Royal United Hospitals Bath
NHS Foundation Trust

End of Life Care

Current Awareness Bulletin

July 2024

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1. **Role of Hospice and Palliative Nurses in Advancing Research and Scholarship**

Publication Date: /08/01/ ,2024

Journal: Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 26(4), pp. 183-185

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2. **Navigating end-of-life decision-making in nursing: a systematic review of ethical challenges and palliative care practices**

Authors: Alanazi, Majed Awad;Shaban, Marwa Mamdouh;Ramadan, Osama Mohamed Elsayed;Zaky, Mohammed Elsayed;Mohammed, Huda Hamdy;Amer, Fatma Gomaa Mohamed and Shaban, Mostafa

Publication Date: /07/09/ ,2024

Journal: BMC Nursing 23(1), pp. 1-15

Abstract: Objectives: This systematic review aimed to synthesize evidence on the ethical dilemma's nurses encounter in end-of-life care and effective palliative care practices. The objectives were to understand key ethical issues, evaluate communication and decision-making strategies, and identify approaches to support nurses and patients. Methods: A comprehensive search of major databases was conducted according to the PRISMA guidelines. Studies directly relating to nursing ethics, challenges in end-of-life decision-making, and palliative care practices were included. The risk of bias was assessed using ROBVIS-II. Data on ethical issues, palliative interventions, and outcomes was extracted and analyzed thematically. Results: 22 studies met the inclusion criteria. Key themes that emerged were: (1) Effective communication and involving patients in decision-making are essential but complex. (2) Nurses face dilemmas around balancing autonomy, beneficence and relational issues. (3) Integrating palliative care principles enhances symptom management and aligns care with patient values. (4) Education and organizational support are needed to equip nurses with skills and coping strategies. Conclusion: Navigating end-of-life care requires addressing interconnected ethical, communication and support needs. While studies provided insights, further research is required on cultural competence training, standardized education programs and longitudinal evaluations.

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3. **The Efficacy of Hospice-In-Place Care Versus Traditional Inpatient Care**

Authors: Butler, Emily;Hanson, Claire;Khan, Taaseen;Mwarumba, Tuzo;Daniels, Derek;Turchan, Maxim;Bonnet, Kemberlee;Schlundt, David;Harper, Kelly;Bennett, Marc and Charles, David

Publication Date: /08// ,2024

Journal: American Journal of Hospice & Palliative Medicine 41(8), pp. 863-872

Abstract: Introduction: The hospice-in-place program at Vanderbilt University Medical Center (VUMC) is available to patients and families who elect for hospice benefits and are too

unstable to be transported for hospice care. The goal of this study was to assess the satisfaction of family members of patients who died while hospitalized at VUMC and received hospice-in-place compared to the families of patients who did not receive hospice care. Methods: Next-of-kin satisfaction was measured through the administration of qualitative interviews and quantitative questionnaires. Semi-structured interviews were audio-recorded, and transcripts were analyzed using an iterative inductive-deductive approach to develop a conceptual framework. Participants were also asked to respond to a 10-question satisfaction questionnaire. Results: Forty participants were enrolled: 20 next-of-kin of patients who received hospice-in-place and 20 next-of-kin of patients who passed without hospice. Factors influencing satisfaction were organized into a conceptual framework with three categories: individual-level factors, systems-level factors, and modifying factors. For the questionnaires, the hospice-in-place group had a mean satisfaction score of 4.54 (0.76) out of five, while the non-hospice group had a mean score of 4.14 (1.00). A comparison of the two groups' responses did not show a statistically significant difference (P = 0.06). Discussion: Quantitative findings of this study showed improved satisfaction but were unable to show a significant difference in satisfaction with hospice-in-place compared to traditional care. Questionnaire results suggest that both types of care yield high satisfaction scores and are successfully supporting patients and families. The conceptual framework also adds to the understanding of end-of-life experiences at VUMC.

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4. **Pain prevalence and pain relief in end-of-life care – a national registry study**

Authors: Hedman, Christel;Fürst, Per;Strang, Peter;Schelin, Maria E. C.;Lundström, Staffan and Martinsson, Lisa

Publication Date: /07/15/ ,2024

Journal: BMC Palliative Care 23(1), pp. 1-8

Abstract: Background: Despite pain control being a top priority in end-of-life care, pain continues to be a troublesome symptom and comprehensive data on pain prevalence and pain relief in patients with different diagnoses are scarce. Methods: The Swedish Register of Palliative Care (SRPC) was used to retrieve data from 2011 to 2022 about pain during the last week of life. Data were collected regarding occurrence of pain, whether pain was relieved and occurrence of severe pain, to examine if pain differed between patients with cancer, heart failure, chronic obstructive pulmonary disease (COPD) and dementia. Binary logistic regression models adjusted for sex and age were used. Results: A total of 315 000 patients were included in the study. Pain during the last week of life was more commonly seen in cancer (81%) than in dementia (69%), heart failure (68%) or COPD (57%), also when controlled for age and sex, $p < 0.001$. Severe forms of pain were registered in 35% in patients with cancer, and in 17–21% in non-cancer patients. Complete pain relief (regardless of pain intensity) was achieved in 73–87% of those who experienced pain, depending on diagnosis. The proportion of patients with complete or partial pain relief was 99.8% for the whole group. Conclusions: The occurrence of pain, including severe pain, was less common in patients with heart failure, COPD or dementia, compared to patients with cancer. Compared with cancer, pain was more often fully relieved for patients with dementia, but less often in heart failure and COPD. As severe pain was seen in about a third of the cancer patients, the study still underlines the need for better pain management in the imminently dying. Trial registration: No

trial registration was made as all patients were deceased and all data were retrieved from The Swedish Register of Palliative Care database.

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5. **Nurses' encounters with patients having end-of-life dreams and visions in an acute care setting – A cross-sectional survey study**

Authors: Hession, Alison;Luckett, Tim;Currow, David and Barbato, Michael

Publication Date: /08// ,2024

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 80(8), pp. 3190-3198

Abstract: Aim: This study aimed to estimate the proportion of acute care nurses witnessing end-of-life dreams and visions or having these reported by a patient or relative, and to canvass their related attitudes and beliefs. Design: A cross-sectional survey study was conducted from February 2023 to May 2023. Setting/Participants: Participants were medical and surgical nurses from a 200-bed acute care hospital in metropolitan Australia. Results: Fifty-seven nurses participated from a workforce of 169 (34% response rate), of whom 35 (61%) reported they had encountered end-of-life dreams and visions. The nature of end-of-life dreams and visions encountered was similar to those reported in previous studies by patients and clinicians. Nurses generally held positive attitudes towards end-of-life dreams and visions but identified an unmet need for education and training on this aspect of end-of-life care. Conclusion: Our results suggest that nurses in acute care encounter end-of-life dreams and visions in a similar proportion to oncology and long-term care but lower than in palliative care settings. Education and training regarding end-of-life dreams and visions are needed to ensure the provision of comprehensive, patient-centred end-of-life care. Patient or Public Contribution: No patient or public contribution. Impact: Research in sub-acute and long-term care settings suggests that end-of-life dreams and visions are a common accompaniment to the dying process. No research has yet focused on the acute care setting, despite this being the place of death for the majority of people in most high-income countries. This study demonstrates that acute care nurses encounter end-of-life dreams and visions in similar proportions to oncology and long-term care nurses but lower than palliative care nurses. Acute care nurses would benefit from education and training regarding end-of-life dreams and visions to enable the provision of holistic person-centred end-of-life care. Reporting Method: This study was reported using the STROBE Checklist for cross-sectional studies.

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6. **Uncertainty in surrogate decision-making about end-of-life care for people with dementia: An integrative review**

Authors: Kim, Hyejin;Cho, Jeonghyun;Shin, Sungmin and Kim, Sang Suk

Publication Date: /08// ,2024

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 80(8), pp. 3103-3118

Abstract: Aim: To describe uncertainty in surrogate decision-making regarding end-of-life care for people with dementia using Mishel's reconceptualized uncertainty in illness theory. Design:

Integrative literature review using Whittemore and Knafl's approach. Data Sources: PubMed, CINAHL, EMBASE, Scopus and Web of Science were searched using terms such as uncertainty/unpredictability, decision-making/advance care planning/end-of-life care planning, surrogate/family/caregiver/proxy and dementia. The search was initially conducted on 28 September 2021 and updated on 31 July 2023. Review Methods: Through systematic screening, 20 research articles were included in the analysis. Content related to uncertainty in surrogate decision-making regarding end-of-life care was extracted and analysed, focusing on the reconceptualized uncertainty in illness theory. Results: First, surrogate uncertainty exists in various areas of surrogate decision-making regarding end-of-life care. Second, antecedents of surrogate uncertainty include numerous intrinsic and extrinsic factors. Third, surrogates exhibited some negative psychological responses to uncertainty but continually processed and structured their uncertainty through certain approaches, leading them to grow as decision-makers. Finally, research-based evidence on surrogates' processing of uncertainty and shifts to new life perspectives remains limited. Conclusion: Surrogates' uncertainty in decision-making regarding end-of-life care for people with dementia is well characterized using the reconceptualized uncertainty in illness theory. Healthcare providers should help surrogates manage their uncertainty in surrogate decision-making more constructively throughout the dementia trajectory. Implications for the Profession and/or Patient Care: The findings highlight the importance of assessing how surrogates process uncertainty and gauging how to help them process uncertainty and transition to new life perspectives. Impact: This review contributes to healthcare professionals' understanding of surrogates' uncertainty in end-of-life care planning for people with dementia, especially what they are uncertain about, what influences their uncertainty and how they process it. Reporting Method: This study adheres to the PRISMA reporting guidelines. Patient or Public Contribution: No patient or public contribution.

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7. **Effect of hospice care on negative emotion and psychological stress of main caregivers in patients with advanced lung cancer**

Authors: Wang, Wenjing;Li, Zheng;Hu, Jie;Xiao, Yihui;Xu, Jing and Gui, Chen

Publication Date: /08// ,2024

Journal: Minerva Surgery 79(4), pp. 482-484

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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