfolding case study on nursing students' knowledge, communication attitude, and clinical judgment: A quasi-experimental study**

**Authors:** Fearon-Lynch, Jennifer and Galloway, Sharon

**Publication Date:** 2026

**Journal:** Nurse Education Today 163, pp. 107084

**Abstract:** Background End-of-life care is a core concept foundational to nursing education. A plethora of evidence shows that undergraduate nursing students are ill prepared to provide care at the end-of-life. Active learning strategies including classroom simulation, unfolding case study, and flipped classroom have shown to positively impact learning, yet these strategies are used sparingly to support end-of-life care instruction. Aim Our aim was to determine if using flipped classroom video simulation versus written unfolding case study as part of classroom instruction improved sophomore baccalaureate nursing students' end-of-life

care knowledge, communication attitude, and clinical judgment. Design A two-group, pretest posttest quasi-experimental design was used. Settings The study was conducted at a college in the northeastern USA. Participants Sophomore nursing students N = 151 consented to participate. Participants N = 130 completed all surveys (comparison group (CG) n = 68 and intervention group (IG) n = 62). Methods The CG had flipped classroom end-of-life care instruction including a written unfolding case study, while the IG received the same instruction plus a video simulation of the same unfolding case study. End-of-life care knowledge, communication attitude, and clinical judgment were assessed. Data analysis used descriptive statistics, t-tests, and Analysis of Variance. Results Although there was a significant increase (p = .000) in all three measures for both groups over time, no statistically significant difference was found between groups. The clinical judgment measure had a mean difference in favor of the IG (15.51 vs 11.47), indicating the video simulation had substantial impact on clinical judgment. Scores for the other two measures were also better for the IG. Conclusions Integration of video simulation unfolding case study within flipped classroom may enhance students' end-of-life care knowledge, communication attitude, and clinical judgment to better care for the dying patient. The combined strategies may better address students diverse learning needs.

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8. **Communication Tools for End-of-Life Conversations in Palliative Nursing: A Narrative Review**

**Authors:** Giachello, Martina;Provasoli, Chiara;Cosmai, Simone;Modena, Gloria Maria;Cattani, Daniela;Dacomi, Alessandra;Chiari, Cristina;Scollo, Sarah;Mancin, Stefano;Lopane, Diego and Mazzoleni, Beatrice

**Publication Date:** 2026

**Journal:** The American Journal of Hospice & Palliative Care 43(8), pp. 892–899

**Abstract: Background:** Effective end-of-life communication is essential to patient-centered palliative care, yet nurses often report feeling unprepared for these challenging conversations. A variety of structured tools have emerged to support healthcare professionals in facilitating meaningful discussions with terminally ill patients. **Objectives:** This narrative review aims to identify and synthesize the main communication tools available to nurses to improve end-of-life conversations, with a focus on practical, evidence-based strategies that enhance patient-centered care planning. **Methods:** A comprehensive literature search was conducted in PubMed, CINAHL, Scopus, and UpToDate for studies published between 2012 and March 2025. Inclusion criteria encompassed English or Italian peer-reviewed articles focusing on adult patients receiving palliative care and evaluating communication tools designed for or involving nurses. Data were extracted and summarized based on study type, tool, and reported outcomes. **Results:** Nineteen studies met the inclusion criteria, including randomized controlled trials, systematic reviews, and qualitative studies. Communication tools were categorized into five main groups: card games, question prompt lists, acronym-based protocols, structured conversation guides, and digital tools. Across studies, these tools were associated with improved communication quality, greater patient participation, increased expression of care preferences, and enhanced emotional well-being. **Conclusion:** Nurse-led use of structured communication tools can facilitate timely, compassionate end-of-life conversations aligned with patients' values and needs. Their integration into palliative nursing

practice requires targeted training and institutional support. Future research should explore their long-term effects on patient outcomes and care quality.

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9. **The Effect of the Care Ecosystem Collaborative Care Model on End-of-Life Outcomes for People With Dementia and Their Caregivers**

**Authors:** Hunt, Lauren J.;Harrison, Krista L.;Kiekhofer, Rachel;Merrilees, Jennifer;Sideman, Alissa B.;Dulaney, Sarah;Allen, I. E.;Lee, Kirby;Chiong, Winston;Hooper, Sarah M.;Bonasera, Stephen J.;Braley, Tamara L.;Miller, Bruce L. and Possin, Katherine L.

**Publication Date:** 2026

**Journal:** The American Journal of Hospice & Palliative Care 43(9), pp. 920–931

**Abstract:** ContextCollaborative care models that feature care navigation have been found to have a range of benefit for people with dementia (PWD) and their caregivers, but their effect on end-of-life (EOL) outcomes has not been robustly evaluated.ObjectivesOur primary objective was to evaluate the effect of the Care Ecosystem-a telephone-based collaborative care model for dementia with care navigation-on EOL outcomes for PWD and their caregivers. Our secondary objective was to use qualitative feedback from participants to identify supports and services that would be helpful at end of life, including how the Care Ecosystem and other EOL supports could be improved.MethodsMixed-methods analysis of the Care Ecosystem trial conducted 2015-2022. Pre-mortem and post-mortem surveys included close-ended validated measures (eg, satisfaction with end-of-life care, caregiver self-efficacy) and open-ended questions about EOL care.ResultsThere were 138/124 dyads randomized to Care Ecosystem and 76/65 randomized to Usual Care in the pre-mortem/post-mortem cohorts. Compared to Usual Care, Care Ecosystem caregivers had higher ratings of caregiver self-efficacy prior to PWD death (Adjusted unstandardized Beta 0.94 95% CI 0.23, 1.65, *P* = 0.01), but caregiver's satisfaction with EOL care did not differ between groups (Adjusted odds ratio 1.42, 95% CI 0.67, 2.99. *P* = 0.36). Qualitative analysis revealed Care Ecosystem provided helpful emotional and practical support, but participants wanted more anticipatory guidance, more information about hospice care and earlier referral, and better coordination with the healthcare team.ConclusionOur findings highlight opportunities to improve the EOL experience of PWD through collaborative care models and beyond.

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10. **End-of-Life Care Is Daunting and Meaningful**

**Authors:** Lakin, Joshua and Mohta, Namita Seth

**Publication Date:** 2026

**Journal:** NEJM Catalyst Innovations in Care Delivery 7(8), pp. CAT260408

**Abstract:** *NEJM Catalyst* Insights Council members say end-of-life care must balance intertwined and sometimes conflicting priorities, including living as long as possible, avoiding suffering, maximizing dignity, finding meaning, minimizing financial burden, and caring for caregivers.

11. **Exploring Virtual Reality as an Intervention to Improve Symptom Severity in Hospice-Eligible Patients**

**Authors:** Maciejewski, Hannah;Levy, Kathryn;Mann, Catherine M.;Sullivan, Suzanne S.;Schuster, Gina and Kerr, Christopher W.

**Publication Date:** 2026

**Journal:** The American Journal of Hospice & Palliative Care 43(8), pp. 861–868

**Abstract:** Virtual reality (VR) as an intervention has appeared in the literature and in clinical settings across many different populations. To expand the use of this care option, it is worth considering the ways in which a VR application may benefit individuals with life-limiting illness in hospice and palliative care settings. The incorporation of VR as a therapy option may aid in symptom management and support people nearing the end of life in focusing on aspects of their overall well-being. The goals of this study were to: 1) explore virtual reality as an intervention to improve symptom severity in hospice-eligible patients, 2) correlate self-reported presence scores to changes in symptom severity and 3) find evidence for feasibility of this type of intervention with a hospice eligible population. Participants partook in targeted, individualized VR experiences unique and personal to each participant; allowing them to revisit personally significant places where they experienced positive, meaningful memories during youth and adulthood. Due to difficulties in recruitment, a sample for sufficient statistical analysis was not achieved. However, the study yielded two takeaways: 1) evidence for feasibility and acceptability of this type of longitudinal intervention for hospice and palliative populations, 2) and VR sessions to meaningful places suggested potential symptom improvement and increased presence in VR with repeated sessions. Future research efforts should aim to expand on the use of VR in hospice-eligible populations.

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12. **Hospice as a Window for Oncology Research: Expanding Evidence Generation at the End of Life**

**Authors:** Newcomer, Kelley;Ulin, Lindsey;Zeh,Herbert J.,,3rd and Ligorio, Matteo

**Publication Date:** 2026

**Journal:** JCO Oncology Practice , pp. OP2600410

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13. **Pruritus, Fever, and Sweats at the End of Life: Nursing Assessment and Management Considerations**

**Authors:** Smothers, Angel;Kitzmiller, Amanda and Niland, Diana

**Publication Date:** 2026

**Journal:** Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 28(4), pp. 172–174

**Abstract:** Pruritus, fever, and sweats are frequently observed thermoregulatory symptoms

among patients with advanced chronic illnesses, especially during the terminal phase. These symptoms can substantially affect patient comfort and may contribute to fatigue, delirium, sleep disturbances, and lead to increased caregiver burden. Nurses play a crucial role in distinguishing between reversible and irreversible causes of pruritus, fever, and sweats. They are essential in implementing evidence-based interventions focused on patient comfort that align with the goals of care for both patients and families. This article presents a thorough, evidence-based review of the assessment and management of pruritus, fever, and sweats at the end of life.

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14. **Association of prolonged grief and depression with end-of-life discussion among bereaved caregivers**

**Authors:** Takeuchi, Emi;Fujisawa, Daisuke;Nakazawa, Yoko;Miyashita, Mitsunori;Morita, Tatsuya;Okumura, Yasuyuki;Kizawa, Yoshiyuki;Kawagoe, Shohei;Yamazaki, Risa and Ogawa, Asao

**Publication Date:** 2026

**Journal:** Journal of Psychosomatic Research 208, pp. 112848

**Abstract:** Background To explore the potential of End-of-life discussion (EoLD) as alleviating bereaved caregiver's psychological distress after bereavement, this study aimed to examine the association between EoLD and bereaved family's psychological distress across five major illnesses of death; cancer, heart disease, cerebrovascular disease, pneumonia, and kidney failure. Methods This cross-sectional, nationwide mortality follow-back survey selected participants from death certificates and received responses via postal mail. EoLD with either physician or patients and the understanding of illness was measured as well as whether patient died at desired place. The outcomes were prolonged grief and depression after bereavement. Results A total of 52,698 were included in the analysis. Among caregivers of cancer patients, all EoLD factors were associated with caregiver's prolonged grief and depression. Caregivers of heart disease and stroke syndrome patients reported greater prolonged grief and/or depression when they believed the illness was severe but curable compared with when they were aware that the illness was terminal. Discussion with a physician was associated with less prolonged grief and/or depression in heart disease, stroke syndrome, and pneumonia. Conclusion The findings suggest that high quality of EoLD may play a role in alleviating prolonged grief and depression among bereaved family members of cancer and non-cancer patients. Healthcare professionals are expected to help patients and families become aware that the end of life is approaching over time, while supporting them through the fear of facing death.

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15. **The experiences of nursing and midwifery students with end-of-life care in Neonatal Intensive Care Units: A qualitative descriptive exploratory study**

**Authors:** Vermeulen, Joeri;Fobelets, Maaike;Van Heymbeeck, Isolde and Demedts, Dennis

**Publication Date:** 2026

**Journal:** Nurse Education Today 163, pp. 107083

**Abstract:** Background Research on nursing and midwifery students' experiences with end-of-life care in Neonatal Intensive Care Units (NICUs) is limited, indicating the need for deeper exploration. Understanding their experiences and educational needs may inform curricula, ensuring future healthcare professionals are better equipped for these complex and emotionally challenging situations. Aim To explore the experiences of nursing and midwifery students with end-of-life care in NICUs. Design A qualitative descriptive exploratory study using focus group interviews. Settings This study was conducted at the Erasmus Brussels University of Applied Sciences and Arts, Brussels, Belgium. Participants A total of 23 students, including 8 postgraduate nursing students, 5 undergraduate nursing students enrolled in a paediatric course module, and 10 midwifery students, participated in the focus groups. Methods Focus groups were recorded, transcribed verbatim, and analysed using thematic analysis. Ongoing discussions among the researchers were used to support reflexivity and investigator triangulation and to develop and refine the themes. Results Key themes identified included emotional challenges, feeling unprepared for end-of-life care realities, and the need for both emotional and professional support. Students reported difficulties in managing grief, forming bonds with families, and addressing ethical dilemmas in decision-making. A gap in education was evident, with students highlighting the need for more hands-on experience, particularly in communication competences and culturally sensitive care. Conclusions This study underscores the need for enhanced preparation and support for nursing and midwifery students in NICUs. Integrating end-of-life care competencies, mentorship, and interprofessional simulation-based learning into curricula may help support students to handle the emotional and ethical complexities of end-of-life care. Strengthening emotional support and collaboration may further contribute to students' capacity to provide compassionate care for families and to work effectively within healthcare teams.

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16. **Disparities in hospice enrollment timing and end-of-life care intensity across non-cancer diagnoses: a 10-year hospital-based cohort study**

**Authors:** Wang, Chun-Li;Lee, Lung-Chun;Hsu, Chiann-Yi and Lin, Chia-Yen

**Publication Date:** 2026

**Journal:** Annals of Medicine 58(1), pp. 2670058

**Abstract:** Introduction Non-cancer patients with advanced illnesses often experience delayed hospice referral and high-intensity care near the end of life, yet cross-diagnosis comparisons remain limited. This study examined diagnosis-specific patterns in hospice use and care intensity among non-cancer decedents. Materials and Methods We conducted a 10-year retrospective cohort study of adults with hospice-eligible non-cancer diagnoses who died or were discharged in a moribund condition between 2010 and 2019 at a tertiary referral hospital in Taiwan. Primary outcomes were place of death and an aggressive-care score (0-5) based on five EOL indicators in the last 28 days: hospitalisation >14 days, ≥1 intensive care unit (ICU) admission, ≥1 emergency department (ED) visit, cardiopulmonary resuscitation (CPR), and intubation with mechanical ventilation. Multivariable logistic regression identified factors associated with high aggressive-care scores (≥4). Results Among 5,127 non-cancer decedents, 7% received hospice care, with rates varying across diagnostic groups. Most hospice enrolments (60.2%) occurred within 7 days before death. Hospice recipients had lower

median aggressive-care scores (2 vs. 3, $p < 0.001$) and lower ICU admissions (39.7% vs. 63.7%), ED visits (62.2% vs. 75.1%), CPR (1.7% vs. 10.1%), and mechanical ventilation (9.2% vs. 23.2%). Advanced heart disease (aOR 1.95) and end-stage renal disease (aOR 1.96) were associated with high aggressive-care scores, while hospice enrolment was associated with lower odds of such scores (aOR 0.46). Conclusion Hospice care among hospitalised non-cancer decedents was infrequent and often initiated in the final week across diagnoses. These findings highlight diagnostic differences in end-of-life care intensity and support referral strategies for earlier palliative care integration.

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17. **Advance care planning in neurological disease to improve end-of-life care and reduce healthcare utilisation: cohort study**

**Authors:** Zamarbide Capdepón, Ivana;Garcia Romo, Eduardo;Pfang, Bernadette;Paredes-Coronel, Catalina;Suárez-Plaza, Andrés Enrique;Esteban Fernández, Lucía;De la Fuente Batista, Soraya;Pardo Moreno, Francisco Javier and Gandara, Alvaro

**Publication Date:** 2026

**Journal:** BMJ Supportive & Palliative Care

**Abstract:** Objectives To evaluate the first year of a neurologist-led Advance Care Planning (ACP) consultation implemented within a tertiary hospital neurology department, and to assess its impact on end-of-life (EOL) care, alignment with patient preferences, and healthcare utilisation among patients with advanced neurological disease. Methods A retrospective observational study of all patients referred to a specialised ACP consultation between May 2023 and June 2024 at the Fundación Jiménez Díaz University Hospital (Madrid, Spain). Referral was guided by a NECPAL (NECesidades PALiativas) - based tool. ACP discussions followed the LagunAdvance framework and generated individualised care plans documented using structured communication and therapeutic appropriateness fields. Fisher's exact test was used to compare differences before and after referral, and Bayesian methods were used where appropriate. Results Eighty-six patients (median 83 years) were included. Severe cognitive impairment (68%) and moderate-severe dependency (88%) were common. Communication limitations affected 38%. ACP planning was completed for all patients. Engagement with palliative care teams occurred in 24%, and 47% used Web Dialogue. Healthcare utilisation decreased significantly following ACP: emergency department visits fell from 48% to 22% ($p<0.001$), and hospital admissions from 32% to 16% ($p=0.020$). Thirty-two patients (37%) died during follow-up; 66% died in their preferred location. Diagnostic interventions in the last week of life were infrequent (15%). Conclusions A neurologist-led ACP consultation is feasible and improves key EOL outcomes for patients with advanced neurological disease, including reduced acute care use and greater alignment with patient preferences. This model may support broader integration of palliative principles within neurology services.

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18. **Application of Immersive Teaching in the Training of Hospice Care Professionals: A Randomized Clinical Trial**

**Authors:** Zhang, Huirong;Li, Ying;Lu, Qin and Cao, Feng

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**Abstract:** ContextHospice care landscape is the stark contrast between developed and developing countries. There is a pressing need to strengthen the construction of hospice care talent teams further and establish corresponding training and development systems. Moreover, the study on the immersive teaching in hospice care training is lacking.BackgroundThis study aimed to investigate the application and responses for immersive teaching in the training of hospice care professionals.MethodsThis was a randomized clinical trial. 48 hospice care professionals participating in training programs from May 2021 to November 2023 were divided into an intervention group and a control group, with 24 participants in each group. Traditional teaching was given to the control group, while traditional teaching methods combined with immersive teaching were given to the intervention group. Both groups' theory, operation, and satisfaction scores were compared.ResultsUnder the teaching modes adopted by both groups, both groups' theoretical and practical operation scores improved. The similar theoretical scores were found between the 2 groups ($P > 0.05$). However, the operational scores of the intervention group were significantly higher than those of the control group ($P P < 0.05$).ConclusionThe application of immersive teaching in the training of hospice care professionals helps enhance operational ability and simulate experience, and thus improve satisfaction among trainees.

**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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