

**Media Watch...** is intended as an advocacy, research and teaching tool. The weekly report is international in scope and distribution – to colleagues who are active or have a special interest in **hospice** and **palliative care**, and in the quality of **end-of-life care** in general – to help keep them abreast of current, emerging and related issues – and, to inform discussion and encourage further inquiry.

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**The Toronto palliative care experience illustrates the international need for strategies to ensure the integration of palliative care into COVID-19 management, and to optimize the use of palliative care systems during the pandemic.**

'Palliative care in Toronto during the COVID-19 pandemic' (p.9), in *Journal of Pain & Symptom Management*.

## U.S.A.

### **Society's end-of-life problem**

*SCIENTIFIC AMERICA* | Online – 10 February 2021 – As COVID-19 death tolls mount rapidly, palliative care experts have urged Americans to have difficult conversations with loved ones about our end-of-life (EoL) wishes. With death all around us, they have argued, it is now more urgent than ever that we plan for our deaths. But in addition to having “the conversation” about EoL wishes, we should also grapple with deeper societal questions about who gets the privilege to plan. It may sound perverse to suggest that a cancer diagnosis could be a fortunate event, but cancer compels people to anticipate death in a way that many never will. Most people will never have the opportunity to choose when, where and how they die because death comes unexpectedly, or the circumstances impede planning. If anything,

research on the desire for control at the EoL has taught that death, all too often, ignores our plans. But planning has nevertheless been a prominent focus of nationwide public health efforts to improve EoL care over the past several decades. <http://bit.ly/3aRrpig>

### Specialist Publications

'U.S. hospices' approach to racial/ethnic minority inclusion: A qualitative study' (p.5), in *BMJ Supportive & Palliative Care*.

'A vital layer of support: One safety net hospital's palliative care response to the pandemic' (p.10), in *Journal of Palliative Medicine*.

### **Top hospice worries 2021: Accessing facility-bound patients, staffing**

*HOSPICE NEWS* | Online – 8 February 2021 – Regaining regular access to hospice patients in nursing homes, assisted living or other facilities is a top concern for providers, along with ongoing staffing shortages that pre-date the pandemic... The 2021 *Hospice News* Outlook Survey & Report<sup>1</sup> ... is informed by feedback from 161 hospice professionals. Survey questions focused on the greatest challenges facing the hos-

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pice industry this year, growth opportunities for settings outside the home, and drivers of technology adoption among hospice operators. Respondents indicated that the patient-access issue gave them the most sleepless nights in 2020 and into the new year. Nearly 45% of those surveyed cited this as a top COVID-related concern. Outside of COVID-19, staffing remains a top industrywide concern. Hospices are already struggling to fill their ranks. The U.S. has 13.35 hospice and palliative care (PC) specialists for every 100,000 adults 65 and older, according to an April 2018 study.<sup>2</sup> The research estimated that by 2040 the patient population will need 10,640 to 24,000 specialists; supply is expected to range between 8,100 and 19,000. Hospice and PC providers also experience shortages in non-physician disciplines, including chaplains, nurses, and social workers. As far back as 2008, the U.S. Centers for Medicare & Medicaid Service began allowing hospice providers to use contracted nursing staff because not enough nurses were available to fill permanent positions. <http://bit.ly/3p78SDs>

1. 2021 Hospice News Outlook Survey & Report, February 2021. **Download at:** <http://bit.ly/2Op6go5>
2. 'The growing demand for hospice and palliative medicine physicians: Will the supply keep up?' *Journal of Pain & Symptom Management*, published online 2 February 2018. [Noted in Media Watch 5 February 2018 (#549, p.12)] **Full text:** <http://bit.ly/2CRjxwO>

## International

### **Do you want to be resuscitated? This is what you should think about before deciding**

AUSTRALIA | *The Conversation* – 10 February 2021 – Patients admitted to hospital are often surprised when their doctors ask: "If your heart were to stop beating, would you want CPR or not?" But in every code blue doctors need answers to the same two questions. First, whether the clinical team considers CPR would be an effective treatment; and second, whether the patient wants CPR. If a person has a cardiac arrest outside hospital, it is usual, and expected, that bystanders begin CPR, use a defibrillator if available, and call an ambulance. In a hospital setting, though, the decision to administer CPR is more nuanced. It's built on a discussion around the patient's medical condition and, importantly, takes into account their wishes. CPR is not always an appropriate treatment. The decision to perform it needs to be made carefully, especially when it's highly unlikely to restore a patient's heartbeat. Unlike the popular media portrayal of CPR,<sup>1</sup> not every survivor of cardiac arrest returns to their previous level of functioning. CPR may revive a heart that has stopped beating, but it doesn't always restore a person back to a life they had or want. It may also do harm by reviving a person who does not want to continue living and would have preferred their disease to follow its natural course. When CPR is performed on a patient who doesn't want it, it disrupts a gentler dying process, transforming it into an impersonal medical event. <http://bit.ly/2Ot-GxKZ>

### Specialist Publications

'Access to and adequacy of psychological services for adult patients in U.K. hospices: A national, cross-sectional survey' (p.3), in *BMC Palliative Care*.

'Healthcare use and costs in the last year of life: A national population data linkage study' (p.4), in *BMJ Supportive & Palliative Care*

'The palliative and end-of-life care experiences, views and needs of Gypsy, Traveller and Roma communities: A systematic literature review and narrative synthesis' (p.6), in *BMJ Supportive & Palliative Care*.

'Using virtual learning to build pediatric palliative care capacity in South Asia: Experiences of implementing a teleteaching and mentorship program (Project ECHO)' (p.7), in *JCO Global Oncology*.

'Socioeconomic position and use of hospital-based care towards the end of life: A mediation analysis using the English Longitudinal Study of Ageing' (p.10), in *The Lancet: Public Health*.

'Responding to the new International Classification of Diseases-11 prolonged grief disorder during the COVID-19 pandemic: A new bereavement network and three-tiered model of care' (p.12), in *Public Health*.

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1. 'Resuscitation on television: Realistic or ridiculous? A quantitative observational analysis of the portrayal of cardiopulmonary resuscitation in television medical drama,' *Resuscitation*, 2009;80(11):1275-1279. [Noted in Media Watch 24 February 2014 (#346 (p.6))] **Abstract:** <https://bit.ly/2OAcamf>

## Medical card access for people with terminal illnesses to be doubled

IRELAND | *The Irish Times* (Dublin) – 9 February 2021 – The government is to significantly expand access to medical cards for people with a terminal illness. [Medical cards give recipients access to medical services, prescription medicines and hospital care for free.] At present medical cards are provided on a compassionate basis for people who are considered to have up to a year to live. Under proposals brought to the Cabinet by Minister for Health Stephen Donnelly access to this scheme is effectively to be doubled. Medical cards will in future be provided to people with a terminal illness who are considered to have two years to live. About 1,800 people with a terminal illness have medical cards at present on compassionate grounds. This will increase to about 3,600 under the new government plan. The initiative is expected to cost up to €3 million to put in place. The scheme is expected to assist people with a number of different conditions including motor neurone disease, neurological disease, advanced cancer and heart failure. It is expected the new measure will be introduced initially on an administrative basis pending new legislation. <http://bit.ly/2NcD3Mc>

## Specialist Publications

### Access to and adequacy of psychological services for adult patients in U.K. hospices: A national, cross-sectional survey

*BMC PALLIATIVE CARE* | Online – 10 February 2021 – In the U.K., access to specialist psychological support has improved over the past decade. Audits, clear referral structures, partnering with external services, and effective assessment of needs and outcomes of psychological support were highlighted as key facilitators for good psychological care. Despite these improvements, a notable proportion of hospices reported that they were unable to fully meet patient needs, with resource and funding identified as common barriers. Developing collaborative partnerships with external services to provide support could be a practical way of addressing these challenges, and is likely to be key on an international level. Future research should also include international surveys and comparisons of psychological services offered by hospices outside the U.K. to provide valuable global perspectives and context to these results. It will also be important to explore the evolving impact of the ongoing COVID-19 pandemic on the adequacy of psychological care in hospices, and this survey can act as a benchmark. **Full text:** <http://bit.ly/2Z6eAuP>

#### Research Matters

'Interim analysis of attrition rates in palliative care study on dignity therapy' (p.13), in *American Journal of Hospice & Palliative Medicine*.

'Palliative medicine specialist trainee research experience, interest and opportunities: A national survey' (p.14), in *BMJ Supportive & Palliative Care*.

'Using linked administrative health data for palliative and end-of-life care research in Ireland: Potential and challenges' (p.14), in *HRB Open Research*

'Establishment of a research policy for supportive and palliative care in Japan' (p.15), in *Japanese Journal of Clinical Oncology*.

#### Publishing Matters

'Predatory publishing in Scopus: Evidence on cross-country differences' (p.15), in *Scientometrics*.



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## Valuing end-of-life care: Translation and content validation of the ICECAP-SCM measure

*BMC PALLIATIVE CARE* | Online – 8 February 2021 – The assessment of care strategies at the end of life (EoL) is particularly important due to the globally increasing proportion of older and very old people in need of care. Currently, data on the health-related quality of life (QoL) of older palliative care (PC) patients are scarce, as well-evaluated instruments for measuring QoL or for health economic analyses are not internationally available. This study provides a validated German version of the ICECAP-SCM, which was originally developed in U.K. The ICECAP-SCM is a tool for measuring wellbeing in terms of “capability” from various perspectives. The systematic and team-based approach in the translation process included the content validation of the tool. This study took into account the views of older people in the general population, nursing home residents, PC patients and PC professionals. In the future, this will allow cross-national comparisons of research results and the aggregation of data. The ICECAP-SCM can now be used and further tested for its psychometric properties in German-speaking countries for measuring the QoL at the EoL, especially in PC. Providing valid measures for the assessment of QoL at the EoL in multinational studies is a crucial step to improve PC in ageing societies. **Full text:** <http://bit.ly/3p3u9xV>

## End-of-life outcomes with or without early palliative care: A propensity score matched, population-based cancer cohort study

*BMJ OPEN* | Online – 12 February 2021 – Across an 11-year population-based, cancer cohort [in Ontario, Canada], those who received early palliative care (PC) – before 6 months of death – compared with a matched cohort of those who did not, were more likely to receive supportive home care and less likely to receive hospital care in the last month of life. The results of this study support policies to enable earlier access to end-of-life homecare services and outpatient physician services for PC. In particular, policies that prohibit the access of PC services unless one forgoes curative treatments or is certified as expected to die within 6 months or less are disincentives to earlier and concurrent access to PC. For instance, in the U.S. the Medicare Hospice Benefit provides access to community-based hospice care but requires a physician to certify a life expectancy of less than 6 months and a patient commitment to forgo curative treatment. Besides policies, education is critical because research shows that patient preferences sometimes change over time, and that clinicians play an important role in introducing and initiating PC – e.g., serious illness conversations – and helping patients make informed treatment decisions about goals-of-care for end of life. **Full text:** <http://bit.ly/3d9mSu9>

## Healthcare use and costs in the last year of life: A national population data linkage study

*BMJ SUPPORTIVE & PALLIATIVE CARE* | Online – 13 February 2021 – The population who died of cancer were consistently the most frequent users of secondary healthcare, with those dying of dementia consistently the least... Older decedents used significantly less secondary healthcare during their last year of life, as did those living rurally. The extent to which observed patterns of use reflect the needs or preferences of the different populations is unknown. Further research is needed to explore this and to investigate the likelihood of benefit of secondary care interventions close to death. This would allow quantification of the value of care. Patterns of healthcare use are inevitably influenced by clinical service configuration. For instance, cancer care is predominantly secondary care outpatient led, with individuals typically receiving treatment as day cases. Therefore, it is not surprising that outpatient and day case use was observed to be particularly high in this sub-population. Services for people with dementia are more likely to be community or social care based and it follows that this population access secondary care less than other groups. The accessibility of healthcare is important, highlighted by the finding that rural populations access lower levels of secondary healthcare during their last year. **Full text:** <http://bit.ly/3aePW1y>



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### **Palliative Care Home Support Packages (PEACH): A carer cross-sectional survey**

*BMJ SUPPORTIVE & PALLIATIVE CARE* | Online – 13 February 2021 – In December 2013, a partnership between five local health districts and a non-governmental organisation [in New South Wales, Australia] implemented the Palliative Care Home Support Packages (PEACH) Program. The PEACH Program aims to support palliative care clients in their last days of life at their own home. Out of 17 aspects of care provided by the PEACH Program, 13 were scored with “exceptional” or “acceptable performance.” The highest satisfaction was observed in meeting clients’ physical needs and providing pain relief. The most dissatisfaction was observed in addressing spiritual matters, family conferences and information about treatment side effects. Ninety-five per cent of responses were either “satisfied” or “very satisfied” with the overall care provided at home during the last week of the client’s life. The results of this research provide further evidence to the field of what constitutes a good home death and the support mechanisms required to enable this. The results also have strong implications on how local services provided by the PEACH Program are delivered in the future. **Abstract:** <http://bit.ly/3pbdnwY>

### **U.S. hospices’ approach to racial/ethnic minority inclusion: A qualitative study**

*BMJ SUPPORTIVE & PALLIATIVE CARE* | Online – 11 February 2021 – The results of this study suggest that hospices have a desire to improve racial/ethnic minority group inclusion for end-of-life care (EoLC) patients and families, and can play an important role in reducing the existing disparities in EoLC. The authors found that tailoring strategies to the local population and helping the community meet needs that extend beyond EoLC may be especially effective approaches in establishing trust with community groups, the local population, and patients and their families. Using a community-level approach and addressing the social determinants of health is in line with the key strategies led by the U.S. Department of Health & Human Services’ Office of Minority Health to reduce racial/ethnic disparities in health and healthcare, in general. Another key finding of the study was that hospices were not that focused on the costs of inclusionary strategies and usually believed the benefits resulting from these strategies outweighed the costs. Whether related to language services, outreach, training or committees, it was an underlying theme that hospices tailor their inclusion strategies to the communities they serve. This is in line with an international review of qualitative research on the hospice and palliative care experiences of patients from non-Western and minority cultural backgrounds. The review emphasised the importance of hospices addressing communication, perception of hospice and cultural beliefs in ways that are specific to local minority populations. **Full text:** <http://bit.ly/2NnCQ8Z>

**N.B.** Search back issues of Media Watch for articles on ethnic and racial disparities in the provision and delivery of PC and hospice in the U.S. at: <http://bit.ly/2ThijkC>

### **Inequalities in access: An enduring challenge for the hospice movement. A systematic literature review and narrative synthesis**

*BMJ SUPPORTIVE & PALLIATIVE CARE* | In print – Accessed 9 February 2021 – Inequalities in access to hospice care is a source of considerable concern; white, middle-class, middle-aged, cancer patients have traditionally been over-represented in hospice populations. The authors’ inclusion criteria for this systematic review were peer-reviewed studies of adult patients in the U.K., Australia, New Zealand and Canada, receiving inpatient, day, outpatient and community hospice care. An extensive literature search demonstrates persistent inequalities in hospice care provision: non-cancer patients, the oldest old, ethnic minorities and those living in rural or deprived areas are under-represented in hospice populations. The effect of gender and marital status is inconsistent. There is a limited literature concerning hospice service access for the LGBTQ+ community, homeless people and those living with HIV/AIDS, diabetes and cystic fibrosis. Barriers of prognostic uncertainty, institutional cultures, particular needs of certain groups and lack of public awareness of hospice services remain substantial challenges to the hospice movement in ensuring equitable access for all. **Abstract:** <http://bit.ly/3tM4cqk>



## The palliative and end-of-life care experiences, views and needs of Gypsy, Traveller and Roma communities: A systematic literature review and narrative synthesis

*BMJ SUPPORTIVE & PALLIATIVE CARE* | In print – Accessed 9 February 2021 – Gypsy, Traveller and Roma communities are known to experience health inequalities. There has been little focus on palliative care (PC) in these communities despite the well-recognised inequalities of access to PC in other minority ethnic groups. Thirteen papers from eight studies were included in the synthesis. Although there was variation between communities, three overarching and inter-related themes were identified. 1) Strong family and community values include a preference for healthcare to be provided from within the community, duty to demonstrate respect by attending the bedside and illness as a community problem with decision-making extending beyond the patient; 2) Distinct health beliefs regarding superstitions around illness, personal care, death rituals and bereavement; and, 3) Practical barriers to non-community healthcare provision include communication difficulties, limited awareness of and access to services, tensions between patients and healthcare professionals and lack of training in delivering culturally appropriate care. A wide range of factors influence Gypsy, Traveller and Roma community access to PC. Community diversity requires sensitive and highly individualised approaches to patient care. **Abstract:** <http://bit.ly/36WRaMC>

### The ethics of interpreter use

*CLINIC ETHICS* | Online – 8 February 2021 – Consulting with a patient where there is a language barrier is unethical unless the barrier is overcome. Every patient with a language barrier should have this prominently documented on their file. Much of the literature relating to working with interpreters suggests that a professional interpreter should be used all the time, although in practice this is far from standard practice. The authors of this article look at the issue using normative ethics, utilitarian ethics, an argument based on equality of health outcomes before making an argument for an approach based on clinical judgement in each consultation of what form of language assistance is acceptable. **Abstract (w. list of references):** <http://bit.ly/3aQ7cZT>

**N.B.** Selected articles on the role of medical interpreters in hospice and palliative care discussions noted in Media Watch 25 January 2021 (#701, p.12).

### The concept of respite in palliative care: Definitions and discussions

*CURRENT ONCOLOGY REPORTS* | Online – 9 February 2021 – The definition of respite care remains unclear and its purpose and effectiveness are unproven to date. The authors of this article review the current evidence regarding definition and efficacy of respite care, as well as the different programs, models, and interventions employed to deliver the same. The current evidence reiterates the lack of clarity in defining and delineating the purpose of respite care. Recent empirical evidence supports the effectiveness of respite care with clear benefits for the carers, patients, their families, and the healthcare system. Along with inpatient, home, and hospice care, respite care is considered as an essential component of palliative care. Evidence, although weak, supports the efficacy of respite care. High-quality studies with clear outlining of the scope of the services and resolution of ambiguities pertaining to its definition are warranted to fill the gaps in knowledge. **Abstract (w. list of references):** <https://bit.ly/2Nf585y>



#### **Barry R. Ashpole**

MY INVOLVEMENT IN HOSPICE AND PALLIATIVE CARE DATES FROM 1985. As a communications consultant, I've been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My current work focuses primarily on advocacy and policy development in addressing issues specific to those living with a terminal illness – both patients and families. In recent years, I've applied my experience and knowledge to education, developing and teaching on-line and in-class college courses on different aspects of end-of-life care, and facilitating issue specific workshops, primarily for frontline care providers. Biosketch on the International Palliative Care Resource Center website at: <http://bit.ly/2RPJy9b>

## **Using virtual learning to build pediatric palliative care capacity in South Asia: Experiences of implementing a teleteaching and mentorship program (Project ECHO)**

*JCO GLOBAL ONCOLOGY* | Online – 8 February 2021 – In low- and middle-income countries, where 98% of the children needing palliative care (PC) reside, access to PC services is often very limited. Virtual learning, which brings training and mentorship directly to learners, can improve access to educational opportunities for staff in resource-limited settings. In this report, the authors describe the design, implementation, challenges, and subsequent modifications of teleteaching and mentorship program, as well as the impact of the program for participants and for pediatric PC service delivery in South Asia. Project ECHO (Extension for Community Healthcare Outcomes) consisted of biweekly videoconference sessions with didactic teaching and case-based discussions. The program focused on engaging participants in meaningful learning by focusing on opportunities for participant interaction through teachings and case discussions. Participants identified the program as particularly beneficial for improving their knowledge and confidence in managing seriously ill children. Key modifications to the Project ECHO model include a course-specific leadership team, developing learning plans to address the specific learning needs of participants, focusing on ensuring learner participation during sessions, and using social media and electronic resources to create opportunities for further learning outside of ECHO sessions. **Full text:** <http://bit.ly/3cVnSSt>

## **Geriatrics and palliative medicine leadership is needed now more than ever: What are the training gaps?**

*JOURNAL OF THE AMERICAN GERIATRIC SOCIETY* | Online – 13 February 2021 – Geriatrics and palliative medicine specialists are uniquely trained to provide expert coordinated care for older adults and seriously ill and complex patients. Health system leadership geared towards this patient population is critically important as society ages. Currently, there is no standardized approach to teaching core leadership skills. To assess the leadership training needs of geriatrics and palliative medicine fellowship graduates, the authors conducted a needs assessment to identify: 1) Early career leadership trajectories and challenges; and, 2) Knowledge and skills deemed essential for effective leadership. Individuals identified as leaders in geriatrics and/or palliative medicine completed an electronic survey and a semi-structured qualitative interview. These leaders were divided into two categories: Icahn School of Medicine at Mount Sinai (ISMMS) trained leaders or non-ISMMS trained leaders. Geriatrics and palliative medicine physicians obtained leadership roles quickly after fellowship. Both ISMMS trained leaders and non-ISMMS trained leaders often felt unprepared, learned “on the job,” and sought out additional leadership training. Early leadership training is needed to prepare fellowship graduates for the pressing demands of accelerated leadership. **Abstract:** <https://bit.ly/3qikTHv>

## **Barriers to optimal end-of-life care for adolescents and young adults with cancer: Bereaved caregiver perspectives**

*JOURNAL OF THE NATIONAL COMPREHENSIVE CANCER NETWORK* | Online – 11 February 2021 – The authors interviewed caregivers of adolescents and young adults (AYAs) who died of cancer to understand their experiences with care and treatment decisions near end of life (EoL). Although their interviews focused in part on specific care decisions, such as decisions about palliative care and hospice, most caregivers focused on whether care provided comfort and emotional support to their dying loved one, regardless of the care delivery model. Several caregivers noted that their lack of knowledge of the patient’s prognosis prevented them from focusing on comfort and quality of life at EoL. With many patients, clinicians provided overly optimistic information or avoided conversations entirely; as a result, caregivers were sometimes left to rely on intuition to understand what was ahead. Previous work has shown that clinicians worry that frank discussions about prognosis will cause distress and take away hope. With respect to the care of AYAs, these concerns may be heightened given the potential for emotional vulnerability among these young patients. Previous work involving AYAs with cancer has found that most AYAs want to know about their prognosis, and honest discussions about what is ahead can have positive psychosocial outcomes, including relief of distress and improved peace of mind. The findings of this study support the need for clinicians to have prognostic discussions as a prelude to effective EoL decision-making. **Full text:** <http://bit.ly/3pdGZK9>

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Noted in Media Watch 2 November 2020 (#690, p.12):

- *JOURNAL OF PEDIATRICS* | Online – 26 October 2020 – ‘**Improving advance care planning for seriously ill children: Engaging a diverse research population early and often.**’ DeCoursey *et al* describe the development of a new pediatric serious illness communication program to support providers in advance care planning (ACP) conversations with their patients and families.<sup>1</sup> Despite ACP long being considered the standard of care for patients with life-limiting or life-threatening conditions, there is increasing awareness that pediatric providers still have room to improve. To address this meaningful gap, the authors used a step-wise, rigorous approach to adapt an adult communication guide for children. **Abstract (w. list of references):** <https://bit.ly/37PwG9Z>

1. ‘Development of a stakeholder driven serious illness communication program for advance care planning in children, adolescents, and young adults with serious illness,’ *Journal of Pediatrics*, published online 16 September 2020. **Abstract (w. list of references):** <https://bit.ly/34yhCM4>

### **Effects of implementation of a standardised palliative care pathway for patients with advanced cancer in a hospital: A prospective pre- and post-intervention study**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 6 February 2021 – Early integration of oncology and palliative care (PC) has been recommended to improve patient outcomes at the end of life (EoL). A standardised PC pathway, consisting of a structured electronic medical checklist, may support such integration. The authors of this article conducted a prospective pre- and post-implementation study of adult patients with cancer from a single hospital who died between February 2014 and February 2015 (pre-implementation period) or between November 2015 and November 2016 (post-implementation period). They included 424 patients in the pre- and 426 in the post-implementation period. The pathway was started for 236 patients (55%) in the post-implementation period, on average 33 days before death. 74% and 77% of the patients died outside hospital in the pre- and post-implementation period, respectively. When the PC pathway was initiated, 83% died outside hospital. Bad-news conversations and preferred place of death were more often documented in the pre-implementation period, whereas a DNR-code was more often documented during the post-implementation period. Implementation of a PC pathway had no overall positive effect on place of death and several aspects of advance care planning. Start of a PC pathway in the last months of life may be too late to improve EoL care. Future research should focus on strategies enabling earlier start of PC interventions. **Abstract (w. list of references):** <http://bit.ly/3jtoqjD>

Noted in Media Watch 30 November 2020 (#694, p.10):

- *JOURNAL OF POST-ACUTE & LONG-TERM CARE MEDICINE* | Online – 19 November 2020 – ‘**Effects of an integrated palliative care pathway: More proactive GPs, well timed, and less acute care – A clustered, partially controlled before-after study.**’ This study investigated three groups of possible effects of the implementation of an integrated, multidisciplinary palliative care pathway: GPs’ experiences, experiences and satisfaction of relatives of patients, and healthcare utilization... GPs reported not only that palliative patients die more often at home (their preferred place of death), but also that they now act more proactively toward palliative patients. More proactive attitude of GPs is seen in other studies, where the proactive assessment and palliative treatment were set as priorities. **Full text:** <https://bit.ly/398Ms0g>

Noted in Media Watch 16 November 2020 (#692, p.10):

- WELLCOME OPEN RESEARCH | Online – 27 October 2020 – ‘**International transfer and translation of an end-of-life care intervention: The case of the Liverpool Care Pathway for the dying patient.**’ The authors explore how and why the Liverpool Care Pathway (LCP) for the dying patient was transferred to 20 countries beyond the U.K., and with what consequences for policy and practice. This article synthesises findings from 95 publications contained in a historical narrative literature review on the implementation of the LCP outside the U.K. The authors of this article explore the timelines and patterns of development and implementation in the specific countries, to consider what forms of research and evaluation about the LCP were undertaken to establish its effectiveness... **Full text:** <https://bit.ly/3lbEWoz>

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Noted in Media Watch 26 October 2020 (#689, p.7):

- *BMJ SUPPORTIVE & PALLIATIVE CARE* | Online – 19 October 2020 – ‘**Patient and caregiver experiences with advanced cancer care: A qualitative study informing the development of an early palliative care pathway.**’ The priorities mentioned by patients and family caregivers (FCGs) provide support for integration of an early palliative care (PC) approach in advanced cancer care. Patients and FCGs highlighted the importance of communication in their experiences of cancer care, specifically communication that is respectful and compassionate. This study highlights a misunderstanding of PC. Most participants considered PC to be synonymous with end of life or death, and not as an added layer of support for people living with serious illness. **Full text:** <https://bit.ly/35c5aAK>

### **Palliative care in Toronto during the COVID-19 pandemic**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 4 February 2021 – COVID-19 ... was declared a pandemic by the World Health Organization on 11 March 2020. Clinicians around the world looked to cities that first experienced major surges to inform their preparations to prevent and manage the impact the pandemic would bring to their patients and healthcare systems. Although this information provided insight into how COVID-19 could affect the Canadian palliative care (PC) system, it remained unclear what to expect. Toronto, the largest city in Canada, experienced its first known case of COVID-19 in January 2020; with the first peak in cases occurring in April and its second wave beginning this September. Despite warnings of increased clinical loads, as well as widespread shortages of staff, personal protection equipment, medications, and inpatient beds, the calls to action by international colleagues to support the PC needs of patients with COVID-19 were not realized in Toronto. This article explores the effects of the pandemic on Toronto’s PC planning and reports of clinical load and capacity, beds, staffing and redeployment, and medication and personal protective equipment shortages. The Toronto PC experience illustrates the international need for strategies to ensure the integration of PC into COVID-19 management, and to optimize the use of PC systems during the pandemic. **Full text:** <https://bit.ly/3p0LCHo>

Noted in Media Watch 15 June 2020 (#670, p.4):

- *BMJ SUPPORTIVE & PALLIATIVE CARE* | Online – 9 June 2020 – ‘**Integration of palliative care into COVID-19 pandemic planning.**’ The COVID-19 pandemic is expected to surpass the healthcare system’s capacity to provide intensive care to all patients who deteriorate as a result of the disease. The authors describe some of the important palliative care (PC) considerations that need to be incorporated into COVID-19 pandemic planning. The main aspects to be considered include decision algorithms for rationing care, training on effective symptoms management, alternative delivery methods of PC services such as telemedicine and finally death and bereavement support for surviving family members who are likely to be isolated from their loved one at the moment of death. **Full text:** <https://bit.ly/2YsllRp>

Noted in Media Watch 27 April 2020 (#663, p.7):

- *THE LANCET* | Online – 22 April 2020 – ‘**The key role of palliative care in response to the COVID-19 tsunami of suffering.**’ During the COVID-19 pandemic, access to essential palliative care (PC) at end-of-life, including bereavement support, will be limited in the face of high demands in all countries. There will be increased isolation and suffering for PC patients and those who are bereaved. Strict physical distancing regulations to slow disease transmission mean that patients who die from COVID-19 will usually be without loved ones by their side, who in turn will be unable to say goodbye or undertake traditional grieving rituals. Providers of PC, including private hospices, will require additional human and financial resources. **Full text:** <https://bit.ly/3cHDMg1>

Noted in Media Watch 30 March 2020 (#659, p.11):

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 27 March 2020 – ‘**What should palliative care’s response be to the COVID-19 epidemic?**’ Widespread transmission of COVID-19 in the U.S. could translate into large numbers of people needing medical care at the same time. This will push many health systems to the point of rationing limited resources such as ICU beds and life sustaining machinery, as has occurred in Italy. Patients and their families at the peak of the pandemic will face symptoms, emotional distress, and decision-making in the face of uncertainty and limited options. No one is more prepared to handle these needs than providers on palliative care (PC) consult teams. However, PC consult teams are themselves a limited resource. **Full text:** <https://bit.ly/2xtZkxh>

## A vital layer of support: One safety net hospital's palliative care response to the pandemic

*JOURNAL OF PALLIATIVE MEDICINE* | Online – 8 February 2021 – During the COVID-19 pandemic, New York City's public hospitals experienced a significant increase in the number of critically ill patients, especially from minority populations. The palliative care (PC) consult service at Bellevue Hospital, therefore, adjusted rapidly to meet the increased needs of our patients and colleagues. The consult service expanded into three individual teams to accommodate daily rounds with the medical intensive care and general medicine teams. Non-PC trained community volunteers and internally redeployed providers received targeted training in advanced care planning (ACP) and were subsequently embedded within the three teams, each led by a PC provider. A total of 12 volunteers joined the PC team. During eight weeks of the surge, the service cared for a total of 276 patients, 111 of whom were seen by volunteers. Over 50% of the PC patients had limited English proficiency. The inpatient PC consult service structure adapted rapidly in response to the increased need for ACP and support throughout the hospital during the COVID-19 surge. Focusing on three key areas of surge staffing, support, and scale resulted in expert coordination with the hospital and system level leadership, efficient training of volunteer providers, and frequent re-evaluation of response strategies. These elements were vital in allowing the PC team to harness the expertise of various volunteer providers to meet the increased demands of a safety net hospital during the COVID-19 pandemic. **Abstract:** <https://bit.ly/3tINfwY>

### Related:

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 12 February 2021 – ‘**Multicenter evaluation of 434 hospital deaths from COVID-19. How can we improve end-of-life care during a pandemic?**’ This large multicenter study comprehensively describes COVID-19 deaths throughout the hospital setting. Clinicians are alert to and diagnose dying appropriately in most patients. Outcomes could be improved by advance care planning to establish preferences, including whether hospital admission is desirable, and alongside this, support the prompt use of anticipatory subcutaneous medications and syringe drivers if needed. Finally, rapid discharges and direct hospice admissions could better utilize hospice beds and improve care. **Full text:** <https://bit.ly/3ddkySS>

## Socioeconomic position and use of hospital-based care towards the end of life: A mediation analysis using the English Longitudinal Study of Ageing

*THE LANCET: PUBLIC HEALTH* | Online – 8 February 2021 – Many patients prefer to avoid hospital-based care towards the end of life (EoL), yet hospitalisation is common and more likely for people with low socioeconomic position. The reasons underlying this socioeconomic inequality are not well understood. This study investigated health, service access, and social support as potential mediating pathways between socioeconomic position and receipt of hospital-based care towards the EoL. Socioeconomically driven health differences might explain patterns of hospital admissions towards the EoL. Acknowledging that the greater burden of disease experienced by those with lower socioeconomic position also drives hospital admissions in the last years of life is important for policy and practice. The findings from this study strengthen calls for resource allocation formulae to ensure that funding of services is made on the basis of health need and socioeconomic profile, and should raise awareness among professionals providing EoL care about the related risk factors of low socioeconomic position and poor health. The methodological implications of this work are that studies investigating the role of socioeconomic position on hospital admissions should account for the mediating influence of health, rather than simply controlling for health as a confounder. **Full text:** <https://bit.ly/36YA699>



**N.B.** See 'What mediates end-of-life care choices?' a commentary on 'Socioeconomic position and use of hospital-based care towards the end of life...', *The Lancet: Public Health*, published online 8 February 2021. **Full text:** <https://bit.ly/3tP8vRK>

## **Treatment withdrawal of the patient on end of life: An analysis of values, ethics and guidelines in palliative care**

*NURSING OPEN* | Online – 11 February 2021 – This article explains how ethical issues emanate in end-of-life care (EoLC) due to differences in values between healthcare professionals, patients and relatives. The analysis of the dilemma presented in this article reveals that establishing an evidence-based guide for EoLC may not be feasible as it takes account of personal values and beliefs of patients and individuals involved in care delivery. This value-laden process is likely to cause conflict where individual needs are not met. In addition, disease prognosis and family involvement may also influence ethical decisions in EoLC. In order to strengthen the trust placed in healthcare professionals, anticipatory care planning with the active involvement of patients and effective communication with relatives is required to aid healthcare decision-making. **Full text:** <https://bit.ly/2Z3LnAO>

## **Addressing the gap: Occupational therapy in hospice care**

*OCCUPATIONAL THERAPY IN HEALTH CARE* | Online – 5 February 2021 – Patients receiving hospice care have a host of occupational challenges, though few are being seen in occupational therapy (OT) for treatment. OT can help those receiving hospice care live with dignity before death. Data retrieved from the [U.S.] National Home & Hospice Care Survey were analyzed using independent t-tests, Wilcoxon rank-sum tests, Chi-square tests and logistic regressions. Only 10.6% of the participants received OT. Patients who received OT were significantly older and had shorter lengths of hospice care service compared to their counterparts. Over 85% of the patients needed assistance with at least one task of activity of daily living. Findings suggested a need to increase OT workforce in hospice care and advocate the value of OT services in hospice settings. **Abstract:** <https://bit.ly/3jt9yCc>

Noted in Media Watch 14 January 2019 (#597, p.16):

- *OCCUPATIONAL THERAPY IN HEALTH CARE* | Online – 7 January 2019 – ‘**A model for occupation-based palliative care.**’ This article presents a scoping review of 74 papers from the peer reviewed literature dealing with occupational therapy (OT) in palliative care (PC). Five themes emerged regarding the parameters of OT in PC: 1) The importance of valued occupations even at the end of life; 2) An exploration of how occupations change over the trajectory of a terminal illness; 3) The balance between affirming life and preparing for death; 4) Valued occupations might be doing, being, becoming, or belonging occupations; and, 5) The emphasis of a safe and supportive environment as an essential dimension for effective PC. **Abstract:** <https://bit.ly/39V7PIK>

Noted in Media Watch 26 November 2018 (#591, p.5):

- *AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online – 21 November 2018 – ‘**Do healthcare professionals really understand the role of occupational therapy in hospice care?**’ The distinct value of occupational therapy (OT) in end-of-life care is to facilitate quality of life for clients and their caregivers through engagement in occupations during the clients’ remaining days. This study reveals that the role (OT) in hospice care is misunderstood and that OT services are underutilized. Five themes are identified regarding the underutilization of OT services: 1) Lack of reimbursement [in the U.S.]; 2) Timing of referral; 3) Knowledge of the role of OT; 4) Refusal of services by family members; and, 5) Lack of OT presence in this setting. **Abstract (w. list of references):** <http://bit.ly/2MyuLP3>

Noted in Media Watch 28 May 2018 (#565, p.14):

- *PALLIATIVE MEDICINE*, 2018;32(5):960-968. ‘**Mapping the scope of occupational therapy practice in palliative care: A European Association for Palliative Care cross-sectional survey.**’ This study shows that there is a shared core content of occupational therapy (OT) services in direct and indirect patient care and that priority is given to clinical care activities over teaching, service development or research. Occupational therapists understand and value their role in making it possible for people facing dying to participate as fully as they wish and are able in their everyday lives, but do not feel that this role is used to its full potential. There is a need for further development of OT in palliative care and capacity building in leadership and research activities. **Full text:** <http://bit.ly/39X1qXd>

## Bereavement Network Europe

### **Responding to the new International Classification of Diseases-11 prolonged grief disorder during the COVID-19 pandemic: A new bereavement network and three-tiered model of care**

*PUBLIC HEALTH*, 2021;191(2):85-90. The field of bereavement research and care is at a tipping point. The introduction of prolonged grief disorder (PGD) in the International Classification of Diseases (ICD-11) has ignited clinical interest in this new disorder, along with debate over challenges in validating and implementing these new criteria. At the same time, the global COVID-19 pandemic has launched several local and international efforts to provide urgent support and comfort for individuals and communities suffering from grief. Recently, grief experts have called for a collective response to these complicated bereavements and possible increase in PGD due to COVID-19. The authors of this article outline a new European network that aims to unite a community of grief researchers and clinicians to provide accessible, evidence-based support particularly during times of unprecedented crisis. The Bereavement Network Europe (BNE) has been developed with two main aims. Firstly, to develop expert agreed, internationally acceptable guidelines for bereavement care through a three-tiered approach. Secondly, to provide a platform for researchers and clinicians to share knowledge, collaborate, and develop consensus protocols to facilitate the introduction of PGD to diverse stakeholders. This article outlines the current status and aims of the BNE along with the plans for upcoming network initiatives and the three-tiered bereavement care guidelines in response to the COVID-19 pandemic. **Full text:** <http://bit.ly/2OdfLGy>

**N.B.** Bereavement Network Europe website: <http://bit.ly/3tGwbYn>

### **First experiences with online Last Aid courses for public palliative care education during the COVID-19 pandemic**

*PUBLIC HEALTH* | Online – 5 February 2021 – The Last Aid course aims to teach public palliative care (PC) by increasing public awareness and empowering people about the role of the individual in the death of loved ones. The COVID-19 pandemic, however, has altered educational methods prohibiting classroom settings. Therefore, an online course was created to enable continued and safe public PC education. Findings of this mixed-methods study revealed overall course satisfaction for the online courses in line with previous findings for classroom teaching. The online platform enabled course participation from people previously unable or unwilling to attend, namely caregivers to dying relatives and younger people. Instructors displayed an ability to teach online. However, some instructors expressed frustration over reduced interaction and technical challenges, which was echoed by participant ratings showing that many lacked social networking with fellow participants. Nonetheless, this pilot study demonstrates the feasibility of the online Last Aid course. Attention must be given to increasing both participant-to-participant and instructor-to-participant interaction. More research on the long-term effects of Last Aid courses is needed. **Full text:** <http://bit.ly/3q9cSot>

Noted in Media Watch 4 February 2019 (#600, p.10):

- *HEALTHCARE* | Online – 28 January 2019 – ‘**Last Aid course. An education for all citizens and an ingredient of compassionate communities.**’ Knowledge in palliative care (PC) is very limited or totally absent in most communities, and information about the effects of educational procedures in teaching non-professionals in basic PC is sparse. In the Last Aid courses, the public knowledge approach and the initial experiences from the implementation process are described in this article. In addition, a review of the literature on educational efforts regarding PC for non-professionals and the existing literature on courses is provided. An international working group has established a curriculum for Last Aid courses based on four teaching hours (45 minutes each). **Full text:** <http://bit.ly/2Bem43h>



Would the *Public Health* article be of interest to a colleague?

## **“We are to be like machines...fill the bed before it gets cold”: Exploring the emotional geographies of healthcare providers caring for dying residents in long-term care facilities**

*SOCIAL SCIENCE & MEDICINE* | Online – 6 February 2021 – Given that care providers within long-term care (LTC) facility settings will increasingly be called upon to provide care for a growing number of residents approaching the end-of-life (EoL), it becomes critical that adequate supports are in place to ensure they are able to do their job with minimal risk to their own personal health and wellbeing. Doing so, however, will require employers, organizations, and local governments to acknowledge and address both the physical and emotional labor they endure daily. Recognizing the significance of “place,” and the multiple ways in which it shapes the emotional geographies of EoL experiences across the palliative trajectory, from identification to bereavement, can help to inform the development of meaningful programs and policies aimed at mitigating distress, burden, and compassion fatigue among staff. Considering the disproportionate number of deaths LTC facilities are currently witnessing due to the COVID-19 pandemic, and their vulnerability to potential future contagions, it has never been more imperative to re-examine the conditions healthcare staff are expected to work in, and the emotional toll providing care to dying residents may take on their wellbeing in these settings, to ensure these providers are able to continue fulfilling this valuable caring role not only for today, but also the years to come. **Full text:** <http://bit.ly/2Niwyal>

### **Related:**

- *SOCIAL WORK IN HEALTH CARE* | Online – 11 February 2020 – ‘**Take it to the resident: A model for engaging long-term stay residents in advance care planning.**’ Advance care planning (ACP) involves a meaningful conversation about residents’ end of life goals with the healthcare team and documenting these wishes in advance directives; however, these conversations are not taking place early enough or with strategies that allow nursing home residents’ preferences to be meaningfully integrated into care plans. This article outlines a new model that nursing home social workers can use to initiate ACP discussions called ‘Take it to the Resident.’ The results of this study support the utility of continued testing of this model. **Abstract:** <https://bit.ly/2MRoONm>

## **Hearts above water: Palliative care during a pandemic**

*SOCIAL WORK IN HEALTH CARE* | Online – 7 February 2021 – Social workers and nurses, as members of interprofessional palliative medicine teams, faced unfamiliar challenges and opportunities as they endeavored to provide humanistic care to patients and families during the coronavirus (COVID-19) pandemic. Typical methods for engaging patients and families in medical decision-making became thwarted by visitation restrictions and patients’ dramatic health declines. The authors of this article present an innovative social work and nursing intervention aimed at enhancing humanistic patient/family care and advanced directive dialogs. Through incorporating a narrative synthesis of the teams’ reflective journals from COVID-19, the paper chronicles the intervention implementation, patient/family responses, and team members’ personal and professional meaning-making processes. **Full text:** <https://bit.ly/3pd25lx>

## **Research Matters**

### **Interim analysis of attrition rates in palliative care study on dignity therapy**

*AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE* | Online – 9 February 2021 – A routine threat to palliative care (PC) research is participants not completing studies. The purpose of this analysis was to quantify attrition rates mid-way through a PC study on Dignity Therapy and describe the reasons cited for attrition. Enrolled in the study were a total of 365 outpatients with cancer who were receiving outpatient specialty PC... These participants completed an initial screening for cognitive status, performance status, physical distress, and spiritual distress. There were 76 eligible participants who did not complete the study... Of those not completing the study, the average scores were  $74.5 \pm 11.7$  on the Palliative Performance Scale and  $28.3 \pm 1.5$  on the Mini-Mental Status Examination, whereas 22% had high spiritual

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distress scores and 45% had high physical distress scores. The most common reason for attrition was death/decline of health (47%), followed by patient withdrawal from the study (21%), and patient lost to follow-up (21%). The overall attrition rate was 24% and within the a priori projected attrition rate of 20%-30%. Considering the current historical context, this interim analysis is important because it will serve as baseline data on attrition prior to the outbreak of the COVID-19 pandemic. Future research will compare these results with attrition throughout the rest of the study, allowing analysis of the effect of the COVID-19 pandemic on the study attrition. **Abstract (w. list of references):** <http://bit.ly/2NbHI6M>

### **Palliative medicine specialist trainee research experience, interest and opportunities: A national survey**

*BMJ SUPPORTIVE & PALLIATIVE CARE* | Online – 8 February 2021 – Despite the acknowledged benefits of research, palliative medicine receives minimal research funding and has few dedicated research training posts. This study investigated the opportunities and barriers to participating in research for the current cohort of U.K. Palliative Medicine Specialist Trainees (PMSTs), to better understand the opportunities to improve evidence-based practice within the specialty. Two surveys, one for PMSTs and a second for training programme directors (TPDs), were developed. Surveys were piloted and then reviewed by the U.K. Palliative trainee Research Collaborative and the Palliative Medicine Specialty Advisory Committee (SAC) before distribution. All current PMSTs and TPDs representing all of the U.K. training regions were invited to complete the appropriate survey. Overall, 85% and 45% of TPDs and PMSTs responded, respectively. Almost all (92%) PMSTs reported that they were either “very interested” or “quite interested” in taking part in clinical research. PMSTs generally felt that educational and clinical supervisors were supportive of them taking part in research; however, few (35%) believed they had access to personnel with adequate research experience to provide practical support. Opportunity for appropriate research supervision varied considerably by training region. Where research was being conducted, it was often conducted in trainees’ personal time due to the wide regional variation in dedicated research time. Despite significant interest in clinical research and support by TPDs and clinical supervisors, access to experienced researchers and equitable protected research time by region needs urgent attention to enhance progress in evidence-based palliative medicine. **Abstract:** <http://bit.ly/3a5bMEy>



### **Using linked administrative health data for palliative and end-of-life care research in Ireland: Potential and challenges**

*HRB OPEN RESEARCH* | Online – 9 February 2021 – Administrative health datasets are a powerful tool for palliative and end-of-life care (PEoLC) research and these are available in the Irish health system. With the appropriate permissions, detailed knowledge of the datasets and good study design, administrative data can be used for PEoLC research in Ireland. The authors identify areas where small changes could support research, for example using postcodes to unambiguously delineate geographic catchment areas. Since 2018, more stringent requirements around data governance, data sharing and the requirement for informed consent arising from legislative changes to General Data Protection Regulation and Irish Health Research Regulations have impacted on the use of administrative health data for research. The planned reforms of the Irish health services together with the Health Information & Quality Authority recommendations for standards for data quality should improve the Irish health information infrastructure and research potential of administrative health data. Streamlining the existing fragmented health service should clarify data governance and ownership issues. Improved data standards requiring data models, data dictionaries and the development of minimum datasets which will allow researchers to evaluate the research potential of a dataset in advance and gauge the level of effort required to access and use the data. The introduction of IHI's for both service users and providers will improve data privacy by negating the need to store identifiable data name and/or date of birth etc. more than once. The increased security provided by individual health identifiers (IHI) will facilitate data pseudonymisation while data linkage and data sharing based on a common IHI between datasets, i.e. deterministic linkage rather than probabilistic matching should be possible. These changes will take time to fully implement but should allow the full power of administrative health data for PEoLC to be realised in due course. **Full text:** <http://bit.ly/3ahHNcx>

## Establishment of a research policy for supportive and palliative care in Japan

*JAPANESE JOURNAL OF CLINICAL ONCOLOGY* | Online – 10 February 2021 – While several small groups in Japan have attempted to conduct prospective studies in the field of supportive and palliative care (PC), development of exploratory research into multi-centre confirmatory studies has been difficult. The main reason for this is the difference in clinical research methodology in supportive and PC compared with medical oncology in terms of the style of multidisciplinary approaches, study design and endpoints. The first draft of a new research policy was developed by a policy working group within the Japanese Supportive, Palliative & Psychosocial Care Study Group. A provisional draft was subsequently developed after review by nine Japanese scientific societies (Japanese Association of Supportive Care in Cancer, Japanese Society of Medical Oncology, Japanese Society of Clinical Oncology, Japanese Society of Palliative Medicine, Japanese Society of Cancer Nursing, Japanese Society of Pharmaceutical Oncology, Japan Cancer Association, Japanese Society of Therapeutic Radiation Oncology and Japanese Cancer Association) and receipt of public comments. The final research policy in the area of supportive and PC in Japan was completed in December 2018 and underwent its first revision in February, 2020. The policy includes the following components of clinical research: 1) Objective of the research policy in the areas of supportive and PC; 2) Definitions of supportive care and PC; 3) Characteristics of supportive and PC research; 4) Target population for research; 5) Research design; 6) Endpoints and assessment measures; 7) Handling of the deaths of subjects; and, 8) Operational structure and quality management. **Abstract:** <http://bit.ly/3jz178n>

## Publishing Matters

### Predatory publishing in Scopus: Evidence on cross-country differences

*SCIENTOMETRICS* | Online – 7 February 2021 – Predatory publishing represents a major challenge to scholarly communication. The authors of this article map the infiltration of journals suspected of predatory practices into the citation database Scopus and examines cross-country differences in the propensity of scholars to publish in such journals. Using the names of “potential, possible, or probable” predatory journals and publishers on Beall’s lists, the authors derived the International Standard Serial Numbers of 3,293 journals from Ulrichsweb and searched Scopus with them. 324 of journals that appear both in Beall’s lists and Scopus with 164 thousand articles published over 2015–2017 were identified. Analysis of data for 172 countries in 4 fields of research indicates that there is a remarkable heterogeneity. In the most affected countries, including Kazakhstan and Indonesia, around 17% of articles fall into the predatory category, while some other countries have no predatory articles whatsoever. Countries with large research sectors at the medium level of economic development, especially in Asia and North Africa, tend to be most susceptible to predatory publishing. Arab, oil-rich and/or eastern countries also appear to be particularly vulnerable. Policymakers and stakeholders in these and other developing countries need to pay more attention to the quality of research evaluation. **Full text:** <https://bit.ly/3qfhJnX>

#### Related:

- *NATURE* | Online – 8 February 2021 – ‘Hundreds of “predatory” journals indexed on leading scholarly database.’ The widely used academic database Scopus hosts papers from more than 300 potentially “predatory” journals that have questionable publishing practices, an analysis has found. Together, these titles contributed more than 160,000 articles over three years – almost 3% of the studies indexed on Scopus during the period. Their presence on Scopus and other popular research databases raises concerns that poor-quality studies could mislead scientists and pollute the scientific literature. Scopus has stopped adding content from most of the flagged titles, but analysis highlights how poor-quality science is infiltrating literature. **Full text:** <https://go.nature.com/2LJTOOY>

**N.B.** Additional articles on scientifically questionable journals infiltrating citation databases such as PubMed (U.S. National Library of Medicine) and Scopus (Elsevier) noted in Media Watch 29 July 2019 (#624, p.15).

## Media Watch: Editorial Practice

EACH LISTING IN MEDIA WATCH represents a condensed version or extract of what is broadcast, posted (on the Internet) or published; in the case of a journal article, an edited version of the abstract or introductory paragraph, or an extract. Headlines are as in the original article, report, etc. There is no editorializing ... and, every attempt is made to present a balanced, representative sample of "current thinking" on any given issue or topic. The weekly report is issue-oriented and offered as a potential advocacy, research and teaching tool.

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5. If a link appears broken or inactive, try copying/pasting the URL into the address bar of your browser or, alternatively, Google the title of the article or report, and the name of the source.
6. Due to its relevance, an article may be listed but for which a link is not available; access, therefore, may only be possible directly from the source (e.g., publication) or through the services of a library.

### Something Missed or Overlooked?

IF YOU ARE AWARE OF A CURRENT REPORT, ARTICLE, ETC., relevant to hospice, palliative care or end-of-life issues not mentioned, please alert this office (contact information below) so that it can be included in a future issue of Media Watch. Thank you.

## Media Watch: Access on Online | Updated 8 February 2021

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INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE: <http://bit.ly/3q2Jlgb>

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[Click on e-News (November 2019); scroll down to 'Useful Resources in Palliative Care Research']

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## Canada



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EUROPEAN ASSOCIATION FOR PALLIATIVE CARE (BLOG): <HTTP://BIT.LY/3EPKUAC>

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## South America

Academia Nacional de Cuidados Paliativos (Brazil): <http://bit.ly/2G2ISGr>

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