

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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Compiled & Annotated by Barry R. Ashpole

It seems counterintuitive that health economics could play a major role in tackling the main challenges in end-of-life care. However, the escalating cost of healthcare, combined with an ever-increasing range of therapeutic and patient management options, has brought difficult budget allocation decisions to the fore.

'Incompatible: End-of-life care and health economics' (p.6), in *BMJ Supportive & Palliative Care*.

U.S.A.

"No one has been trained for this much death"

In a COVID ICU, hospital workers struggle with trauma and grief

CALIFORNIA | *USA Today* – 12 March 2021 – As America's medical workers struggle with the pandemic – death, suffering, fatigue, stress and fears of infection – helping families through denial, grief and anger has added to the trauma. On average, Americans who die from coronavirus leave behind nine close family members. That means about 4.8 million parents, spouses, children, siblings and grandparents in the throes of grief. Even as the pandemic has subsided from its peak, about 10,750 Americans die each week. Los Angeles County, where Latinos account for nearly half the population, has been hit particularly hard, with more than 22,000 deaths. Hispanics die from coronavirus 2.3 times more frequently than White non-Hispanics, according to federal data.¹ SARS-CoV-2: invisible, indifferent, parasitic and mutating. The virus acts without malice, driven by a biological imperative. Doctors, nurses and chaplains recognize when the end is near and try to deliver the prognosis compassionately. But no matter how it's done, the conversation about comfort care can be emotionally volatile. <http://bit.ly/3ewmt5N>

1. 'Tracking the reach of COVID-19 kin loss with a bereavement multiplier applied to the U.S.,' *Proceedings of the National Academy of Sciences of the United States of America*, published online 10 July 2020. [Noted in Media Watch 13 July 2020 (#674, p.11)] **Full text:** <https://bit.ly/322myb8>

Providers strategize to close racial gaps in hospice care

HOSPICE NEWS | Online – 12 March 2021 – While several healthcare providers have expanded their diversity initiatives to bridge racial divides, hospices have much room to grow in fostering stronger connections with underserved communities of color. Hospice providers who participated in a recent nationwide study indicated that increasing staff diversity and developing committees dedicated to diversity initiatives

Cont.

were strategies yielding the most beneficial outcomes thus far. Race and socioeconomics represent the largest barriers to hospice and palliative care. More than 80% of Medicare hospice patients in 2018 were Caucasian, according to the National Hospice and Palliative Organization, while African American, Asian, Hispanic and Hispanic patients made up less than 20% of the remaining beneficiaries that year. While healthcare disparities affecting people of color have been pervasive for decades, last year's nationwide civil unrest has brought racial equity to the forefront of hospice providers' minds. A majority of the hospice providers who participated in a 2020 [sic] study¹ ... indicated that racial, ethnic and minority disparities were an impetus for establishing greater diversity initiatives within their organizations. <http://bit.ly/3bGtv5W>

1. 'U.S. hospices' approach to racial/ethnic minority inclusion: A qualitative study,' *BMJ Supportive & Palliative Care*, published online 11 February 2021. [Noted in Media Watch 15 February 2021 (#704, p.5)]
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>

Reform hospice education to combat workforce burnout

HOSPICE NEWS | Online – 11 March 2021 – Staffing shortages have been weighing heavily on the minds of hospice and palliative care (PC) organization leaders in recent years. The hospice and PC workforce has been shrinking due to staff retirement, burnout and limited opportunities for specialty training. The U.S. has 13.35 hospice and PC specialists for every 100,000 adults 65 and older, according to an April 2018 study.¹ 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. Research published in 2019 found that the hospice and PC workforce will likely deplete even further during the next two decades due to retirement and burnout.² ...widespread burnout

among hospice and PC clinicians is an issue that will rise as medical education programs nationwide fall short in terms of fellowship opportunities, training and experience in end-of-life and serious illness care. <http://bit.ly/38yMrBF>

Specialist Publications

'Palliative care education During COVID-19: The MERI Center for Education in Palliative Care at University of California San Francisco/Mt. Zion Medical Center' (p.4), in *American Journal of Hospice & Palliative Medicine*

1. '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>
2. 'Policy changes key to promoting sustainability and growth of the specialty palliative care workforce,' *Health Affairs*, 2019;38(6):910-918. [Noted in Media Watch 10 June 2019 (#617, p.1)] **Full text:** <http://bit.ly/2QMAU7N>



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>

International

Grieving families still being denied help a year after landmark High Court ruling

U.K. | *The Daily Mail* (London) – 9 March 2021 – Bereaved unmarried parents are still being denied thousands of pounds of vital support, a year after a landmark High Court ruling. Married couples and those in civil partnership can claim £9,800 through Bereavement Support Payment if their partner dies – a £3,500 initial lump sum plus 18 monthly payments of £350. A judge ruled the Department for Work & Pensions (DWP) was breaching human rights by not giving help to children of unmarried parents – but the Government is yet to act. Some 1,600 families with more than 2,800 children have been denied the cash since the ruling, the Childhood Bereavement Network says. A DWP spokesman says it will extend the support and is “considering the detail and implementation which we will outline in due course.”
<http://bit.ly/2OGJgke>

Specialist Publications

‘No difference in effects of PACE Steps to Success palliative care program for nursing home residents with and without dementia: A pre-planned subgroup analysis of the seven-country PACE trial’ (p.5), in *BMC Palliative Care*.

‘Students’ confidence and interest in palliative and bereavement care: A European study’ (p.6), in *Frontiers in Psychology*.

‘Social welfare needs of bereaved Australian carers: Implications of insights from palliative care and welfare workers’ (p.6), in *Health & Social Care in the Community*.

‘International distance nurse mentoring program: A pilot project’ (p.9), in *Journal of Hospice & Palliative Nursing*.

More than 50,000 extra deaths at home in England and Wales since pandemic began

U.K. (England & Wales) | *The Evening Standard* (London) – 9 March 2021 – Extra deaths – known as “excess deaths” – are the number of deaths above the average for the corresponding period in the non-pandemic years of 2015-2019. A total of 50,810 excess deaths in homes in England and Wales were registered between 7 March 2020 and 26 February 2021, according to an analysis by the PA news agency of data from the Office of National Statistics. Of this number, just 7,056 – or 14% – were deaths directly involving COVID-19. The figures show that there are still many more people than normal who are dying in their own homes. Deaths in private homes have been consistently well above the 2015-2019 average since April 2020. Even during the summer and early autumn of 2020, when few lockdown restrictions were in place across the country, excess deaths in private homes remained above average by between 700 and 900 a week. Since the start of 2021, when a full lockdown was reintroduced in both England and Wales, this number has climbed to around 1,200 to 1,300 a week. <http://bit.ly/2OJ8xu5>



Media Watch: Access Online

Media Watch (or a link to the weekly report) is posted on a number of websites that serve the hospice and palliative care community-at-large. Complete listing beginning on p.13.

IPCRC.NET International Palliative
Care Resource Center

Search Back Issues of Media Watch @
<http://bit.ly/2ThijkC>

Charity urges government to end hospice funding crisis

U.K. (England) | *Charity Today News* – 8 March 2021 – Sue Ryder, a leading provider of specialist palliative care (PC) in the U.K., commissioned an independent report looking into the rise in demand and cost for end-of-life (EoL) care services over the next ten years.¹ 245,000 people in the U.K. are expected to receive PC in the coming year. This is expected to increase to 379,000 people per year by 2030. Independent hospices only receive around one-third of the money required to fund their EoL services from the government. The running costs of the PC sector are estimated to be £947 million a year between now and 2030, and if government funding remains the same, the hospice sector will be required to fund-raise £597 million every year in order to keep hospices open. Sue Ryder is calling on the government to end the funding crisis facing the PC sector and commit to covering 70% of hospice provision costs. Despite the Health Secretary

repeatedly stating in Parliament that the government is committed to investing in “high-quality palliative care,” no sustainable funding has as yet been forthcoming. <http://bit.ly/3bvKOM1>

Extract from London Economics report

Historically, the provision of specialist PC services by the independent sector has been partially funded by the National Health Service (with a share ranging between less than a fifth to two fifths of total expenditure) with the rest of the funds raised from donations, fund-raising activities, charity shops, etc. Information gathered from Hospice UK ... showed that, even before the start of the COVID-19 outbreak, around 90% of surveyed hospices reported a lack of resources to meet increasing demand for services, and one fifth were thought to be at risk of imminent closure due to extreme financial difficulties.

1. ‘Modelling demand and costs for palliative care services in England. A final report for Sue Ryder,’ London Economics, February 2021. **Download/view report at:** <http://bit.ly/3v29izf>

Related:

- U.K. (Scotland) | *The Times* – 8 March 2021 – ‘**Struggling hospices are left waiting for millions.**’ Scotland’s health secretary has been branded “a disgrace” after it emerged that at least £14 million of emergency funding has been withheld from hospices – more than half the amount allocated by the U.K. Treasury. Jeane Freeman pledged in April that £19 million would be channelled into hospices across the country as “consequentials” of a £200 million emergency grant to the sector in England made by Rishi Sunak, the chancellor. Along with a further winter payment from Sunak, a total of £24 million has been made available to the Scottish government as a consequence of the Barnett formula. However, only £10 million has been passed on. <http://bit.ly/3rynrSQ>

N.B. Selected articles on the U.K.’s funding crises noted in Media Watch 23 November 2020 (#693, pp.5-6).

Specialist Publications

Palliative care education During COVID-19: The MERI Center for Education in Palliative Care at University of California San Francisco/Mt. Zion Medical Center

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online – 11 March 2021 – In the setting of the COVID-19 pandemic as well as the recognition of systemic racism in our institutions, the symptom management, emotional/psychological support and advance care planning at the core of palliative care (PC) – once considered “an extra layer of support” – have been revealed as instrumental to individuals, families, communities, and countries facing the threat of the global pandemic. The authors outline the primary education efforts of one PC education center ... and

detail the critical adjustments necessary and opportunities found in the COVID-19 crisis. **Abstract (w. references):** <http://bit.ly/3l4XTKx>

Research Matters

‘Are we undermining the value of palliative care through advanced cancer clinical trial consent language?’ (p.12), in *Cancer*.

Adapting palliative care skills to provide substance use disorder treatment to patients with serious illness

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online – 9 March 2021 – The majority of palliative care (PC) clinicians report recently caring for a person with a substance use disorder (SUD). The impact of an untreated SUD is associated with significant suffering but many PC clinicians report a lack of confidence in managing this population. The authors demonstrate existing PC skills that can be adapted to provide primary SUD treatment. There is an abundance of overlapping domains in PC and SUD treatment. This paper focuses on the domains of communication, team-based care, quality of life considerations, addressing social determinants of health, and adherence to ethical principles. In each section, the shared domain in PC and SUD treatment is discussed and steps to expand PC clinician's skills are provided. PC clinicians may be among the last healthcare touchpoint for persons with SUD, by naming the shared skills required in PC and evidenced-based SUD treatment, the authors challenge the field to undertake primary SUD treatment as part of its constant pursuit to better serve people living with serious illness. **Abstract (w. references):** <http://bit.ly/3kXLwQi>

Related:

- *INTERNATIONAL JOURNAL OF MENTAL HEALTH & ADDICTION* | Online – 8 March 2021 – ‘**When “good enough” isn’t good enough: Interdisciplinary perspectives on caring for adults using substances at the end of life.**’ The authors draw on data from one strand of a six-strand, exploratory study on end-of-life care (EoLC) for adults using substances. They present data ... that aimed to identify models of practice in the U.K. and focusses on two of seven resulting themes, namely definitions and perceptions of key terms in EoLC and substance use sectors, and service commissioning and delivery. The key informants ... were critical of the systemic failure to provide adequate direction and resources to support people using substances at the end of their lives. **Full text:** <https://bit.ly/2PVKCs5>

No difference in effects of PACE Steps to Success palliative care program for nursing home residents with and without dementia: A pre-planned subgroup analysis of the seven-country PACE trial

BMC PALLIATIVE CARE | Online – 7 March 2021 – Between 14% and 29% of people aged 65 years and over in many developed countries die in nursing homes. However, the quality of dying and end-of-life (EoL) care in this setting, even in countries with high levels of palliative care (PC) development, is sub-optimal. To contribute high-quality evidence to address this problem, the authors developed ‘PACE Steps to Success,’ which is a multicomponent program aiming to integrate generalist and non-disease-specific PC into nursing homes in six steps using a train-the-trainer approach. This analysis showed that the effects of PACE Steps to Success did not differ between residents with advanced, non-advanced and no dementia. These findings suggest that this program did not improve comfort in the last week of life for residents with or without dementia, but it appeared to improve quality of care and dying in the last month of life equally for residents with dementia (regardless of the stage) and without dementia. A generalist and non-disease-specific PC training program, such as PACE Steps to Success, can be a useful starting point for future development of PC programs in nursing homes. However, PACE Steps to Success needs to be developed further, so that it can effectively improve the quality of life and dying of both residents with and without dementia, e.g., by integrating components to improve residents’ comfort at the EoL. **Full text:** <http://bit.ly/3v4NSkS>

The PACE Steps to Success included:

- 1) Advance care planning with residents and families;
- 2) Assessment, care planning, and review of resident needs and problems;
- 3) Coordination of care via monthly multidisciplinary PC review meetings;
- 4) High-quality PC with a focus on pain and depression;
- 5) Care in the last days of life; and,
- 6) Care after death.

Incompatible: End-of-life care and health economics

BMJ SUPPORTIVE & PALLIATIVE CARE | Online – 8 March 2021 – Worldwide, the financial cost to an individual with severe illness is significant. In the U.S., the risk of bankruptcy increases by 250% with a cancer diagnosis. Even in the U.K. where healthcare is free at delivery, those with a cancer diagnosis were found, on a monthly average, to be £570 poorer. In the U.K., most people die in hospital, despite it being the least preferred location. Many may have unnecessary clinical interventions unlikely to impact quality and/or length of life. Hospital care is expensive but comprehensive palliative care (PC) at home may also be costly. Tailored end-of-life (EoL) care integrated into public healthcare reduces emergency hospital and intensive care unit admissions and length of hospital stay. A more personalised approach therefore has great potential to avoid unnecessary resource use while simultaneously benefitting the patient. In the U.K., all these issues are being tackled by a new national strategy to redesign PC services. But is it a need to prioritise, for example, between expensive new drugs with limited life prolongation and little evidence of improved symptom management or a basic human right to good EoL care? In line with national ambitions for personalised care, advanced care planning is at the heart of this strategy, where patients should have realistic high-quality choices at the EoL. The effectiveness of sustainable integrated PC programmes – including the funding of EoL services – is well documented and it may be best to prioritise such interventions in a public health system. The goal therefore should be to reduce the financial burden of care of the dying on the healthcare system without compromising the level of care or a person's quality of life. If the PC clinical community accepts available resources are constrained, then extensive work is necessary to better understand the value at the EoL. **Full text:** <http://bit.ly/3kWDc3o>

Social welfare needs of bereaved Australian carers: Implications of insights from palliative care and welfare workers

HEALTH & SOCIAL CARE IN THE COMMUNITY | Online – 11 March 2021 – An individual and psychological emphasis has influenced practice and research on bereavement following informal care provision in the context of life-limiting illness. Consideration of the potential for bereavement to be shaped by intersecting social and structural inequities is needed; and should include an understanding of interactions with government institutions and social policy. This qualitative study explored the way in which palliative care (PC) workers and welfare sector workers perceive and approach experiences and needs of bereaved carers receiving government income support or housing assistance in Western Sydney... Twenty-one PC workers within a public health service and welfare workers from two government social welfare services participated in in-depth interviews. Participants highlighted social welfare policy and related interactions that may impact bereavement, potentially related to financial, housing and employment precariousness. Personal, interpersonal and structural factors perceived to shape the navigation of welfare needs were explored, alongside needed professional and structural changes envisioned by workers. With limited forms of capital, vulnerably positioned carers may encounter difficulties that heighten their precariousness in bereavement. Transactional organisational cultures alongside health and welfare agencies that function in a siloed manner appear to contribute to structural burden for carers, following death due to life-limiting illness. PC and welfare workers also associated elements of their work with bereaved carers with their own experiences of helplessness, frustration and distress. Findings point to a need for the development of interagency strategies in addition to policy underpinned by more nuanced understandings of vulnerability in bereavement, post-caring. **Abstract:** <https://bit.ly/3qHiBRG>

Related:

- *FRONTIERS IN PSYCHOLOGY* | Online – 18 February 2021 – ‘**Students’ confidence and interest in palliative and bereavement care: A European study.**’ This study assessed the ways in which Master's Degree students in psychology and the creative arts therapies self-rated their confidence and interest in death education, and palliative and bereavement care. In five countries ..., 344 students completed an online questionnaire, and 37 students were interviewed to better understand their views, interest, and confidence. The results revealed some significant differences between countries, and showed that older respondents with previous experience as formal caregivers for end-of-life clients showed greater interest in obtaining practical clinical competence in these fields. **Full text:** <https://bit.ly/3kXbNOW>

The application of social innovation in healthcare: A scoping review

INFECTIOUS DISEASE OF POVERTY | Online – 8 March 2021 – Social innovation is a multi-dimensional concept used in relation to innovations in social relations, governance transformation, and social and complex adaptive systems. Actors, as individuals or collectives, play a key role in the social innovation process, especially moving initiatives from a localised level to a macro-level. In this article, the authors sought to critically review the application of social innovation in healthcare and present the results of a scoping review of peer review research published from 2010 to 2020. In doing this, several research gaps and opportunities for social innovation in health and related research emerged. The 27 research articles revealed that social innovation draws on diverse disciplines and fields, with half of the articles arising from fields other than health. Case study research was the main method applied in studying social innovation. As a result, the evidence remains exploratory and descriptive, with weak proof of impact. Most case studies are snapshots of social innovations at specific points in time, without strong theoretical underpinning. No case studies adopted a health systems and policy research perspective. The lack of longitudinal or historic evidence underpinned by theory are barriers to the deeper understanding of the

evolutionary process by which social innovation develops, how it is sustained over time through community embeddedness, and how systems change as a result of the adoption and institutionalisation of social innovation. Although research on social innovation in health has increased in recent years, there is still very little research originating from low- and middle-income countries (LMIC). There is consequently ample opportunity and a need to build stronger evidence on social innovation in health, to deepen the investigation, engage more social scientists, draw on theory from management, organisational and institutional studies, adopt a health systems perspective, and build capacity for this concept and its processes and outcomes in LMIC. **Full text:** <http://bit.ly/3kYaqPR>

Extract from *Infectious Disease of Poverty* article

The Kerala palliative care (PC) model demonstrated large scale institutional change as it reframed PC provision from a medical frame to a social justice frame, with a professional hospice or hospital model replaced by the bottom-up organisation of services delivered primarily by community volunteers.

Related:

- *INDIAN JOURNAL OF PALLIATIVE CARE*, 2021;27(1):18-22. **'Is the Kerala model of community-based palliative care operations sustainable? Evidence from the field.'** The uninterrupted patient services, economic-self sufficiency, and volunteering efforts are contributing to the overall sustainability of palliative care (PC) operations [in Kerala]. The replication of the Kerala model of PC in the other localities must consider these dimensions for successful implementation. Future researches can focus on exploring the economic aspects of sustainability more comprehensively through quantitative measures. Further, the sociocultural aspects that set the context of identified dimensions of sustainability also require a detailed examination from a sociological point of view. **Full text:** <http://bit.ly/3l1JmyZ>

N.B. Selected articles on the Kerala PC model noted in Media Watch 13 January 2020 (#658, p.11).

Ten things to consider when implementing rationing guidelines during a pandemic

INTENSIVE CARE MEDICINE | Online – 7 March 2021 – The COVID-19 pandemic has reaffirmed the need for establishing an ethical basis for rationing decisions during pandemics. In some jurisdictions, medical resources, intensive care unit beds, or healthcare workers became scarce and rationing of life-sustaining treatment was needed. Principles and processes for triage have been proposed and guidelines developed. Concurrently, critiques arose pertaining to legal issues, equity concerns, and the practicality of these recommendations, given many unprecedented features of this pandemic. The goal of this commentary is to provide additional guidance to support and enhance the development and implementation of such guidelines through the identification of ten elements critical for consideration in rationing decisions during crises. These ten elements incorporate principles important to clinicians, administrators and society at large. **Full text:** <https://bit.ly/3ca0iPW>

Cont.

N.B. Search back issues of Media Watch for additional articles on rationing and triage guidelines during the COVID-19 pandemic at: <http://bit.ly/2ThijkC>

Caregiver overload and factors associated with care provided to patients under palliative care

INVESTIGACIÓN Y EDUCACIÓN EN ENFERMERÍA, 2021;39(1):e10. This study contributes to scientific knowledge concerning overload among the caregivers of patients receiving palliative care (PC) and monitored by a home care service at home. Attention should be paid to the cultural, historical context in which this responsibility is assigned to female caregivers, to the fact that the mental health of caregivers is often neglected, and on how nurses have aided these caregivers to manage their health. Therefore, future studies are recommended to address a larger sample of caregivers of patients under PC and implement follow-up to devise strategies, care plans, and interventions intended to decrease caregiver overload and later become part of PC protocols. It is crucial that nursing workers are attentive to the health needs of patients and caregivers, heeding the needs of caregivers and enabling them to provide quality and effective care to patients receiving PC. **Full text (click on pdf icon):** <http://bit.ly/3bDACwe>

N.B. English language article.

Understanding patients' end-of-life goals of care in the emergency department

JOURNAL OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS | Online – 2 March 2021 – Though perhaps not the ideal setting, the emergency department (ED) may be the first and only time a patient has an opportunity to discuss their goals-of-care (GoC) with a physician. Even if an elderly patient is not critically ill or likely to die during that hospitalization, visits to the ED often indicate a decline in health status, and accordingly, these encounters represent a unique opportunity to either begin or continue conversations about end-of-life care (EoLC) preferences. A recent review article highlights the current lack of literature on GoC discussions in EDs and emphasizes that more research is needed on all aspects related to GoC in EDs, including conversation content and impact on patients and their families.¹ Improving EoLC in the ED is considered a top research priority in the field of emergency medicine and work to improve GoC discussions with patients will be important to achieving this goal.² In a majority of cases, the authors found a discrepancy between the most important goal of care identified by patients and their physicians in the ED. Their results highlight that patients have diverse GoC and that physician perceptions of their patients' goals often are inaccurate. Additionally, most patients reported believing it is important to discuss their GoC with their physicians. Future work may focus on identifying barriers and developing interventions to facilitate GoC discussions in the ED, as well as how physician perception of patients' treatment goals in the ED may affect later care and/or lead to goal-discordant care. **Full text:** <https://bit.ly/3c7PPo0>

1. 'Goals-of-care discussions for adult patients nearing end of life in emergency departments: A systematic review,' *Emergency Medicine Australasia*, published online 1 May 2019. [Noted in Media Watch 6 May 2019 (#613, p.7)] **Abstract:** <http://bit.ly/2vwqFdR>
2. 'An emergency medicine research priority setting partnership to establish the top 10 research priorities in emergency medicine,' *Emergency Medicine Journal*, 2017;34(7):454-456. **Full text:** <http://bit.ly/3enyWbK>

Related:

- *MEDED PORTAL* | Online – 10 March 2021 – '**Effective goals-of-care conversations: From skills training to bedside.**' The authors created a simulation-based learning experience to teach one aspect of serious illness communication – the late goals-of-care conversation when a person is close to end of life. This training included breaking difficult news, sitting with strong emotion, matching priorities with treatment preferences, and recommending hospice care. Residents reflected on why these emotional, challenging conversations matter; recognized turning points in an illness signaling the need to pause and assess a patient's goals and priorities; and, understood and applied an evidence-based serious illness conversation guide in skills practice with standardized patients. **Full text:** <https://bit.ly/3ez1r6s>

A geriatrician's guide to hearing loss

JOURNAL OF THE AMERICAN GERIATRICS SOCIETY | Online – 9 March 2021 – The high prevalence of hearing loss (HL) among older adults creates a perception that it is simply a benign consequence of aging, which leads to unaddressed communication needs. Strategies to address HL as part of routine clinical care are pertinent to the geriatric care setting where HL is prevalent in two out of every three patients 70 years and older. The authors briefly discuss the pathophysiology of HL, describe the epidemiologic prevalence and impact, identify statutory barriers facing older adults in accessing hearing care, discuss current progress on legislation to address accessibility issues, and provide actionable strategies for addressing HL as a barrier to effective communication. Simple steps can be taken to improve hearing care accessibility for older adults with HL and can optimize understanding in daily communication, re-engage patients in being actively involved in their care, and promote patient autonomy in informed decision-making. **Abstract:** <https://bit.ly/3cxHpH5>

Noted in Media Watch 14 January 2019 (#597, p.12):

- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 7 January 2019 – ‘**Hearing loss: Effect on hospice and palliative care through the eyes of practitioners.**’ Discussions regarding values and goals of care are central to providing quality palliative care. An inability to hear during these sensitive discussions may significantly impair quality of care yet hearing loss (HL) is not formally addressed in these settings nor in programs designed to assist practitioners gain advanced communication skills. Of 510 survey respondents, 91% reported HL had impact on the quality of care provided, 88% noted encountering a situation where HL impaired communication with an older adult, and 22% of these provided a specific example. **Abstract (w. link to references):** <http://bit.ly/2srb95p>

N.B. Selected articles on the implications of hearing loss in the context of elder and end-of-life care noted in this issue of Media Watch.

International distance nurse mentoring program: A pilot project

JOURNAL OF HOSPICE & PALLIATIVE NURSING | Online – 5 March 2021 – Professional and personal development has always been important in the field of palliative care nursing. Now as patients are increasingly culturally diverse, the ability to understand and connect across cultures is also vital. In light of this, a homecare hospice in Singapore collaborated with a nurse consultant based in the U.S. to pilot a 10-month cross-cultural bidirectional, distance mentoring project. The overarching goal was to explore the profession and personal benefits for nurses and to provide further information for similar international efforts. Before starting the 10-month project, the consultant met and accompanied the Singapore nurses on home visits to better understand the setting and needs. Each of the six Singapore home hospice teams (5 adult and 1 pediatric) was matched with a U.S. volunteer mentor, who was an experienced home hospice nurse. The goal for each team and their mentor was to connect by video monthly to share helpful resources, discuss cases for mutual benefit, or develop a quality improvement project. Lessons learned will contribute to the field of international mentoring and collaboration. **Abstract:** <https://bit.ly/2O7m1jq>

Improving a mature palliative care program at a Level I trauma center

JOURNAL OF TRAUMA NURSING, 2021;28(2):119-125. Similar to the significant rise in the geriatric population in the U.S., trauma centers have seen an increase in geriatric trauma patients. These patients present with additional challenges such as a higher likelihood of under-triage, mortality, and frailty. In addition, the varying presence of advanced directive documentation increases the importance of early palliative care (PC) consultations for geriatric trauma patients. In 2018, a Level I trauma center in the Midwest reviewed the American College of Surgeons' ... [guideline on palliative care¹] ... to identify opportunities for improvement to strengthen the collaboration between the (PC) consult service and trauma program. The guideline drove improvements, which included documentation changes (i.e., expansion of PC consultation triggers, frailty assessment, advanced directives questions, depression screening, and addition of PC consultation section on the performance improvement program form) and training. A 3-month manual chart review ...

revealed that by May 2019, 87.2% of admitted geriatric trauma patients received frailty assessments, which surpassed the benchmark... In addition, advanced care planning questions (i.e., healthcare power of attorney, do not resuscitate order, or living will) exceeded the benchmarks set forth by the guideline, with all of the questions being asked and documented in 95.7% of those same patient charts by May 2019. This quality improvement project has applicability for trauma centers that treat geriatric trauma patients; using the guidelines can drive changes to meet individual institution needs. **Abstract:** <https://bit.ly/3rBIVPL>

1. 'ACS TQIP Palliative Care Best Practices Guidelines,' American College of Surgeons, October 2017. **Download view at (scroll down to palliative care):** <http://bit.ly/3tc4pC7>

Healthcare professionals' perceptions of palliative care quality in a combined acute oncology-palliative care unit: A cross-sectional study

NORDIC JOURNAL OF NURSING RESEARCH | Online – 4 March 2021 – In this study, conducted in a combined acute oncology palliative care (PC) unit, providing high-quality PC was perceived to be a challenge by the healthcare professionals (HCPs). The results show that HCPs perceived comprehensive quality deficiencies and the need for improvements in fundamental aspects of person-centred PC such as symptom relief, spiritual and existential needs, information, patient participation, continuity of care, care planning, cooperation, and coordination of care services. However, these findings need to be confirmed in a larger sample with a higher response rate. Future studies should investigate the effects of implementation of person-centred PC models based on the hospice philosophy of care quality from patients' and families' as well as HCPs' perspectives. These studies should also include HCPs' experiences of job satisfaction and stress of conscience, which have been found to be important mediators for overall quality of care. **Full text:** <http://bit.ly/2OCCpZm>

Advanced cancer care and palliative care integration

JOURNAL OF PALLIATIVE CARE, 2021;36(2):71-72. Palliative care is uniquely positioned to optimize the care of the oncology patient through exploring unmet needs and utilizing interdisciplinary care. The studies presented in this special issue highlight some of the ways this can be done which includes: identifying patients at risk or in need; providing solutions to those requiring community supports; addressing psychological and existential concerns; managing symptoms over the course of a disease; communicating prognosis effectively and with compassion; exploring goals-of-care and advance directives; and, facilitating conversations regarding goals, preferences, and values. **Journal contents page:** <http://bit.ly/3cq84W0>

The surprise question and serious illness conversations: A pilot study

NURSING ETHICS | Online – 9 March 2021 – The authors investigated the feasibility of using the surprise question, "Would you be surprised if this patient died within the next year?" to identify patients who would benefit from early serious illness conversations (SIC) and study any changes in the interdisciplinary team's beliefs, confidence, and engagement as a result of asking the surprise question. Fifty-eight healthcare professionals working on acute medicine units participated in pre- and post-intervention questionnaires. Equivocal overall changes in the beliefs, confidence, and engagement of healthcare professionals were observed. Six out of 23 patients were indicated as needing a SIC; chart review provided some evidence that these patients had more SIC documentation compared with the 17 patients not flagged for a SIC. Flagging patients for conversations may act as a filtering process, allowing healthcare professionals to focus on conversations with patients who need them most. There are ethical and practical issues as to what constitutes a "serious illness" and if answering "no" to the surprise question always equates to a conversation. The barriers of time constraints and lack of training call for institutional change in order to prioritise the moral obligation of SIC. **Abstract (w. references):** <http://bit.ly/3cyCWE3>

N.B. Search back issues of Media Watch for additional articles on "surprise question" at: <http://bit.ly/2ThijkC>

A systematic review of classifications systems to determine complexity of patient care needs in palliative care

PALLIATIVE MEDICINE | Online – 12 March 2021 – Providing the right care for each individual patient is a key element of quality palliative care (PC). Complexity is a relatively new concept, defined as the nature of patients' situations and the extent of resulting needs. Classifying patients according to the complexity of their care needs can guide integration of services, anticipatory discussions, health service planning, resource management and determination of needs for specialist or general PC. However, there is no consistent approach to interpreting and classifying complexity of patient needs. This systematic review describes six systems that classify patients in accordance with their care needs. Applying these systems, or the aspects of care they identify, to clinical care, may assist in anticipatory planning for healthcare professionals. In particular, as specialist PC services such as high care hospices are faced with resource challenges, it may identify those patients for whom general palliative services are appropriate. **Full text:** <http://bit.ly/3t6HFmO>

Related:

- *BMC HEALTH SERVICES RESEARCH* | Online – 10 March 2021 – **'Scale-up and sustainability of a personalized end-of-life care intervention...'** In this longitudinal mixed-methods study, the qualitative and quantitative analyses suggested a 3-phase approach to scaling up and sustaining this end-of-life care project. The initial protocol provided structure. Authentic acts of compassion were ensured by a gradual approach to implementation, allowing frontline staff to experience and recognize the value of the intervention for patients, families and clinicians. The handover from research staff to bedside staff marked the transition to a clinical program, wherein staff partnership was characterized by one-on-one mentoring of project champions by project catalysts, and family engagement increased. **Full text:** <http://bit.ly/30w1N5I>

Mapping end-of-life and anticipatory medications in palliative care patients using a longitudinal general practice database

PALLIATIVE & SUPPORTIVE CARE | Online – 10 March 2021 – A retrospective observational cohort study of 799 palliative care (PC) patients in 25 Australian general practice health records with a PC referral was undertaken over a period of 10 years. This was followed by stakeholders' consultation with PC nurse practitioners and general practitioners who have PC patients. End-of-life (EoL) and anticipatory medications (AM) prescribing have been increasing over the recent years. Only a small percentage (13.5%) of PC patients received medications through general practice. Stakeholders' consultation on AM prescribing showed that there is confusion about identifying patients needing medications for EoL and mixed knowledge about PC referral pathways. Improved knowledge and information around referral pathways enabling access to PC services for general practice patients and their caregivers are needed. Similarly, the increased utility of screening tools to identify patients with PC needs may be useful for healthcare practitioners to ensure timely care is provided. **Abstract (w. references):** <http://bit.ly/3t5gxob>

Noted in Media Watch 14 September 2020 (#683, p.7):

- *BRITISH JOURNAL OF GENERAL PRACTICE* | Online – 7 September 2020 – **'GPs' decisions about prescribing end-of-life anticipatory medications: A qualitative study.'** The prescribing of anticipatory medications to provide symptom relief in last days of life care is recommended practice in the U.K., Australia and New Zealand. GPs have a central role in the prescribing of anticipatory medications, but little is known about their decision-making processes and how they discuss these with patients and families. This study found that GPs are keen to prescribe drugs weeks ahead of death even if they are unlikely to be needed. GPs often recall framing anticipatory medications as their clinical recommendation to ensure that the prescription is accepted by patients and their families. **Full text:** <https://bit.ly/3i9SQpR>



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First steps to integrate general palliative care into a cardiac hospital setting using dialogue-based workshops

SCANDANAVIAN JOURNAL OF CARING SCIENCES | Online – 3 March 2021 – There is a lack of knowledge and research literature on how to integrate palliative care (PC) interventions for heart failure (HF) patients in a general hospital setting. Guided by action research, the authors conducted an interdisciplinary workshop ... where tension between perspectives is used as a facilitator of dialogue and the generation of new insights. Perspectives were incorporated through selected patient narratives and professionals' experiences. General PC must be initiated from the patient's perspective and wishes. Doing so requires understanding and uniting the different perspectives and objectives of HF treatment and PC. One way of doing this is through a narrative approach with interdisciplinary teams. However, this requires organisational efforts and adaptation to the specific cardiac setting. Integrating PC principles into cardiology is a complex issue. Developing PC for HF patients requires more than simply designing a set of guidelines. Rather, a wider outlook involving perspectives, competences and organisation is necessary. Acknowledging such considerations, the authors designed an intervention centred on three elements: 1) Standard HF treatment;; 2) Integrated sessions applying a narrative approach; and, 3) monthly interdisciplinary conferences. **Abstract:** <https://bit.ly/3t2poHd>

Noted in Media Watch 14 September 2020 (#683, p.8):

- *EUROPEAN JOURNAL OF HEART FAILURE* | Online – 6 September 2020 – '**Integration of a palliative approach into heart failure care: A European Society of Cardiology Heart Failure Association position paper.**' Integrating palliative care (PC) into evidence-based heart failure (HF) management remains challenging for many professionals, as it includes the identification of PC needs, symptom control, adjustment of drug and device therapy, advance care planning, family and informal caregiver support, and trying to ensure a "good death." This new position paper aims to provide day-to-day practical clinical guidance on these topics, supporting the coordinated provision of palliation strategies as goals-of-care fluctuate along the HF disease trajectory. **Full text:** <https://bit.ly/2R4dcVr>
- *CIRCULATION: HEART FAILURE* | Online – 9 September 2020 – '**Referral criteria to palliative care for patients with heart failure: A systematic review.**' Patients with heart failure (HF) have significant symptom burden, care needs, and often a progressive course to end-stage disease. Palliative care (PC) referrals may be helpful, but it is currently unclear when patients should be referred and by whom. The authors identified 18 categories of referral criteria, including 7 need-based criteria and 10 disease-based criteria. This systematic review highlighted the lack of consensus regarding referral criteria for the involvement of PC in patients with HF. Further research is needed to identify appropriate and timely triggers for PC referral. **Full text:** <https://bit.ly/3m7OxNY>

Research Matters

Are we undermining the value of palliative care through advanced cancer clinical trial consent language?

CANCER | Online – 10 March 2021 – Informed consents for advanced cancer trials contain language that misrepresents palliative care (PC) as an alternative to trial participation. This language should be revised to highlight that PC is appropriate at any point in the illness trajectory and alongside disease-directed therapy. **Abstract:** <https://bit.ly/3eu1Yqj>

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