NHS
Royal United Hospitals Bath
NHS Foundation Trust

End of Life Care

Current Awareness Bulletin

January 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.

Please contact the Academy Library to request any articles:

✉ ruh-tr.library@nhs.net

☎ 01225 82 4897/4898

Carry out basic searches using the Knowledge and Library Hub.

Sign up to NHS OpenAthens to access our subscriptions.

Contact us to receive our bulletins via email each month.

Get personalised alerts via our KnowledgeShare service.

ruh.nhs.uk/library

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: 13th February 2026 @ 3pm & 2nd March @ 4pm

- **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: 2nd February 2026 @ 11am & 10th March @ 12 noon

- **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: 19th February 2026 @ 3pm & 27th March @ 4pm

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

Dorothy House Palliative Care Research Conference 2026

Thursday 4th June | Dorothy House Hospice, Winsley | 09:30 – 16:00

We're delighted to invite you to our second collaborative Palliative Care Research Conference, hosted at Dorothy House Hospice in Winsley. This event brings together leading researchers and practitioners to share the latest insights, innovations, and best practices in residential and community settings within palliative care.

Why attend?

- Keynote talks from experts in the field
- Poster presentations and oral abstracts
- Interactive Q&A panels
- Networking opportunities
- Free parking & lunch provided!

Tickets:
☑ Early Bird: **£70** (limited time)
☑ General Admission: **£85**
Book your ticket today and secure your place at
https://www.dorothyhouse.org.uk/palliative-care-research-conference/

Call for Abstracts:
Submit your abstract for poster and oral presentation consideration by **Friday 27 February 2026**. Email completed forms to **research@dorothyhouse-hospice.org.uk**

Developing palliative and end-of-life care research partnerships in the North East and North Cumbria: A report on the first year of the RIPEN network.

Frew K. Health and Social Care Delivery Research 2025

The North East is one of the most disadvantaged areas of England with end-of-life care needs shaped by high levels of disability, physical and mental ill health. This programme of work aimed to set the foundation for the development of a palliative and end-of-life care research community, equipped to meet local and national challenges.

Read the article at https://doi.org/10.3310/GJKF1425

---

1. Safely Easing Pain in Home Hospice Patients With Opioid Infusions: A Quality Improvement Project

Authors: Abbott, Linda Mae;Kim, Seungman and Ashcraft, Alyce

Publication Date: 2026

Journal: Journal of Pain and Symptom Management 71(2), pp. e183–e189

Abstract: Background: Opioid infusions are critical for managing pain in home hospice care but carry a high risk of medication errors. This quality improvement (QI) project evaluated adherence to a standardized PCA opioid infusion procedure and examined whether a nurse education intervention improved compliance.; Measures: Compliance was assessed using a ten-item checklist that captured key safety and documentation behaviors, including double-check verification, verification of nurse documentation and identification, expiration-date documentation, photo verification, documentation of pump lock and unlock, near-miss event reporting, compliance with the protocol, and identification of adverse events. Weekly average compliance scores were calculated for 47 weeks (29 pre-intervention and 18 post-intervention).; Intervention: The intervention consisted of a nurse education program focused on the standardized PCA opioid infusion procedure. Education covered double-check processes, standardized documentation using smart phrases, photo verification, and adherence to required safety steps. No patient-identifying information was collected.; Outcomes: Weekly average compliance scores significantly improved after the intervention (Mann-Whitney U test). Chi-square tests showed that several checklist items were significantly associated with the intervention period. Linear regression demonstrated that the intervention remained a significant predictor of higher compliance after controlling for nurse role and travel distance. No adverse events occurred during the study period.; Conclusions/lessons Learned: Standardizing PCA opioid infusion procedures through focused nurse education, supported by digital documentation tools, improved compliance and strengthened patient safety in home hospice care. QI teams should consider combining education with standardized workflows and mobile documentation supports to reduce variability and enhance adherence. (Copyright © 2025 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.)

2. **Palliative care, advance care planning, and end-of-life care: a quest for conceptual clarity**

Authors: Balansay, Brianna E. and Steiner, Jill M.

Publication Date: 2026

Journal: European Journal of Cardiovascular Nursing

Abstract: Healthcare providers will increasingly care for patients with cardiovascular disease that has progressed to advanced or even end stage. In this setting, goals of care may shift from life-prolonging to symptom-focused, and use of approaches like advance care planning, palliative care, and end-of-life care may be increasingly important. Clinicians must be familiar with these concepts to employ them in a timely and appropriate manner. Herein, we describe the distinguishing features of each concept, describe common barriers to use, and demonstrate when patients may benefit from these approaches, in an effort to provide holistic care aligned with patients' goals and values. (© The Author(s) 2026. Published by Oxford University Press on behalf of the European Society of Cardiology. All rights reserved. For commercial re-use, please contact reprints@oup.com for reprints and translation rights for reprints. All other permissions can be obtained through our RightsLink service via the Permissions link on the article page on our site—for further information please contact journals.permissions@oup.com.)

---

3. **Navigating Improper Care Settings: Nurses' Experiences Assisting Oncological Patients at the End of Life in Surgical Departments**

Authors: Bearzot, Sara;Ortez, Giulia;Cadorin, Lucia;Ghirotto, Luca and Bressan, Valentina

Publication Date: Jan ,2026

Journal: Cancer Nursing 49(1), pp. 3–11

Abstract: Background: Despite the growing preference for end-of-life care at home, numerous oncological patients continue to spend their final moments in surgical wards. This incongruity in settings may contribute to "dysthanasia," unnecessarily prolonging futile treatments and resulting in undue suffering. As frontline caregivers, nurses frequently bear the brunt of these challenging situations for patients and their families. Objective: To investigate the experiences of nurses providing care to terminally ill oncological patients inappropriately admitted to surgical departments. Methods: We adopted a phenomenological descriptive study. Nurses purposefully selected from 7 distinct surgical units at a University Hospital in Northeast Italy were recruited. Data collection took place through open-ended semistructured interviews. The interview content was analyzed using Colaizzi's framework. Results: The study with 26 participants revealed emotional challenges, especially for less-experienced nurses. Diverse perspectives among nurses emphasized the need for better palliative care knowledge. Despite the commitment to quality care, collaboration challenges and discordant goals with physicians impacted comprehensive care delivery. Conclusions: Dysthanasia relates to participants' challenges in caring for oncological patients in inappropriate settings, hindering transparent communication and exacerbating discordance with doctors. Implications for Practice:

Communication and collaboration among healthcare professionals, particularly nurses, and surgeons are crucial. Ongoing education in end-of-life care, coupled with advance care planning, empowers patients, aligns treatment choices, and prevents dysthanasia across diverse healthcare settings.

---

4. **Creating an E-Learning Resource to Improve Clinical Induction Within Hospices**

Authors: Cassidy, Maria;Longwell, Sarah and Khanche, Salma

Publication Date: 2026

Journal: Journal of Pain and Symptom Management 71(2), pp. e190–e195

Abstract: Objectives: Clinical induction for resident doctors rotating into new posts is vital for patient safety. Hospices provide repeated induction sessions to individual rotating doctors with limited resources. We proposed that a shared online learning resource could improve efficiency.; Methods: We created a re-usable online learning resource on Moodle© and piloted at Marie Curie Hospice, Bradford. standardizing the teaching, offering knowledge check quizzes and record of learning. We surveyed UK Marie Curie Hospices on their induction practices and with our digital education team developed a higher quality resource, hosted on the Marie Curie Virtual Learning Environment (VLE).; Results: Six of nine hospices surveyed responded; the majority reported clinical induction is resource intensive and were interested in an online resource. 22 resident doctors completed the pilot resource. 50% completed a feedback survey; 100% respondents rated the resource good or excellent and 100% agreed it met their learning needs. 102 users have now accessed the resource; knowledge check quiz scores are 74%-86%, with at least 20% improvement in confidence scores post resource completion.; Conclusion: We have successfully developed a re-usable online learning resource for more efficient clinical induction within Marie Curie hospices. We propose that this could be adopted by other hospices. (Copyright © 2025 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.)

---

5. **Delivering effective end of life care in the emergency department: a nursing perspective**

Authors: Cook, Karl

Publication Date: 2026

Journal: Emergency Nurse 34(1), pp. 26–32

Abstract: Why you should read this article: • To understand how emergency nurses can provide high-quality end of life care • To explore the critical role nurses play in recognising dying patients in the emergency department (ED) • To gain insight into the emotional and ethical challenges nurses face when delivering end of life care in EDs. The unpredictability of acute care, rising patient multimorbidity and the under-resourcing of community palliative care services mean that more patients are presenting to emergency services in the final stages of illness, with emergency departments (EDs) increasingly becoming places where people experience end of life. Nurses are often the first to recognise a dying patient and initiate essential care in the ED's high-pressure, intervention-focused environment. This narrative review article explores how emergency nurses can provide high-quality care at the end of life when supported by access to appropriate advanced care planning documentation, integrated records, education and interprofessional collaboration. Given these circumstances, nurses can have a critical role in recognising dying patients, managing their symptoms and supporting their family members. However, the emotional burden and organisational pressures of providing end of life care can also contribute to moral distress among emergency nurses.

---

6. **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: 2026

Journal: The American Journal of Hospice & Palliative Care 43(2), pp. 172–178

Abstract: BackgroundPatients 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.MethodsWe 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.ResultsOf 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]).Discussion19.5% 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.

---

7. **"End-of-Life Care Is as Important as Any Other Lifesaving Task": A Scandinavian Survey Study**

Authors: Darfelt, Iben Strøm;Nielsen, Anne Højager;Klepstad, P. ål and Neergaard, Mette Asbjoern

Publication Date: 2026

Journal: Acta Anaesthesiologica Scandinavica 70(2), pp. e70178

Abstract: Background: Intensive care physicians often provide end-of-life (EOL) care in the

intensive care units (ICUs). However, knowledge about the physicians' role and confidence in EOL care after the decision to withdraw life-sustaining therapy is unknown. This study aimed to explore the confidence and the self-perceived role of specialized ICU physicians in performing EOL care.; Materials and Methods: Following criteria-based sampling, a questionnaire was sent to ICU physicians in Iceland, Sweden, Norway, Finland, and Denmark. Questions included: (1) Background information and existing guidelines, (2) Physicians' confidence in EOL care in ICUs, and (3) Self-perceived role in EOL care. The questionnaire collected both quantitative and qualitative data, which were subsequently analyzed separately.; Results: A total of 178 ICU physicians answered the questionnaire. Most physicians (66%) felt very confident performing EOL care. Responses to the open-ended qualitative questions emphasized that ICU physicians regarded EO care as a central professional responsibility, marked by personal presence, active support for patients and families, and attention to individual needs. They reported the value of transparent communication, thorough preparation for treatment withdrawal, and accommodation of personal, cultural, and religious preferences. Participants highlighted the importance of individualized transfer decisions while also emphasizing the need for adaptable EOL guidelines and enhanced training, particularly for residents.; Conclusions: Our study showed that Scandinavian ICU physicians felt very confident in performing EOL care and recognized their unique role and responsibility in delivering ICU EOL care.; Editorial Comment: This study surveyed ICU physicians in Nordic countries concerning perceptions and confidence for end care in their ICU clinical practice. The responses indicated that the survey responders were quite confident in how they manage this group of cases in the ICU. (© 2026 Acta Anaesthesiologica Scandinavica Foundation.)

---

8. **Artificial intelligence-based models for clinical prognosis at the end of life in the ICU**

Authors: Garcés, Mariana González;García, Juanita Valencia;Montoya, Jerónimo Cárdenas;Triana, Camilo Jiménez and Hernández Rincón, Erwin Hernando

Publication Date: 2026

Journal: International Journal of Medical Informatics 206, pp. 106156

Abstract: Introduction: Artificial intelligence (AI) has emerged as a promising tool to enhance clinical prediction in critically ill patients near the end of life in the intensive care unit (ICU), overcoming the limitations of traditional prognostic scales.; Aim: To identify and describe artificial intelligence models implemented to support prognostic decisions at the end of life in the intensive care unit (ICU).; Methods: A scoping review was conducted across three databases (PubMed, Scopus, and Web of Science), encompassing studies published between 2015 and 2025 that utilised AI algorithms to predict relevant clinical outcomes in critically ill patients near the end of life.; Results: Twenty-eight studies were included. The algorithms applied in the ICU showed good performance in terms of anticipating outcomes such as mortality, withdrawal of life support, or clinical deterioration. There was variability in the type of algorithms used, data sources, and metrics reported, which limited comparisons between studies.; Conclusions: Artificial intelligence represents a promising tool for improving the clinical prognosis of critically ill patients at the end of life. However, greater methodological robustness and validation in real contexts are needed to strengthen its usefulness in clinical decision-making. (Copyright © 2025 The Authors. Published by Elsevier B.V. All rights

reserved.)

---

9. **Actual Roles of Occupational Therapists in Palliative and Hospice Care: A Scoping Review**

Authors: Güney Yılmaz, Güleser;Yücel, Hülya and Gintiliene, Milda

Publication Date: 2026

Journal: The American Journal of Hospice & Palliative Care 43(2), pp. 213–220

Abstract: BackgroundThis study reviewed the role of occupational therapist's in palliative and hospice care over the past 20 years.MethodsA scoping review following Arksey and O'Malley's five stages was undertaken using PubMed, OTseeker, Scopus, Elsevier, Cochrane Library-Medline, CINAHL, PsychInfo, Web of Science and Google Scholar.ResultsA total of 41 articles were reviewed. The most publications occurred in 2010, 2011, 2015, and 2023. The majority of the studies (48.7%) were of qualitative design. Various roles of occupational therapists have been defined in palliative care: discovering occupational meaning in the last periods of life and supporting occupational participation, management of persistent physical and psychological symptoms, especially pain and fatigue, improving or supporting the quality of life for individuals under palliative care, supporting mental well-being, supporting social participation, use of adaptive technologies, providing individuals with confidence and comfort. Occupational therapists also have various duties in maintaining palliative-hospice care at home include evaluating the individual at home and supporting home care and rehabilitation after discharge. Interventions for caregivers or supporting caregivers who have lost their roles, occupations or jobs in the care process are also among the roles of occupational therapists.ConclusionOccupational therapy within the context of palliative care aims to assist individuals in attaining their highest level of independence in important occupations. Occupational therapists play a crucial role in coordinating and facilitating safe transitions from the hospital to home, aiming to improve the overall quality of life and reduce hospital stays.

---

10. **Empowering End-of-Life Decision-Making: Utilizing Brochures to Support Muslim Patients and Families in Canada**

Authors: Hassanein, Maram

Publication Date: 2026

Journal: Bioethics 40(1), pp. 112–116

Abstract: Canada is a multicultural country with diversity across faiths and ethnicities. Although Islam is the second-largest reported religion, healthcare providers often lack familiarity with Islamic beliefs, values, and how they impact end-of-life decision-making compared to the more commonly encountered faiths, such as Christianity. For Muslims, guidance on end-of-life decision-making is sought from the teachings of the Quran, Sunna, and Islamic rulings. However, decision-making may be influenced by a lack of awareness among Muslim patients, their families, and healthcare providers regarding the Islamic permissibility and prohibitions related to end-of-life care. Additionally, there may be a limited understanding of the prevailing healthcare legislation that structures end-of-life care in Canada. This adds to the existing barriers faced by Muslim patients and their families when making decisions that are both religiously and culturally informed while residing in a non-Muslim majority country and receiving care from non-Muslim providers. With the goal of increasing awareness, promoting autonomy, and empowering patients to actively participate in their healthcare and make informed decisions, this paper explores the development and potential value of a decision-making tool: a brochure that integrates Islamic perspectives on end-of-life care with the Canadian healthcare legislation and policy. Although the brochure is primarily intended for Muslim patients and families, it also aims to support healthcare providers and raise awareness when a Muslim Chaplain or Imam is unavailable.

---

11. **A scoping review of variations in psychedelic interventions for psychological suffering associated with the end of life**

Authors: Kratina, Sarah;Strike, Carol;Schwartz, Robert;Nayfeh, Ayah;Jopling, Sydney;Lo, Chris and Rush, Brian

Publication Date: 2026

Journal: Social Science & Medicine (1982) 390, pp. 118536

Abstract: Background: Psychedelic substances are recognized for their potential to ease psychological suffering linked to end-of-life issues, yet policy remains restrictive. The wide range of both substances and therapeutic approaches used in end-of-life populations has not been adequately covered by reviews to date.; Aim: To identify and learn from the variety that exists within the research on therapeutic psychedelic interventions reported in populations coping with psychological suffering associated with life-threatening illness and the end of life itself.; Methods: Following Arksey and O'Malley's (2005) framework for scoping reviews, updated methodological guidance, and the Preferred Reporting Items for Systematic Review and Meta-Analyses extension for scoping reviews guideline, data extracted from selected studies covered intervention details, substances used, participant characteristics, measured outcomes, and theorized mechanisms.; Results: Fifty-nine studies on six types of psychedelic substances for end-of-life issues were identified, with case study designs most common. Interventions were categorized into dosing alone, preparation/dosing/integration, and dosing with any psychotherapeutic support not provided within the tripartite model. Most studies reported challenging experiences, with a large proportion considering them therapeutic. Outcome measures spanned biopsychosocial-spiritual domains, with affective and cognitive-affective sub-domains most often assessed; neurobiological mechanisms were reported in 54 % of studies, psychological in 51 %, and spiritual in 44 %, indicating diverse therapeutic processes.; Conclusion: There is extraordinary variety in how psychedelics are studied to address the experience of psychological suffering associated with end-of-life concerns. The variability in psychedelic research reflects an early and exploratory phase, differences in beliefs about how therapeutic psychedelic interventions effect change, and the genuine richness in possibilities for therapeutic psychedelic interventions. (Copyright © 2025 The Authors. Published by Elsevier Ltd.. All rights reserved.)

12. **Patient Acceptance of Death and Symptom Control/Quality of Care Among Terminal Cancer Patients Under Inpatient Hospice Care: A Multicenter Cross-Sectional Study**

Authors: Lee, Jae Hyuck;Lee, Yoo Jeong;Park, So Jung;Park, Young Min;Lee, Chung Woo;Hwang, Sun Wook;Seo, Min Seok;Kim, Sun Hyun;Ahn, Hong Yup and Hwang, In Cheol

Publication Date: 2026

Journal: The American Journal of Hospice & Palliative Care 43(2), pp. 165–171

Abstract: IntroductionPatient attitude to death is associated with outcomes in hospice care settings. This Korean study investigated the association between terminal cancer patient death acceptance and symptom control and quality of care (QoC) as perceived by family caregivers (FCs).MethodsA multicenter cross-sectional survey was conducted in nine inpatient hospice care units, and the data of 108 dyads (terminal cancer patients who responded to the revised Death Attitude Profile and their primary FCs) were analyzed. Dyads were dichotomized into high and low groups by death-acceptance level. Multivariate regression models were used to examine the association between death acceptance and symptom severity/QoC as perceived by FCs.ResultsPatients in the high acceptance group were younger, educated to a higher level, more religious, and had better-functioning families. Patients with severe shortness of breath were less likely to accept the inevitability of death. FCs of patients with high acceptance of death were more satisfied with QoC, particularly in domains of individualized care and family relationships. In addition, the positive association between patient acceptance and FC satisfaction with care was significant in dyads of young or female patients, patients with a low education level, and patients not cared for by a spouse.ConclusionTerminal cancer patient death acceptance is associated with symptom control and FC perceived QoC.

---

13. **Feasibility and acceptability of immersive virtual reality for end-of-life care education among nurses in high-context cultures**

Authors: Lin, Cheng-Pei;Chen, Lu-Yen Anny;Chen, Yu-Chi;Lin, Jou-Chun;Wang, Ding-Han and Tung, Heng-Hsin

Publication Date: 2026

Journal: Nurse Education in Practice 91, pp. 104712

Abstract: Aim: to explore the feasibility and acceptability of implementing an immersive virtual reality (IVR) end-of-life care training program among nursing staff in a high-context culture.; Background: End-of-life nursing education is limited in high-context cultures where discussing death and dying is emotionally challenging. IVR offers an innovative possibility to enhance nurses' knowledge and empathy and guide patients' medical decision-making. However, the feasibility and acceptability of this approach in end-of-life care training for nursing staff remain underexplored.; Design: A mixed-methods pre- and post-intervention design supplemented with free-text qualitative feedback.; Methods: Nursing staff with at least 3 months of clinical experience participated in a IVR-based simulation. Pre- and post-intervention knowledge, learning experience, satisfaction and qualitative responses were collected. Data were analysed using descriptive statistics, paired t-tests and content analysis of open-ended responses.; Results: Fifty nurses were recruited (mostly 21-29 years old females with a college degree). Post-intervention knowledge score improved significantly (pre: M 9.18 SD 0.66; post: M 9.58 SD 0.58, Z = -3.780, p < .001). Overall, participants reported high satisfaction (mean: 27.26/30) with positive feedback on the usefulness of VR (M = 87.50/100), the appropriateness of the content in the module (M = 28.32/30) and minimal physical discomfort (M = 2.44/8). IVR was rated more favourably than traditional training (M = 90.60/100), but was viewed as a complementary tool.; Conclusion: IVR-based end-of-life care training is feasible and well-received by nursing staff in high-context cultures, enhancing knowledge and motivation. While promising, IVR should be integrated as a supplementary strategy alongside conventional training to preserve contextual depth in palliative care education. (Copyright © 2026 Elsevier Ltd. All rights reserved.)

---

14. **Dying in a Homophobic Nation: Addressing Healthcare Disparities, Advance Care Planning and Surrogate Decision-Making Challenges for Sexual and Gender Minority Older Adults at End-of-Life**

Authors: Menzer, Heather

Publication Date: 2026

Journal: American Journal of Hospice & Palliative Medicine 43(1), pp. 51–59

Abstract: Promoting autonomy in medical decision-making is an essential part of palliative care. Therefore, palliative care providers should prioritize supporting the autonomy of sexual and gender minority (SGM) older adults, a community that has historically suffered from healthcare disparities. This support is particularly significant when an illness or injury renders a patient unable to make medical decisions, necessitating the designation of a surrogate decision-maker. Surrogate decision-maker policies vary by state and largely do not represent patients whose support systems are outside of the biological family. This article reviews healthcare disparities experienced by SGM older adults, including higher rates of certain health conditions and barriers to accessing care due to stigma and discrimination. It also highlights the compounded challenges faced by SGM individuals who are part of racial and ethnic minority groups. The lack of inclusive surrogate decision-making policies exacerbates these disparities, as many SGM older adults do not have legally recognized partners or children to act as decision-makers. The absence of inclusive policies for surrogate decision-making results in distress for patients, families, loved ones, and medical providers. This article discusses the importance of advance care planning and completion of advance directives for this population to ensure patient wishes are respected. Palliative providers need to advocate for surrogate decision-maker policies that are more inclusive of families of choice.

---

15. **Rapid Review of the Health Care Built Environment Support for Hospice/End-of-Life Patients, Families, and Interdisciplinary Care Teams**

Authors: O'Hara, Susan;Knill, Kathryn;Courville, Karolyne;Kiumarsi, Adrian;Hazra, Srinjoy;Cheng, Zining;Calabrese, Evon;Mason, Jennifer E. and Morrison-Beedy, Dianne

Publication Date: 2026

Journal: Journal of Hospice & Palliative Nursing 28(1), pp. 15–23

Abstract: The health care built environment directly impacts health outcomes and the care experience of the patient and family members. Elements of the built environment include the architectural design, spatial organization, and physical features of clinical spaces that shape workflow, communication, and safety. The physical care setting becomes especially significant in hospice, where the primary wishes of the patient shift from curative care to comfort and support. This rapid review explores the role of the health care built environment in shaping hospice care delivery and supporting patients, families, and interdisciplinary teams in adapting approaches that promote comfort and quality of care. The objectives were to examine the elements of the built environment that support care delivery and assess the adaptations to the environment that can enhance hospice care delivery. Through a systematic process, the authors identified salient themes specific to hospice services. A database search of Cumulative Index to Nursing and Allied Health Literature and PsycINFO yielded 116 articles meeting the inclusion criteria. After a detailed review, 13 articles underwent a full review. Evidence of the impact of the built environment and adaptations for hospice delivery is lacking. Building and design guidelines, such as those set forth by the Facility Guideline Institute, can guide decision-making discussions. Given their unique perspective on day-to-day encounters, hospice and palliative care nurses can significantly shape the built environment.

---

16. **End-of-Life Resources and Place of Death by Community-Based Housing Type**

Authors: Park, Sojung;Kim, BoRin;Shin, Oejin;Baek, Jihye and Ryu, Byeongju

Publication Date: 2026

Journal: Research on Aging , pp. 1640275261416016

Abstract: As chronic conditions dominate mortality trends, the place of death has emerged as a key marker of end-of-life (EoL) care quality. Although many older adults wish to die at home, structural barriers often lead to institutional deaths, especially among socioeconomically disadvantaged groups. This study investigates how housing types, defined by economic status, affordability, and congregate features, affect place of death in older adults. Drawing on National Health and Aging Trends Study data (N = 3,145), we examine links between housing type, EoL resource access, unmet needs, and death location. Residents of Subsidized Senior Housing (SSH) report more formal support yet still face unmet functional assistance needs, while traditional home residents depend on informal caregivers. SSH residents more often die in nursing homes or hospitals, whereas higher-income peers more frequently die at home. These findings indicate housing environments shape EoL resource availability, underscoring the need for targeted policy to reduce housing-related EoL disparities.

---

17. **Trust releases film to promote conversation about end of life: Guy's and St Thomas' NHS Foundation Trust short video, Let's Talk: Advance Care Planning, features professionals and patients**

Authors: Sprinks, Jennifer

Publication Date: 2026

Journal: Cancer Nursing Practice 25(1), pp. 7

Abstract: A powerful short film to support conversations about end of life care has been launched on YouTube by Guy's and St Thomas' NHS Foundation Trust.

---

18. **Confronted With Death: Factors Affecting End of Life Decisions in the Intensive Care Unit**

Authors: ul Hassan, Syed Sabih;Ali, Wajid;Khan, Hamza;Raja, Ahsan Raza;Hassan, Murtuza;Haque, Ghazal;Ayub, Farwa;Waqar, Muhammad Atif and Latif, Asad

Publication Date: 2026

Journal: Omega: Journal of Death & Dying 92(3), pp. 1207–1222

Abstract: To determine how often care is limited at the end of life and the factors that are associated with this decision, we reviewed the medical records of all patients that passed away in the intensive care units (ICU) of Aga Khan University. We found that a majority of patients had Do-Not-Resuscitate orders in place at the time of death. Our analysis yielded 6 variables that were associated with the decision to limit care. These are patient age, sex, duration of mechanical ventilation, Glasgow Coma Scale (GCS) ≤8 at any point during ICU stay, GCS ≤8 in the first 24 hours following ICU admission, and mean arterial pressure <65 mm of Hg while on vasopressors in the first 24 hours following ICU admission. These variables require further study and should be carefully considered during end of life discussions to allow for optimal management at the end of life.

---

19. **End-of-Life Planning in Aging Same-Sex and Different-Sex Married Couples**

Authors: Wang, Yiwen

Publication Date: 2026

Journal: Research on Aging , pp. 1640275261417082

Abstract: Research on end-of-life (EOL) planning has largely focused on heterosexual couples, overlooking the experiences of sexual minority spouses. Using dyadic data from the Health and Relationships Project, this study applies a minority stress framework and dyadic perspective (i.e., considering both partner's views) to examine how gay, lesbian, and heterosexual couples engage in informal (e.g., discussions) and formal (e.g., legal arrangements) planning. Multilevel logistic regressions assess how both spouses' health, dementia concerns, social relationships, and experiences of discrimination shape planning behaviors. Results show that gay and lesbian couples are significantly more likely than different-sex couples to engage in both forms of planning. While marital quality, health, friendships, and discrimination are important predictors, they do not explain the observed group differences. This may suggest that same-sex couples are more motivated to plan ahead due to other unmeasured factors, including concerns about legal recognition, potential discrimination in healthcare, legal literacy, or community support.

20. **Development of the Home Hospice Nursing Care Scale to Support End-of-Life Patients With Cancer and Evaluation of its Reliability and Validity**

Authors: Yoshioka, Saori;Murakami, Shigemi and Oshita, Reiko

Publication Date: 2026

Journal: American Journal of Hospice & Palliative Medicine 43(1), pp. 22–31

Abstract: This study aimed to develop the "Home Hospice Nursing Care Scale" to assess the care provided by visiting nurses to patients with end-stage cancer and evaluate its reliability and validity. A draft of the scale was created based on a descriptive survey conducted among oncology nurse specialists and certified oncology nurses working as home-visit nurses. A questionnaire survey was administered to 1,770 home-visit nurses working at 296 functionally strengthening home-visit nursing establishments. A total of 436 valid responses were obtained (valid response rate: 24.6%). Exploratory factor analysis identified 5 factors comprising 40 items: care that supports the values of the patient and their family members, partnership involving the patient and their family members to maintain home care, care that allows for living with loved ones until end of life, care that supports the daily lives of family caregivers, and care that reconciles the feelings of those involved. Confirmatory factor analysis demonstrated that the goodness-of-fit indices of the model were as follows: GFI = 0.846, AGFI = 0.828, CFI = 0.915, and RMSEA = 0.050. Cronbach's α coefficients ranged from 0.77 to 0.93. Criterion-related validity was verified by the Healthcare Professionals' Attitudes towards Terminal Home Care Scale and Difficulties with Home Palliative Cancer Care Scale. The reliability and validity of the scale was verified, which demonstrates its utility. Future challenges include analyzing factors related to home hospice nursing care and developing an educational program based on the future study. Key words: home hospice, end-of-life, cancer, nursing, scale development, reliability, validity.

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

Disclaimer:

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.