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Palliative Care

September 2026

This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in palliative care. The bulletin focuses end of life care, medicine, nursing and pharmacology, as well as topical news items and highlights from current literature.

If you require specific information, please **contact us via email.**

References

Banfield S., et al. (2026) 'Community Palliative Care Patients Attending a Regional Emergency Department: A Retrospective Observational Study.' *Journal of Palliative Medicine* (pagination), Date of Publication: 2026.

Background: Emergency department (ED) presentations are common for people in their last year of life, but the characteristics of these presentations by regional patients known to palliative care services are limited. Objective(s): To identify the characteristics and communication that occur when community-based palliative care (CBPC) patients present to the ED. Conclusion(s): CBPC patients presented to the ED with a high admission rate, which may indicate appropriate ED presentations. Coordinated care through communication was evident in only a minority of cases. Further studies to explore the complex palliative care needs of patients presenting to the ED and barriers to integrated care between services are vital to providing optimal care.

Bolton, P., et al. (2026) 'Assisted Dying Makes Us Think Differently about Care.' *Health Expectations* *29*(4), e70723.

Assisted dying (AD) is increasingly available as a legal end-of-life option in wealthy nations. Literature on AD considers its operation and the experience of clinicians, people receiving AD, and their loved ones. It is inward-looking. The nature of AD suggests it focuses less on the technical aspects of care and more on its humanity. Accordingly, AD offers lessons for healthcare more broadly-specifically, the importance of patient- and family-centred care, respect for patient wishes, and relational care.

Bowers S.P., et al. (2026) **'"We do what Needs to be done": Caregivers' Experiences of Healthcare and Support for People with Multiple Long-Term Conditions in the Last Year of Life.'** ***BMC Palliative Care 25*****(1) (pagination), Article Number: 215. Date of Publication: 01 Dec 2026.**

Background: Towards the end of life, people with multiple long-term conditions face an array of challenges associated with their growing healthcare needs including unclear illness trajectories and multifaceted uncertainty. Caregivers, most often family or friends, play a key role in providing and coordinating care at the end of life. This study aimed to explore, through the perspective of bereaved caregivers, the experiences of healthcare and support in the last year of life for people with multiple long-term health conditions.

Chang, J. (2026) **'Opioid use in End-of-Life Care: Balancing Efficacy and Risk.'** ***British Journal of Community Nursing 31*****(8), 389–392.**

The care and symptom management a person receives at the end of life plays a significant role in maintaining comfort and dignity. This article explores the role of opioids in managing pain at the end of life, discusses common adverse effects and opioid toxicity, examines ethical and legal considerations surrounding opioid administration, and highlights the importance of person-centred assessment.

Chen R., et al. (2026) **'What should we Aim for when Addressing Uncertainty from Serious Illness? A Stakeholder Focus Group Study.'** ***Journal of General Internal Medicine 41*****(10), 2725–2733.**
Background: Uncertainty is ubiquitous in serious illness. It defines experiences of diagnosis, current illness, and future prognosis and is experienced across physical, psychological, and temporal domains. Uncertainty impacts patients, carers, healthcare professionals and health systems; it cannot be eliminated, but it remains unclear how best to address it. Objective(s): We aimed to identify core goals and approaches when addressing irreducible uncertainty in serious illness to inform the development and implementation of effective interventions. We aimed to answer the question, "What should individual clinicians do to deliver 'good care' for patients experiencing irreducible uncertainty associated with serious illness?"

Chotalia R., et al. (2026) **'Racial and Ethnic Disparities in Palliative and Hospice Care Utilisation in Heart Failure: A Systematic Review and Meta-Analysis.'** ***The American Journal of Hospice & Palliative Care*** **, 10499091261472117.**

Introduction: Studies have explored racial and ethnic disparities in palliative (PC) and hospice care (HC) utilisation among patients with heart failure (HF), with inconsistent findings. However, these data have not been systematically synthesised. Discussion: There appears to be lower documented palliative and hospice care utilisation among several racial and ethnic minority groups compared with White patients, although the magnitude and direction of associations varied by study design, population, care type and setting.

Cole E., et al. (2026) **'Palliative and End of Life Care in Older Major Trauma - A Point Prevalence Evaluation in England, Wales and Scotland.'** ***Injury 57*****(9) (pagination), Article Number: 113199. Date of Publication: 01 Sep 2026.**

Introduction: Traumatic injury in older people is a significant health burden with higher mortality rates than younger cohorts. Survival following older trauma may be complicated by the patient's pre-injury state and clinical uncertainty. Timely identification of palliative and end-of-life care needs may be challenging for acute clinical teams, and treatment escalation planning is not routinely embedded in trauma care. This point prevalence snap-shot aimed to evaluate treatment escalation discussions and palliative/end of life care (EoLC) practice in older major trauma patients at a national level.

Demleitner, H., et al. (2026) **'Participatory Development of Patient-Targeted Guideline Material in Palliative Care: A Qualitative Evaluation.'** ***Palliative Care and Social Practice 20*****, 26323524261465682.**

Background: Patient and public involvement (PPI) improves patient-targeted guideline material and is recognised internationally as essential in guideline development. Whilst current research has focussed on PPI both in guideline development and palliative care, evidence regarding its implementation in developing patient-targeted guideline material is limited. Aim: To explore participants' experiences and identify supportive and challenging factors in the participatory development of patient-targeted guideline material in palliative care.

ElliottButton H.L., et al. (2026) **'Policy Gaps regarding Social Homecare in the Context of End-of-Life; a Policy Document Analysis.'** ***BMC Palliative Care 25*****(1) (pagination), Article Number: 213. Date of Publication: 01 Dec 2026.**

Background: Social homecare workers (personal aides/assistants) are crucial for people wishing to receive end-of-life care at home. Aim(s): To determine current UK social care policy priorities and gaps regarding end-of-life care provision by homecare workers, including support and training for this workforce.

Fennessy R., et al. (2026) **'Hidden Work and Blurred Boundaries: A Qualitative Study of how Community Nurses Navigate and Adapt Injectable Medication Processes to Provide Timely End-of-Life Symptom Control.'** ***BMC Palliative Care 25*****(1) (pagination), Article Number: 222. Date of Publication: 01 Dec 2026.**

Background: With rising numbers of people dying at home, often with complex multimorbidity, community healthcare professionals are increasingly responsible for providing end-of-life care. This care is usually led by community nurses, many of whom do not have specialist palliative care training. A core part of their role is providing end-of-life symptom control using injectable medications prescribed ahead of need and stored in patients' homes. However, cross-organisational systems around injectable medication processes are complex and time consuming. We aimed to explore community nurses' perceptions of their changing roles in end-of-life care

and how they navigate injectable medication processes to provide timely symptom control.

Holland, C., et al. (2026) **'Symptom Management: How can Specialist Paediatric Palliative Care Teams Help?.'** ***Archives of Disease in Childhood Education & Practice 111*****(4), 144–148.**

Islam, Z., and Horne, F. (2026) **'Assessing Cultural, Religious, and Spiritual Confidence and Perceived Preparedness in Community Palliative and End-of-Life Care: A Service Evaluation.'** ***Healthcare 14*****(11)**

Background: Cultural, religious, and spiritual (CRS) needs are central to holistic palliative and end-of-life care (PEoLC), yet the confidence and perceived preparedness of community and voluntary sector staff in addressing them remain underexplored. As PEoLC increasingly occurs in community settings, understanding staff preparedness for culturally and spiritually sensitive care is vital. **Objective:** This service evaluation examined CRS perceived preparedness and confidence among staff across Leicester, Leicestershire, and Rutland (LLR), exploring perceived challenges and available resources.

Kapoor A., et al. (2026) **'Telemedicine for Cancer Care in Resource-Constrained Settings: Benefits, Barriers, and Implementation Priorities.'** ***Indian Journal of Medical and Paediatric Oncology*** **(pagination), Date of Publication: 2026.**

Cancer care delivery in low- and middle-income countries (LMICs) remains hindered by late diagnosis, geographic disparities, and limited specialist availability. Tele-oncology has gained momentum as a strategy to bridge these gaps, with adoption accelerated during the COVID-19 pandemic. This narrative review synthesizes evidence from peer-reviewed and grey literature to examine the benefits, barriers, and implementation priorities for telemedicine in oncology within resource-constrained settings, with India as the primary context and comparative insights from other LMICs.

Kirby, A., et al. (2026) **'Healthcare Professionals' Experiences of Telehealth Adoption in Palliative Care: A Cross-Sectional Survey.'** ***Palliative Care and Social Practice 20*****, 26323524261437366.**

Background: Research has revealed a dramatic rise in the adoption of telehealth by healthcare professionals (HCPs). Limited evidence exists focusing solely on HCPs' adoption and use of telehealth in palliative care and lacks nuance about when and how telehealth is clinically appropriate. **Objective**: The aim is to deepen understanding of HCPs' behavioural intention (BI) regarding the adoption and use of telehealth in palliative care, and to examine their current patterns of telehealth use.

Maun E., et al. (2026) **'Loneliness Prevalence and Risk Factors in the Last Year of Life: Analysis of UK Household Panel Data.'** ***Journal of Pain and Symptom Management*** **(pagination), Date of Publication: 23 Jul 2026.**

CONTEXT: Loneliness in the general and older population is associated with poorer health and reduced quality of life. At end of life, loneliness may increase the likelihood of care home admission and of experiencing pain and breathlessness. However, prevalence of loneliness in the critical last year of life has not yet been investigated. OBJECTIVE(S): To investigate prevalence of loneliness among adults in the last year of life in the UK, assess change between 2017 and 2022, and identify risk factors for loneliness.

Mizzi, L. (2026) **'How can Speech and Language Therapists Help Decision-Making on Clinically Assisted Hydration for Adults at the End of Life?.'** ***BMJ Supportive & Palliative Care*** **(pagination), Date of Publication: 20 Jul 2026.**

While reducing oral intake is a natural occurrence when a person is dying, there may be situations where the healthcare team need to decide whether to withhold, initiate, continue or withdraw clinically assisted hydration (CAH), in discussion with the dying person and significant others. Speech and language therapists (SLTs) are increasingly part of the healthcare team, managing a person's dysphagia and communication when they are nearing the end of their life. An SLT can assist with differentiating between clinical symptoms, help determine whether oral fluid intake is as comfortable as possible, enhance oral hygiene, ensure a person can make informed choices around their hydration, and support the person and those close to them to understand the healthcare team's decision-making.

Owen R., et al. (2026) **'Modelling Health and Care Service Pathways in the Last Year of Life before Non-Sudden Death, by GP Palliative Care Registration, using Population-Scale Linked Electronic Health and Administrative Records.'** ***International Journal of Population Data Science 11*****(5), 3577.**

There is little evidence on health and care service utilisation among those identified as needing palliative care. We aimed to quantify the uptake of services across health and care systems in the last year of life before non-sudden death, by GP palliative care registration. Health service utilisation varied significantly by GP palliative care status. Targeted identification of individuals eligible for palliative care, and additional support at home could improve whole-system outcomes.

Paes, P., and Kite, S. (2026) **'The State of UK Palliative Care - Time for Change at Scale and Pace.'** ***Future Healthcare Journal 13*****(1), 100508.**

After 60 years of development, palliative care services are fully embedded in local communities, raising awareness, delivering care and often also relying on local fundraising. Specialist palliative care teams are integrated within primary and community care services, as well as acute hospitals. Palliative care is shown to be cost effective, improving patient experience and reducing acute hospital bed days,

saving money for the health service as long as patients access services early enough to make a difference. Unfortunately across the country, services are patchy with significant inequalities due to a lack of universal funding, clear outcomes and accountability.

Pask S., et al. (2026) **'Contributions to Palliative and End-of-Life Care by Community Health Nursing Services: Improving Care through National and Regional Service Evaluations.'** ***Journal of Clinical Nursing*** **(pagination), Date of Publication: 06 Aug 2026.**

AIM(S): To evaluate adult palliative and end-of-life care provision in England by community health nursing services using a national dataset (2013-2024) to report patterns in service provision over time and a regional dataset (2022/23, 2023/24 and 2024/25) to describe palliative and end-of-life care activities. DESIGN: Secondary analyses of existing national and regional datasets. CONCLUSION(S): Increasing referrals and shorter time on caseloads indicate a system under pressure. Time spent on palliative and end-of-life care by community health nursing teams has remained stable over time, despite growing population need. Workforce capacity, skill mix and out-of-hours provision need to align to support high-quality, person-centred care in the community.

Platts C., et al. (2026) **'Economic Cost of Informal Cancer Caregiving at the End of Life: Systematic Search and Narrative Synthesis.'** ***BMJ Supportive & Palliative Care*** **(pagination), Date of Publication: 04 Aug 2026.**

BACKGROUND: Informal caregivers are essential to the provision of cancer care at the end of life, yet the economic costs they bear remain poorly understood and are neither routinely captured nor used in economic evaluation. The absence of consistent data collection and agreed methods for valuation risks underestimating these costs in both policy and practice. AIM: To synthesise the current evidence on the costs borne by informal caregivers for individuals with cancer who have accessed palliative care or are at the end of life and to highlight methodological considerations in measuring these costs.

Redwood, A., and Appleton, L. (2026) **'Effective Communication in Palliative and End of Life Care.'** ***Nursing Standard***

Effective communication in palliative or end of life care, which includes the care and support offered to an individual's family, is crucial to ensuring a positive patient experience. Communication in palliative or end of life care can be considered as a therapeutic intervention that shapes care, treatment and support for patients and their families during the most vulnerable periods in their life. This article explores the multifaceted nature of communication in palliative and end of life care. It discusses some evidence-based models and frameworks that can guide best practice and support nurses to communicate effectively. The article also considers the importance of self-care for nurses who are supporting patients and families in the palliative or end of life care context.

Roin T., et al. (2026) **'Implementation of Tools for Identifying Palliative Care Needs and Supporting Advance Care Planning: A Scoping Review of Barriers and Facilitators in Hospital Settings.'** ***Palliative Medicine*** **, 2692163261465770.**

BACKGROUND: Implementing tools to identify and support palliative care needs remains challenging in hospitals, requiring a clear understanding of implementation determinants. This study defines tools as clinical resources for palliative care identification, needs assessment, and advance care planning support. AIM: This scoping review aimed to identify and categorise the barriers and facilitators influencing the implementation of tools in hospital settings. CONCLUSION(S): This scoping review identifies determinants that can inform the selection of implementation strategies for tools in hospitals.

Simpson G., et al. (2026) **'Advance Care Planning for Patients with Advanced Multiple Long-Term Conditions: A Qualitative Thematic Analysis of Health and Social Care Professionals' Perspectives.'** ***BMC Palliative Care 25*****(1) (pagination), Article Number: 236. Date of Publication: 01 Dec 2026.**

Background: Advance care planning helps people plan for and communicate preferences about future care, including when decision-making capacity is lost. For people living with advanced multiple long-term conditions, advance care planning is challenging because decline may be unrecognised, responsibility is diffused across condition-specific services, and care is fragmented. Aim(s): To explore health and social care professionals' perspectives on challenges and best practices in advance care planning for people with advanced multiple long-term conditions, and to generate recommendations for improving practice. Conclusion(s): For advanced multiple long-term conditions, advance care planning is undermined by prognostic uncertainty, care fragmentation, and inequities. Embedding prompted, iterative advance care planning into routine care, using markers such as functional decline and escalating support needs, may normalise conversations and support earlier documentation of preferences.

Stuart, P. (2026) **'The Gift of Love: A Contemporary View of Love in End-of-Life Nursing Care.'** ***Nursing Ethics 33*****(5), 1316–1332.**

Background: Historically love in nursing has been expressed as tender loving care but a move to technological thinking in nursing and the integration of healthcare systems may have changed this to one where love may be distant or avoided from the arena of care. It may now uncertain if love in nursing is an essential part of care, or supererogatory and additional to a paid duty of care. Research aim: A study was conducted to investigate hospital nurses' experiences of providing end-of-life care. A core theme from the study was the nurse's expression of love. This article reports on this outcome and aims to provide clarity regarding the current nature of love in nurses' care.

Tyrer F., et al. (2026) **'Palliative and End-of-Life Care in People with and without Intellectual Disabilities in Primary Care: Identification, Survival Time, and**

Healthcare Utilization.' ***Family Practice 43*(2) (pagination), Article Number: cmag010. Date of Publication: 2026.**

Background: Evidence on end-of-life care (EOLC) provision for people with intellectual disabilities in primary care is limited. Conclusion(s): EOLC needs in primary care appear to be identified later for people with IDs. Their primary and hospital healthcare utilization patterns are also lower, despite having unique and complex health needs.

Wakefield, D., et al. (2026) 'Palliative Medicine in 2050: How Will People Live the Last Part of Life?.' ***Future Healthcare Journal 13*(1), 100512.**
With life expectancies rising as health-related suffering grows, and efforts to extend the human lifespan unfold against a backdrop of rising health inequalities, the landscape and nature of dying in 2050 is uncertain. Recognising this uncertainty, we have chosen to take an optimistic perspective about what 2050 may hold at the end of life, exploring not only the challenges, but also the emerging possibilities that may shape our dying, caring and grieving. This vision is primarily based on our experiences as clinicians based in the UK, but has potential to be realised more widely.

Walker, J. (2026) 'Making Music in a Hospice: A Personal Reflection.' ***Journal of Palliative Medicine* (pagination), Date of Publication: 2026.**

Williamson, L. E., et al. (2026) 'Supporting Homecare Workers to Provide Palliative and End-of-Life Care: A Scoping Review of Interventions and their Implementation.' ***Palliative Care and Social Practice 20*, 26323524261467434.**

Background: Social homecare workers provide care to enable people to live as independently as possible in their own homes. They play a central role in supporting palliative and end-of-life care but often encounter challenges and can feel disempowered. Objectives: We aimed to scope the evidence on interventions to support homecare workers' provision of palliative and end-of-life care, and the contextual factors that influence their implementation. Conclusions: The scarcity of evidence on interventions and their implementation is a missed opportunity to support the homecare sector's response to increasing demand for community-based care and reduced hospital deaths. Better understanding of how the workforce can be supported to provide palliative and end-of-life care, in a sustainable way, would help facilitate high-quality care at home for people approaching the end of life.

Witham, G. (2026) 'Assessment and Support of People Experiencing Problematic Substance use at the End of Life.' ***Nursing Standard.* Date of Publication: 27 Jul 2026.**

There is limited evidence relating to end-of-life care for people with a history of problematic substance use, despite a growing need for treatment related to an older opiate-using population and increased premature mortality associated with alcohol-related liver disease. This article examines several significant challenges for nurses

in supporting people who have engaged in problematic substance use, often resulting in comorbidities such as kidney damage, respiratory conditions and/or chronic pain.

Xie, Z., et al. (2026) **'Screening Tools for Identifying Palliative Care Needs in Oncology: A Scoping Review.'** ***BMJ Supportive & Palliative Care.***

BACKGROUND: Patients with cancer frequently have unmet palliative care needs yet timely integration of palliative care in oncology remains limited. Screening tools could support early identification of patients who would benefit from palliative care, but their usability and practical integration within cancer care remain inadequately delineated. This scoping review aims to synthesise and compare available screening tools identifying unmet palliative care needs in cancer populations**CONCLUSION**: This review provides an overview of available screening tools used to identify palliative care needs in cancer populations and highlights substantial variability in their characteristics, validation and clinical use.

Yardley S., and French, M. (2026) **'Equity Requires Epistemic Justice: A Research Agenda for Palliative Care to Meet the Needs of People Living with Complex Mental Health Conditions.'** ***Palliative Medicine*** **(pagination), Date of Publication: 2026.**

Yu, H. W., et al. (2026) **'Dying as a 'Normal', 'Ordinary' Or 'Natural' Process in Palliative Care: A Systematic Scoping Review and Narrative Synthesis.'** ***BMC Palliative Care 25*****(1)**

BACKGROUND: The World Health Organization definition of palliative care describes dying as a 'normal' process and it, along with related ideas of 'ordinary' or 'natural' dying, is important in understanding what a 'good' death is. This scoping review aims to explore how dying has been described as 'normal', 'ordinary' or 'natural' in empirical palliative care literature to provide palliative care stakeholders with evidence-based insights into how this concept may enable quality dying experiences and a 'good' death.

Zinchenko, R. (2026) **'Psychedelic Therapy at the End of Life: Unexplored Alternative to Assisted Suicide in the UK.'** ***British Journal of Psychiatry*** **(pagination), Date of Publication: 2026.**
In this editorial, I examine the parallels between conventional and assisted suicide. Psychedelic therapy has been shown to alleviate end-of-life distress and reduce suicidality. I advocate for rescheduling psychedelics to enable research into their effectiveness as an adjunct to palliative care, prior to institutionalising assisted suicide in the UK.

End of Report.