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# End of Life Care

# Current Awareness Bulletin

## February 2025

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### Enhancing end-of-life care practices on the medicine units: perspectives from nurses and families.

Reid JC. *BMJ Open Quality* 2025;14(1):e003024.

Optimal end-of-life care in acute hospitals is often challenged by barriers including lack of nursing time and capacity, lack of training, and a focus on cure and recovery. This study of views from frontline nurses and patient and family advisors identified 5 important issues that, if addressed, may help to improve end-of-life care. These data informed the development and implementation of several strategies to enhance end-of-life practices.

Read the article at https://bmjopenquality.bmj.com/content/14/1/e003024

### Interventions to increase utilisation of advanced care planning documentation for hospitalised older adults.

Walker LE. *BMJ Open Quality* 2025;14(1):e002703.

A structured approach that identifies a targeted population at higher risk of mortality, and implementation of a checklist at a daily multidisciplinary huddle provided sustained improvement in advance care planning documentation. This provides the opportunity for improved patient care that is aligned with their values and preferences.

Read the article at https://bmjopenquality.bmj.com/content/14/1/e002703

1. **Impact of inpatient palliative care on end-of-life care among patients with early-onset colorectal cancer**

**Authors:** Baskar, Suriya;Lee, Bohae R.;Midha, Rajiv and Grewal, Udhayvir Singh

**Publication Date:** 2025

**Journal:** Journal of Clinical Oncology 43, pp. 305

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2. **Changing expectations toward end-of-life communication: An experimental investigation**

**Authors:** Bendel, Yannik;Pinquart, Martin;Schulz-Quach, Christian and von Blanckenburg, Pia

**Publication Date:** 2025

**Journal:** Patient Education and Counseling 131, pp. 108571

**Abstract:** Objectives: To investigate the effect of a) a brief video intervention and b) end-of-life (EOL) conversations with relatives on EOL communication expectations.; Methods: 272 participants from the general population were randomly assigned to three different video conditions (Intervention group: Persons reporting positive EOL conversation experiences +imagination task, Control group 1: Video unrelated to EOL topics, Control group 2: Persons reporting different attitudes toward EOL conversations +imagination task). Primary outcome was negative expectations. After the videos, participants were invited to have their own conversation with a loved one in the following two months. Data were collected before (pretest) and after watching the videos (posttest) as well as at a two-months follow-up.; Results: Between pre- and posttest, negative expectations decreased significantly more in the IG compared to CG1 (b = 0.15, t = 2.08, p = .020) and CG2 (b = 0.21, t = 2.94, p = .002). Across conditions, participants having had a conversation between posttest and follow-up reported significantly stronger declines of negative expectations (b = 0.35, t = 3.54, p < .001).; Conclusions: In the short term, a brief video intervention can change expectations toward EOL communication. EOL conversations with relatives also have the potential to reduce negative expectations.; Practice Implications: Based on the findings, larger community-based interventions could be developed in order to increase EOL communication.; 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. (Copyright © 2024 The Authors. Published by Elsevier B.V. All rights reserved.)

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3. **Determinants of Antibiotic Prescription in Outpatient Hospice: A Regional Observational Study**

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

**Publication Date:** 2025

**Journal:** The American Journal of Hospice & Palliative Care , pp. 10499091251317662

**Abstract:** Background: Patients enrolling in hospice care are asked their preferences for antibiotic treatment. There is little information regarding which patients are more likely to receive antibiotics. To better inform discussions, we sought to characterize the use of antibiotics in the outpatient hospice setting.; Methods: We performed a retrospective review of patients enrolled in outpatient hospice within the Mayo Clinic Health System from 1/1/2017 through 1/1/2023. We calculated what percent of patients received antibiotics based on Hospice Qualifying Condition (HQC), age at enrollment, sex, survival time, and Charlson Comorbidity Index and calculated adjusted odds ratios (aOR). We documented which antibiotics were prescribed based on HQC.; Results: Of 6452 patients identified, 1259 (19.5%) received antibiotic prescriptions. Cephalosporins were the most common class of antibiotics prescribed (22.8% of antibiotics prescribed), followed by fluoroquinolones (20.3%) and penicillin derivatives (14.9%). Patients with Pulmonary HQCs were most likely to receive antibiotics (28.6% aOR 1.85 1.51-2.25]), those with neurologic HQCs were least likely (14.9% aOR 0.66 0.53-0.83]). There was no difference of age for those receiving antibiotics (80.7 yr) vs those not receiving (80.3 yr P = 0.25]), or for sex (male vs female aOR 1.10 0.96-1.26). 4.6% of those surviving 6mo (aOR 4.46 3.50-5.69]).; Discussion: 19.5% of patients will receive antibiotics during their hospice course, with more frequent prescriptions in those surviving longer periods and those enrolled for pulmonary conditions. It is important to clarify patient preferences regarding antimicrobial utilization at the time of hospice enrollment.; 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.

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## 4. **Bereaved Caregivers' Experiences of End of Life Care For People With Advanced Heart Failure: A Narrative Synthesis**

**Authors:** Diggle, Melanie F. J.;Schutz, Sue and Butcher, Dan

**Publication Date:** 2025

**Journal:** Omega 90(4), pp. 1581–1608

**Abstract:** Background: Heart Failure is a life-limiting condition with a poor and uniquely unpredictable prognosis. The aim of this review is to present and synthesise the current evidence around bereaved caregivers' experiences of end of life care for people with Heart Failure.; Methods: A systematic review of the literature was conducted using four electronic databases (CINHAL, Medline, BND, PsycINFO). Data was analysed and presented using a narrative synthesis approach.; Results: Eight articles were included within this review. Themes included: Limited and inadequate communication around the condition (including prognosis, preparations for death and the aim of palliative care), the burden of caregiving, and the limited provision of services and formal support.; Conclusion: Bereaved caregivers experience unique and significant challenges when caring for someone dying from Heart Failure. However, further research is required to greater understand the experiences of bereaved caregivers of people with Heart Failure.; 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.

5. **Implementing palliative and end of life care for people with dementia**

**Authors:** Drain, Diane;Stone, Louisa and Daly, Rachel Louise

**Publication Date:** 2025

**Journal:** Nursing Older People 37(1), pp. 21–26

**Abstract:** Dementia is characterised by memory loss, behavioural changes and decline of cognitive, social and physical functions and is a life-limiting condition. At the point of diagnosis it is classed as a palliative condition, yet there is limited public and healthcare professional awareness that, once diagnosed, a person will either die of dementia or die with dementia. This article discusses how the recognition and timing of the need for palliative dementia care is pivotal in providing person-centred care. The authors explore factors such as optimal prognostication, advance care planning, staff education and accessing support from palliative and end of life care teams and Admiral Nurses. The authors also use a fictional case study to demonstrate best practice in palliative dementia care.; Competing Interests: None declared (© 2024 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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6. **End-of-Life Care of Persons with Alzheimer's Disease and Other Dementias**

**Authors:** Jan, Darlon and Kim, Kye Y.

**Publication Date:** 2025

**Journal:** American Journal of Hospice & Palliative Medicine 42(3), pp. 309–313

**Abstract:** End-of-life (EOL) care has been a common option for patients with terminal medical conditions such as cancers. However, the utilization of EOL care in Alzheimer disease and other dementing conditions have become available relatively recently. As the end-stage dementia approaches, the clinicians and caregivers become faced with numerous clinical challenges—delirium, neuropbehavioral symptoms, the patient's inability to communicate pain and associated discomfort, food refusal, and so on. In addition to providing quality clinical care to the EOL patients, clinicians should pay special attention to their families, assuring that their loved ones will receive supportive measures to improve quality of life (QOL).

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7. **Development and testing of a generic patient decision aid for end-of-life care**

**Authors:** Jensen, Hanne Irene;Farmer, Sarah Leeth Hansen;Skaarup, Lillian Oxholm;Løkke, Anders;Hygum, Anette;Ipsen, Mette Jo;Gamst, Lisbeth Høilund and Klausen, Maybritt Brunsgård

**Publication Date:** 2025

**Journal:** Patient Education and Counseling 132, pp. 108608

**Abstract:** Objectives: The objective of this study was to develop and test a patient decision aid for end-of-life care to be used when some or all life-sustaining treatments have been withheld or withdrawn.; Methods: A multi-professional, multi-sectorial group together with patients and relatives used a systematic process to develop and test the patient decision aid, including alpha and beta testing.; Results: Healthcare professionals, patients and relatives were involved in the development and testing. The final Decision Helper included three areas with nine options: follow-up (outpatient clinic and general practitioner), palliative care (primary care, specialised palliative care team, hospital admission and hospice) and treatment level (intensive care, resuscitation attempt and nutrition via feeding tube). Most participants agreed that the amount of information in the Decision Helper was appropriate, that it clearly presented benefits and disadvantages and that it was useful in the value clarification process, helping to verbalise preferences and what is most important for patients.; Conclusions: Most patients and healthcare professionals found that the decision aid would be helpful in facilitating shared decision-making in an end-of-life conversation.; Practice Implications: The decision aid will be usable in different healthcare setting ensuring that end-of-life care is in accordance with patients' wishes.; Competing Interests: Declaration of Competing Interest Development and testing of a generic patient decision aid for end-of-life care Hanne Irene Jensen: I have nothing to declare Sarah Leeth Hansen Farmer. I have nothing to declare Lillian Oxholm Skaarup. I have nothing to declare Anders Løkke. I have nothing to declare Anette Hygum. I have nothing to declare Mette Jo Ipsen. I have nothing to declare Lisbeth Høilund Gamst. I have nothing to declare Maybritt Brunsgård Klausen I have nothing to declare (Copyright © 2024 The Authors. Published by Elsevier B.V. All rights reserved.)

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8. **Diversity in Advance Care Planning and End-Of-Life Conversations: Discourses of Healthcare Professionals and Researchers**

**Authors:** Kröger, Charlotte;Uysal-Bozkir, Özgül;Peters, Mike J. L.;Van der Plas, Annicka,G.M.;Widdershoven, Guy A. M. and Muntinga, Maaike E.

**Publication Date:** 2025

**Journal:** Omega 90(4), pp. 1716–1737

**Abstract:** To meet the end-of-life needs of all patients, ongoing conversations about values and preferences regarding end-of-life care are essential. Aspects of social identity are associated with disparities in end-of-life care outcomes. Therefore, accounting for patient diversity in advance care planning and end-of-life conversations is important for equitable end-of-life practices. We conducted 16 semi-structured interviews to explore how Dutch healthcare professionals and researchers conceptualized diversity in advance care planning and end-of-life conversations and how they envision diversity-responsive end-of-life care and research. Using thematic discourse analysis, we identified five 'diversity discourses': the categorical discourse; the diversity as a determinant discourse; the diversity in norms and values discourse; the everyone is unique discourse, and the anti-essentialist discourse. These discourses may have distinct implications for diversity-responsive end-of-life conversations, care and research. Awareness and reflection on these discourses may contribute to more inclusive end-of-life practices.; 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.

9. **Validating the self-competence in death work scale for end-of-life care volunteers**

**Authors:** Lin, Zhuyun;Lou, Vivian Weiqun and Chan, Wallace Chi Ho

**Publication Date:** 2025

**Journal:** BMC Palliative Care 24(1), pp. 1–9

**Abstract:** There is an increasing demand for end-of-life care (EoLC) volunteers in Hong Kong's aging population. However, there is no validated measure that assesses volunteers' self-competence in coping with death. This is essential to optimize their services, and ensure their psychological well-being. This study aimed to validate the existing Self-Competence in Death Work Scale (SC-DWS) for EoLC volunteers. This scale has been tested previously on health professionals providing end-of-life care, and was adapted for this study with words that fitted the volunteer context. A self-administered survey collected demographic information, personal experiences, the 16-item SC-DWS, 15-item Templer Death Anxiety Scale, and the 8-item Spiritual Wellbeing Scale to examine the internal consistency, concurrent validity, and discriminative validity of this scale among EoLC volunteers. The study sample consisted of all applicants who registered for the EoLC volunteer training programme between 2019 and 2021. Applicants first underwent a systematic screening and selection procedure. They completed an online registration form which included risk assessment, followed by structured individual interviews focusing on applicants' motivation and mental preparedness for their role. The content validity of the SC-DWS was determined using data from the 341 volunteers who were screened prior to training. Construct validity was tested using Exploratory Factor Analysis (EFA), which suggested that two-factors (subscales) offered the best combination of variables (Emotional and Existential Subscales). The new subscales and the component items differed slightly from those identified in health professional samples. Concurrent validity was demonstrated by strong correlations between the SC-DWS, and the Death Anxiety, and Spiritual Wellbeing scales. Discriminant validity was supported by strong relationships between the new subscales and participants' personal experiences. The SC-DWS was shown not only to be reliable and valid for EoLC volunteers, but it also highlighted the unique emotional challenges they faced.

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10. **Parental experiences of end-of-life decision making in Neonatal Intensive Care Unit: A systematic review and qualitative data synthesis**

**Authors:** Ma, Yanhui;Gao, Junxiang;Zhang, Chongyang;Zhang, Lihua and Lu, Ling

**Publication Date:** 2025

**Journal:** Patient Education and Counseling 131, pp. 108546

**Abstract:** Objective: This systematic review and meta-synthesis aimed to explore the experiences of parents making end-of-life decisions in Neonatal Intensive Care Unit (NICU).; Methods: We searched nine databases up to December 2023, including qualitative studies focused on parents' experiences with end-of-life decisions in NICU. Methodological quality was assessed using the Joanna Briggs Institute critical appraisal tool for qualitative research. A thematic synthesis approach was used for data analysis.; Results: Nine studies were ultimately included. Four themes were identified: Roles in Decision-Making, Factors Influencing Decision-Making, Decision-Making Trade-offs, and Emotional Experience.; Conclusion: This meta-synthesis indicates that factors influencing parents' end-of-life decisions in NICU are complex and challenging. This provides evidence for the development of interventions for end-of-life decision-making, suggesting that these challenges should be carefully addressed to reduce the stress associated with this process.; Implications for Practice: The findings will assist healthcare providers in considering the spectrum of parental perspectives in end of life decision making and provide guidance for the development of decision aids.; Competing Interests: Declaration of Competing Interest We declare that we have no conflicts of interest. (Copyright © 2024 Elsevier B.V. All rights reserved.)

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11. **A Comparative Study of End-of-Life Care Before and During the COVID-19 Pandemic Using Electronic Nursing Records**

**Authors:** Park, Seul Ki;Sung, Sumi and Min, Yul Ha

**Publication Date:** 2025

**Journal:** Computers, Informatics, Nursing : CIN

**Abstract:** This study aimed to identify the end-of-life care provided to patients admitted to a ward using electronic nursing records standardized with SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms) and to analyze changes in end-of-life care before and during the COVID-19 pandemic. The study setting was oncology or hematology-oncology wards in a tertiary care hospital. A total of 161 069 nursing statements for 600 patients before COVID-19, admitted from January 2018 to December 2019, and 110 333 nursing statements for 454 patients during COVID-19, admitted from January 2020 to December 2021, were extracted from the clinical data warehouse of the study hospital. We mapped 427 unique nursing statements to SNOMED CT. The differences in the number of SNOMED CT concepts among the three groups-patients before COVID-19, patients without COVID-19 during COVID-19, and patients with COVID-19 during COVID-19-were analyzed using analysis of variance. "Acute pain," "Patient on oxygen," "Notification of physician," "Oxygenation monitoring," and "Pain assessment" were recorded most frequently. The frequency of nursing statements related to oxygenation was significantly lower in patients without COVID-19 during the COVID-19 pandemic compared with patients before COVID-19. Nursing statements pertaining to emotional or spiritual care appeared to be underrepresented in both the nursing assessment/outcome and nursing intervention domains. Our study showed that the standardized nursing records can be used as a source of information to explore changes in end-of-life care before and during the COVID-19 pandemic. (Copyright © 2025 Wolters Kluwer Health, Inc. All rights reserved.)

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12. **Ethics and end-of-life in pediatric and neonatal ICUs: a systematic review of recommendations**

**Authors:** Špoljar, Diana;Janković, Sunčana;Vrkić, Dina;McNamara, Geraldine;Ćurković, Marko;Novak, Milivoj;Filipović-Grčić, Boris;Grosek, Stefan;Gastmans, Chris;Gordijn, Bert and Borovečki, Ana

**Publication Date:** 2025

**Journal:** BMC Palliative Care 24(1), pp. 1–14

**Abstract:** Background: Working in neonatal intensive care units (NICUs) or pediatric intensive care units (PICUs) entails making difficult decisions about children at the end of their lives that raise significant ethical issues. This review identified the ethical content of the papers containing expert guidelines and recommendations in relation to end-of-life decision-making in NICUs and PICUs, by analyzing ethical positions and ethical principles behind them. Methods: Systematic search was limited to the period from 1990 to 2023 and encompassed 6 bibliographic databases (Medline, PubMed, CINAHL, APA PsycINFO, Web of Science Core Collection, and Scopus), grey literature sources and relevant reference lists. The international, national, or institutional papers providing expert guidelines and recommendations comprehensively addressing either withholding/withdrawing of life sustaining treatment, palliative care, and/or intentional life terminating actions in NICUs and PICUs were included in analysis. Also, only papers published in English language were considered. Papers that were not developed by intensive care expert communities and those that were either too narrow (e.g., dealing with specific issues or specific patient groups) or broad (e.g., addressing issues of interest on general and abstract level) were excluded. The search data were gathered and deduplicated, partly by Mendeley software. Titles and abstracts were screened by three independent reviewers, and full-text papers further reviewed and assessed for eligibility. Subsequently, data of interest were extracted, and qualitative analysis was performed. Results: Initial search retrieved 6784 papers from bibliographic databases and 363 from other utilized sources. Titles and abstracts from 2827 papers were screened. 17 full texts were further assessed resulting in a total number of 9 papers (6 from bibliographic databases and 3 from other sources) which met the inclusion criteria and were included for analysis. The papers were published from 2001 to 2021. Four papers primarily focus on NICU setting, while five on PICU. A total of 38 ethical positions were identified and were grouped under 5 themes according to the content of the positions, relating to: patients, parents, medical team, decision-making and treatment options. A total of 12 ethical principles were mentioned in the papers. The principle of beneficence emerged as the most prominent one. It was explicitly mentioned in all included papers except one. Conclusions: This review has shown that papers containing guidelines and recommendations on end-of-life decision-making in the NICU and PICU promote similar stances. The ethical principle of beneficence is at the core of the decision-making process, and all decisions are made focusing on the child's best interests.

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13. **Clinician Communication in Hospice: Constructions of Reality Throughout the End-of-Life Process**

**Authors:** Tenzek, Kelly E.;Grant, Pei C.;Depner, Rachel M.;Levy, Kathryn and Byrwa, David J.

**Publication Date:** 2025

**Journal:** Omega 90(3), pp. 1109–1136

**Abstract:** The current study examined qualitative data from hospice clinicians' perspectives on language, surrounding end-of-life (EOL), to understand challenges and opportunities for constructing a trajectory of communication leading towards a good death experience. Findings from two focus groups with nine clinicians' and 12 individual interviews, four of which were follow up interviews after the focus groups, were guided by framework analysis and revealed three themes, constructing language choices, roles and responsibilities, and socio-cultural considerations. We used the Opportunity Model for Presence during the End-of-Life Process (OMP-EOLP) to make sense of the findings and discuss implications for language use throughout the EOL process. We argue additional efforts should be made in recognizing the value of presence checks, re-constructing advance care planning, and utilizing different forms of media as an educational tool and connection mechanism for clinicians with patients and families to achieve a timely engagement of EOL conversations for all healthcare participants.; 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.

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14. **Advance Care Planning, End-of-Life Preferences, and Burdensome Care: A Pragmatic Cluster Randomized Clinical Trial**

**Authors:** Wolff, Jennifer L.;Scerpella, Danny;Giovannetti, Erin R.;Roth, David L.;Hanna, Valecia;Hussain, Naaz;Colburn, Jessica L.;Saylor, Martha Abshire;Boyd, Cynthia M.;Cotter, Valerie;McGuire, Maura;Rawlinson, Christine;Sloan, Danetta H.;Richards, Thomas M.;Walker, Kathryn;Smith, Kelly M. and Dy, Sydney M.

**Publication Date:** 2025

**Journal:** JAMA Internal Medicine 185(2), pp. 162–170

**Abstract:** Importance: Primary care is a key setting for advance care planning (ACP).; Objective: To test the effects of a multicomponent primary care-based ACP intervention (SHARING Choices) on documented end-of-life preferences and potentially burdensome care at end of life.; Design, Setting, and Participants: This pragmatic cluster randomized clinical trial in primary care practices from 2 health systems was conducted between March 2021 and April 2022. Adults 65 years and older with a scheduled in-person or telehealth visit with clinicians from participating practices were eligible for inclusion.; Interventions: The treatment protocol encompassed an introductory letter from the clinic, access to a designated facilitator trained in ACP, a person-family agenda-setting checklist, shared access to the patient portal, a mailed advance directive, and print education. The control protocol encompassed usual care.; Main Outcomes and Measures: Primary outcomes included (1) new electronic health record-documented end-of-life preferences (advance directive or medical orders for life-sustaining treatment) at 12 months among those without documentation at baseline and (2) receipt of potentially burdensome care within 6 months of death among a subsample of Maryland residents with serious illness who died within 18 months of study entry from health information exchange data.; Results: There were 19 practices in the intervention arm and 32 practices in the control arm. The study included 22 949 patients in the intervention group (13 575 women 59.2%]; mean SD] age, 73.9 7.2] years; 1674 7.3%] with diagnosed dementia) and 41 966 in the control group (25 057 women 59.7%]; mean SD] age, 74.0 7.1] years; 3223 7.9%] with diagnosed dementia). A total of 17 907 patients (27.6%) were Black, 1373 (2.1%) were Hispanic, 40 345 (62.2%) were White, and 5290 (8.2%) were another race (including American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander, and missing race). Grant-funded facilitators initiated 17 931 outreach attempts by phone (13 963 77.9%]) and through the patient portal (3968 22.1%]) to patients from intervention practices, and 1181 engaged in facilitator-led ACP conversations. New end-of-life preferences were documented for 2190 of 18 314 patients in the intervention arm (12.0%) and 2130 of 32 321 in the control arm (6.6%). This treatment effect was significant for the overall cohort (adjusted odds ratio, 2.15; 95% CI, 2.02-2.30) and present but attenuated for Black patients, those 75 years and older, and those diagnosed dementia. Among 1498 Maryland resident decedents, potentially burdensome care was higher in the intervention group (150 of 521 28.8%] vs 204 of 977 20.9%]; adjusted odds ratio, 1.40; 95% CI, 1.08-1.81).; Conclusions and Relevance: In this pragmatic cluster randomized clinical trial, the SHARING Choices intervention increased new documentation of end-of-life preferences but also increased potentially burdensome care at end of life. Mixed findings underscore the importance of comprehensive support for those with serious illness and prioritizing patient-relevant outcomes in ACP interventional research.; Trial Registration: ClinicalTrials.gov Identifier: NCT04819191.

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15. **Family members' experiences of surrogate decision-making in hospice care: A systematic review of qualitative studies**

**Authors:** Yu, Ting;Li, Yijing;Hu, Ziyi;Liu, Shanshan;Wang, Cong;Chen, Qian and Jiang, Yan

**Publication Date:** 2025

**Journal:** International Journal of Nursing Studies 162, pp. 104987

**Abstract:** Background: Surrogate decision-makers play a key role in determining whether end-of-life patients receive hospice care. There is a need to better understand families' experiences of surrogate decision-making in hospice care for end-of-life patients to provide a basis for developing targeted interventions, such as decision support tools or counseling, to help family members navigate the decision-making process.; Aim: The aim was to analyze and synthesize global qualitative data on family members' experiences of surrogate decision-making regarding whether to receive hospice care for end-of-life patients.; Design: This was a systematic review of qualitative studies.; Data Sources: The PubMed, Web of Science, Cochrane Library, Embase, Cumulated Index to Nursing and Allied Health Literature, Chinese Biomedical Literature Service System, China National Knowledge Infrastructure, WanFang and China Science and Technology Journal databases were searched from inception to September 2024. Studies related to family members making surrogate decisions about whether to receive hospice care for end-of-life patients were included.; Review Methods: This review was guided by the Joanna Briggs Institute Manual for Systematic reviews of qualitative evidence. Two reviewers independently screened the studies and extracted the data. The eligible studies were assessed via the Joanna Briggs Institute critical appraisal instrument for qualitative research. Thematic synthesis was guided by the method developed by Thomas and Harden.; Results: A total of nine studies were included. The synthesis of qualitative data resulted in three themes: (1) Decision motivation between rationality and emotion. The reasons surrogate decision-makers considered hospice care for patients involved multiple aspects and were a result of both objective and subjective factors. (2) Decision preparation stemmed from knowledge and experience. A knowledge-based foundation and experiential grounding were needed to ensure that surrogate decision-makers make informed decision. (3) Decision reflection through looking back and forward. Surrogate decision-makers expressed satisfaction with the decision to choose hospice care for patients, coupled with serious consideration of personal future end-of-life decisions.; Conclusion: Determining whether patients receive hospice care at end of life is complex for family members. This process begins with the coexistence of rational and emotional motives for decision-making, involves preparation for decision-making through the acquisition of knowledge and experience about hospice care, and culminates in reflection on the entire decision-making process. These findings underscore the importance of providing sufficient informational and emotional support to family decision-makers, which can improve decision-making and promote more compassionate end-of-life care. Future research should focus on developing effective strategies to strengthen these support systems.; Study Registration: A protocol was registered on the PROSPERO (CRD42024526197).; 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. (Copyright © 2024. Published by Elsevier Ltd.)

**Sources Used:**

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

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