Palliative Care

September 2025

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

Bader H., et al. (2025) 'Effects of Integrating Palliative Care in Patients with Advanced Cancer: A Systematic Review and Meta-Analysis of Quality of Life and Psychological Outcomes.' *The American Journal of Hospice & Palliative Care 42*(10), 1061–1072.
Background: Patients with advanced cancer frequently have a wide range of mental and physical symptoms, making it difficult for them to communicate and make informed decisions. Necessitating the incorporation of palliative care in this population to meet their supportive care requirements.Objective(s): To investigate the effects of integrating Palliative care in advanced cancer patients.Conclusion(s): Integrating PC in patients with advanced cancer results in improved QoL with limited effect on psychological distress symptoms.

Bertaud S., et al. (2025) 'The Heart of Palliative Care is Relational: A Scoping Review of the Ethics of Care in Palliative Medicine.' *BMC Palliative Care 24*(1) (pagination), Article Number: 150. Date of Publication: 01 Dec 2025.
Background: Palliative care, perhaps more than any subspecialty in healthcare, is deeply relational and engages patients and families at times of great vulnerability. Ethics of care, or relational ethics, developed through contributions from feminist ethics, offers conceptual tools and ways of thinking that seem especially suited to palliative care practice.Aim(s): To identify and describe studies and theoretical analyses applying the ethics of care to palliative care (both adult and paediatric), specifically, its use to guide and improve practice and education for palliative care practitioners.Conclusion(s): Clinical and ethical scholarship in palliative care reveals a valuable but still underexplored connection between the ethical commitments within the ethics of care tradition and palliative care training and practice. Ethics of care addresses important gaps in training, particularly having to do with practitioners' relationships and ways of being with patients, families, colleagues and themselves.

Bischoff K.E., et al. (2025) 'Strengths and Opportunities: Clinicians' Perspectives on Palliative Care for Amyotrophic Lateral Sclerosis (ALS) in the United States.' *Muscle and Nerve 72*(3), 455–463.

Introduction/Aims: Little is known about the state of palliative care (PC) for people with ALS (pALS) in the U.S. We aimed to examine current practice regarding PC for pALS and how it can be improved. Most clinicians felt the quality of PC provided by ALS (77%) and PC (90%) teams is good/excellent. However, qualitative comments highlighted that both ALS and PC clinicians have knowledge gaps, and collaboration between ALS and PC clinicians should increase. Discussion(s): Clinician education, expansion of PC services, strengthened collaboration, and further research about PC for pALS are needed.

Carpenter J.G., et al. (2025) 'Palliative Care Needs of Older Adults with and without Dementia during Post-Acute Care in Skilled Nursing Facilities.' *Journal of Applied Gerontology* (pagination)
Seriously ill older adults, including those living with Alzheimer's disease and related dementias (ADRD), often receive disease-focused rehabilitative care in skilled nursing facilities (SNF) with little consideration for their palliative care (PC) needs. Using baseline data from a pilot pragmatic clinical trial (N = 52), we conducted a cross-sectional study to compare the clinical characteristics and the PC needs of older adults with and without ADRD receiving SNF care. Functional decline was the most common global indicator for palliative care among both groups. While there was no statistically significant difference in PC needs between the two groups, the most prevalent PC needs for all were pain (63.5%), feeling anxious or worried (59.6%), family and friends being anxious or worried (57.7%), and need for information (46.2%). Older adults with and without an ADRD diagnosis who are admitted to post-acute SNF care may benefit from universal screening and tailored PC services.

Chintapalli, R. (2025) 'Living for the Moment - how Important is it in the End of Life?.' *The American Journal of Hospice & Palliative Care 42*(10), 1088–1091.
This essay investigates the role of present-moment living in end-of-life care, drawing on reflections from a personal patient encounter in a palliative care setting, Mrs. B, a 63-year-old patient with terminal squamous cell lung cancer, whose experience underscores the impact of living with a sense of fulfillment and joy despite a life-limiting diagnosis. Mrs. B's approach to her illness-marked by an optimistic acceptance of mortality and a focus on daily joys-challenges traditional palliative care paradigms that emphasize somberness and future-oriented care. Through detailed narrative and reflective analysis, the essay highlights how Mrs. B's resilience and spiritual beliefs contributed to her ability to maintain a positive outlook in the face of terminal illness. This case study illustrates the potential for joy and present-moment living to coexist with palliative care practices, offering a nuanced perspective on patient care. The discussion extends to the implications for healthcare professionals, advocating for a more adaptable and empathetic approach that aligns with individual patient values and preferences. This reflection calls for a shift in palliative care practices towards recognizing and supporting the diverse ways patients navigate their end-of-life experiences.

CreangaMurariu I., et al. (2025) 'Timing Matters: A Systematic Review of Early Versus Delayed Palliative Care in Advanced Cancer.' *Cancers 17*(15) (pagination), Article Number: 2598. Date of Publication: 01 Aug 2025.
Background: Early palliative care (EPC) is increasingly recognized as a key component of comprehensive cancer management, with evidence supporting improvements in quality of life, symptom control, and clinical outcomes in advanced malignancies. Results: Forty-one RCTs met inclusion criteria. Despite heterogeneity in timing and structure, EPC consistently improved quality of life and reduced symptom burden in advanced cancer patients, with 32 trials demonstrating significant clinical benefit. Some studies also reported slowed disease progression. However, several RCTs showed no significant effects, highlighting variation in outcomes, possible subgroup effects, and challenges in implementation. Definitions and delivery of EPC varied widely, particularly in timing, frequency, and integration into oncology care. Conclusion(s): These findings support the integration of EPC alongside disease-directed treatments, challenging the

misconception that palliative care is only appropriate at the end of life and reinforcing its role early in the cancer care continuum.

Crowley P.D., et al. (2025) 'Common Antimicrobial Treatment Considerations for Patients Receiving Comfort-Focused Care: What the Hospice Provider should Know.' *Journal of Palliative Medicine 28*(8), 1006–1012.
Antimicrobials are used in the final few months of life in an attempt to palliate symptoms or treat potentially reversible infections. Antimicrobials cause side effects such as nausea, diarrhea, rash, and allergic reactions. Clinicians should select the narrowest and shortest treatment duration appropriate to the infection. Here, we present common oral antimicrobial agents used at the end of life, highlighting microbial coverage and important prescribing considerations. Providers should be aware of the limitations of antimicrobial treatment for patients at the end of life, particularly those enrolled in hospice, to inform discussions with patients and their families. This will allow tailoring of treatment to the patient's clinical situation and wishes.
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Diogo Goncalves, S. (2025) 'Anorexia - Aromatic Strategies in Managing Dietary Changes in End-of-Life Patients.' *Nutrition Clinique Et Metabolisme 39*(3), 180–192.
Anorexia is a prevalent and challenging symptom in end-of-life care, significantly affecting patients' nutritional status, energy levels, and overall quality of life. Traditional management approaches, including pharmacological appetite stimulants and dietary modifications, often have limited efficacy and may cause adverse effects. As a result, complementary therapies such as aromatherapy have gained interest for their potential role in appetite stimulation. Essential oils, derived from aromatic plants, act through olfactory stimulation, autonomic nervous system modulation, and biochemical interactions to enhance digestive function and appetite regulation. This review examines the therapeutic potential of essential oils, including citrus, ginger, peppermint, fennel, and chamomile, in managing anorexia among palliative care patients. These oils influence gastric motility, reduce nausea, and alleviate stress-related anorexia through complex neurophysiological mechanisms. Various administration methods, such as inhalation, topical application, and controlled ingestion, allow for tailored interventions suited to individual patient needs.

Dussault N., et al. (2025) 'Provider Perspectives on Implementation of Adult Community-Based Palliative Care: A Scoping Review.' *Medical Care Research and Review 82*(4), 301–318.
While community-based palliative care (CBPC) programs have been expanding, there remain important obstacles to widespread use. Since provider perspectives on CBPC remain underexplored, we conducted a scoping review to summarize provider perspectives regarding barriers and facilitators to implementation of adult CBPC in the United States. At the provider level, barriers included misperceptions of palliative care (PC) by referring providers and poor communication, while facilitators included multidisciplinary teams and referring provider education. At the organizational level, time constraints were barriers, while leadership buy-in and co-located clinics were facilitators. At the external environment level, limited PC workforce and inadequate reimbursement were barriers. Our findings suggest that efforts aimed at scaling CBPC must address factors at the provider, organizational, and policy levels.

Efstathiou N., et al. (2025) 'Intensive Care Clinicians' Experiences of Palliative Withdrawal of Mechanical Ventilation: A Qualitative Study.' *BMJ Open 15*(8) (pagination), Article Number: e096527. Date of Publication: 08 Aug 2025.
Objectives: To explore intensive care unit (ICU) clinicians' experiences of withdrawing mechanical ventilation during end-of-life care. Design An exploratory qualitative design was used, with data collected via semistructured, face-to-face online interviews and analysed using reflexive thematic analysis. Conclusions: Physician preferences influence the withdrawal process, which is communicated within the multidisciplinary team. Clear protocols can help reduce ambiguity and support less experienced clinicians. Reflection on these practices may help mitigate burnout and

compassion fatigue. Further research should examine the effects of physician demographics and patient cultural diversity on the withdrawal process.

Featherstone H.J., et al. (2025) 'Healthcare Professionals' Perspective on Supporting Patients and Family Caregivers in End-of-Life Care Decision-Making: A Qualitative Study in Specialist Palliative Care.' *The American Journal of Hospice & Palliative Care 42*(10), 1005–1011.
Background: Healthcare professionals in specialist palliative care have a key role in conducting end-of-life care discussions with patients and their family caregivers. We aimed to identify key barriers and facilitators for healthcare professionals in specialist palliative care to support patients and their family caregivers in decision-making for patient end-of-life care. Conclusion: Open communication with patients in end-of-life care decision-making can be of central importance for healthcare professionals in specialist palliative care. Further research is needed to understand the role of healthcare professionals outside of specialist palliative care in end-of-life care discussions and decision-making.

Finlay, I. G. (2025) 'Pain, Palliative Care, and the Politics of Dying: Rethinking Suffering in the Assisted Suicide Debate.' *British Journal of Pain 19*(4), 236–238.
Pain is cited as a fundamental rationale behind the campaign for 'assisted dying' (assisted suicide and euthanasia). However, current legislative proposals for England and Wales before the Westminster Parliament are silent on pain and on suffering. For patients to have real choice, they must be able to access the care they need, not feel coerced into viewing an early death as their only option. Yet current palliative care provision is dependent on voluntary donations, with severe deficits in some areas that urgently need to be addressed.

Gunaga S., et al. (2025) 'Trends in Hospice and Palliative Care Consults Initiated in the Emergency Department: An Eight-Year Utilization Analysis.' *American Journal of Emergency Medicine 97*, 237–243.
Background: Emergency departments (EDs) play a central role in end-of-life care, yet the early integration of hospice and palliative care (HPC) is often underutilized. Early access to HPC improves outcomes, aligns care with patient goals, and reduces costs. However, incorporating primary and specialized palliative care resources in the ED remains inconsistent, and utilization trends are not well understood. Our study evaluates the incidence and trends of ED-initiated HPC consults over 8 years within a large metropolitan health system.Conclusion(s): ED-initiated HPC consults increased significantly over time, suggesting an evolving role for EDs in delivering primary palliative care. Further research is needed to determine national trends and identify barriers to broader implementation.

Ho J.J., et al. (2025) 'Top Ten Tips Palliative Care Clinicians should Know about Trauma-Informed Care.' *Journal of Palliative Medicine* (pagination), Date of Publication: 2025.
Trauma is a personal stress response to experiences perceived as harmful or life-threatening, and has ongoing impacts on illness and health. Exposure to trauma is increasingly prevalent, and the risk of medical trauma or re-traumatization is heightened for people living with serious illness. Trauma not only impacts health outcomes, but can also interfere with decision-making and worsen symptom burden at the end of life. Thus, it is critical that palliative care clinicians in all professions be skilled at providing high-quality trauma-informed care (TIC). TIC seeks to provide more holistic and equitable care through better understanding of how a person's life situation impacts behavior, reactions, behavior, responses, or relationships. A clinician using a trauma-informed lens asks, "What has happened to this person?" instead of, "What is wrong with this person?" A "universal precautions" approach is recommended, encouraging broad acknowledgment of possible trauma and recognition of signs of trauma responses, to better understand triggers for medical retraumatization among patients, caregivers, and even us as clinicians. TIC provides a framework

that guides clinicians to acknowledge the widespread experience and consequences of trauma, recognize the symptoms of traumatic stress, mitigate mistrust and disempowerment, and advocate for culture change in health care systems to reduce the risk of further health care-based traumatization.

JamanMewes P., et al. (2025) 'Spiritual Suffering in Palliative Care: A Concept Analysis.' *Supportive Care in Cancer 33*(9) (pagination), Article Number: 796. Date of Publication: 01 Se 2025.
Purpose: The concept of spiritual suffering in palliative care lacks clarity, which hinders appropriate therapeutic response. This study aims to clarify and define the concept of spiritual suffering within the context of palliative care. The research questions guiding this study are: What are the attributes, antecedents, and consequences of spiritual suffering in palliative care? How is it defined within that setting? Conclusion(s): This analysis offers a clear and operational definition of spiritual suffering in the context of palliative care and identifies its core components. It can assist professionals in recognising and addressing this form of suffering, fostering more compassionate, person-centred care. These findings offer valuable insights for ongoing efforts to integrate spiritual care into holistic palliative care practice and for future research on development of effective spiritual care interventions.

KentishBarnes N., and Nelson, J. E. (2025) 'Palliative Care in the ICU: From Oxymoron to Standard of Care.' *Intensive Care Medicine 51*(8), 1511–1513.

Keritam O., et al. (2025) 'Advanced Multiple Sclerosis: An Exploratory Study on a Neglected Patient Population.' *Journal of Neurology 272*(8) (pagination), Article Number: 553. Date of Publication: 01 Aug 2025.
Background: Multiple sclerosis (MS) is a chronic immune-mediated disease that can cause severe physical and cognitive disability. While modern therapies have improved outcomes in relapsing MS, patients with advanced disease remain underserved. In this stage, neurodegeneration dominates, treatment options are limited, and care becomes complex. Yet individuals with advanced MS are largely absent from trials, registries, and structured care pathways, leaving a major evidence gap. Objective(s): To characterize the clinical, social, and treatment-related profile of patients with advanced MS in institutional care.Conclusion(s): This study highlights care gaps in advanced MS and the need for tailored strategies in institutional care settings.

Kocatepe V., et al. (2025) 'Effect of Acupressure on Management of Dyspnea and Quality of Life in Palliative Care Patients.' *Explore 21*(5) (pagination), Article Number: 103236. Date of Publication: 01 Se 2025.
Background and purpose: Management of dyspnea is important in patients diagnosed with lung cancer. The aim of the study was to determine the effect of acupressure on dyspnea level and quality of life in palliative care patients with dyspnea symptoms.Conclusion(s): The results of this study show that acupressure reduces vital signs (oxygen saturation, heart rate, respiratory rate, systolic and diastolic blood pressure), dyspnea, and improves quality of life in palliative care patients.

Kwak C.W., et al. (2025) 'Examining the Experience and Preferences of Patients with Advanced Cancer at a Tertiary Care Center.' *Journal of Palliative Medicine 28*(8), 1050–1060.
Background and Objectives: Cancer care has been transformed with the advent of new personalized and targeted therapies, and the integration of specialist palliative care (PC). Comparatively little is understood about the patient experience in this modern context. This study aims to examine the experience of oncology patients receiving treatment at a tertiary care center. Conclusion(s): Patients with advanced cancer undergoing treatment at a large tertiary cancer center exhibit high QoL and awareness of PC, but the underuse of PC services persists. The relationship between poor prognostic awareness and better QoL warrants further examination.

Liposits G., et al. (2025) 'Personalized Palliative Care for Older Adults with Cancer: A Call for Action on Oncogeriatric Palliative Care.' *Journal of Geriatric Oncology 16*(8) (pagination), Article Number: 102339. Date of Publication: 01 Nov 2025.

Lourie M.A., et al. (2025) 'An Exchange of Wards: Opportunities and Challenges Caring for Incarcerated Patients in Inpatient Palliative Care.' *Journal of Palliative Medicine* (pagination), Date of Publication: 2025.
Rates of chronic and life-limiting illness among incarcerated people are expected to increase, leading to a concurrent rise in the need for palliative care services within this population. In this report, we present a case of a patient with newly diagnosed cancer admitted to the hospital from the carceral system. This case illustrates the individual, interpersonal, and health care and carceral systems-level obstacles that may arise when providing palliative care services to someone currently experiencing incarceration. We take this opportunity to reflect on opportunities in which palliative care clinicians can address the unique needs of incarcerated patients.

Lovell M.R., et al. (2025) 'Constructing an Intervention to Foster Posttraumatic Growth in People Living with a Life Limiting Illness and Receiving Palliative Care: Participatory Action Research.' *Patient Education and Counseling 140*(pagination), Article Number: 109297. Date of Publication: 01 Nov 2025.
Objectives: People living with cancer and other life limiting illnesses often experience spiritual and existential distress. This distress may be linked to trauma related to the disease, treatment or preexisting posttraumatic stress, which may be exacerbated. Interventions based on posttraumatic growth have proven to be successful in promoting psychological, spiritual and existential wellbeing in people suffering chronic pain and spinal cord injury. This project aimed to design and develop an intervention to promote psychological and spiritual well-being in people with a life-limiting illness receiving palliative care by drawing on the principles of posttraumatic growth.Conclusion(s): This intervention developed using a posttraumatic growth framework has the capacity to improve the lives of people living with a life-limiting illness while receiving palliative care.

Luth E., et al. (2025) 'Developing the Right for You? Intervention to Improve Engagement in Community-Based Palliative Care: A Feasibility Study and Pilot Test.' *The Journals of Gerontology.Series A, Biological Sciences and Medical Sciences 80*(8) (pagination), Date of Publication: 24 Jul 2025.
BACKGROUND: Community-based palliative care (CBPC) can improve symptom management and quality of life at reduced costs (through hospitalization prevention) for seriously ill older adults. However, CBPC services are underutilized due to multi-level factors including patient perceptions and lack of systematic methods for providers to identify and communicate the potential value of these services. CONCLUSION(S): Our preliminary findings support the acceptability and feasibility of using tailored R4U? as a way of increasing interest and enrollment in a CBPC program. Additional research is needed to determine if observed increases in CBPC enrollment are sustainable over time and scalable in other settings to improve enrollment in CBPC.

Manson J., et al. (2025) 'Identifying Aspects of Physiotherapy and Occupational Therapy Provision in Community Palliative Rehabilitation that could Improve Outcomes: A Realist Review.' *Palliative Medicine 39*(7), 734–749.
Background: The provision of physiotherapy and occupational therapy in palliative care is often poorly understood. There is currently no guidance on how to deliver these services in the community, potentially leading to unwarranted variation in practice and unmet patient need. Aim(s): To identify aspects of physiotherapy and occupational therapy provision in community palliative rehabilitation that could improve outcomes. Conclusion(s): Integrating these five key aspects of physiotherapy and occupational therapy provision into community palliative rehabilitation could help ensure palliative patients receive the therapy they need.

Mehta A., et al. (2025) 'Top Ten Tips Palliative Care Clinicians should Know about Intensive Care Unit Consultation.' ***Journal of Palliative Medicine*** **(pagination), Date of Publication: 2025.**
The intensive care unit (ICU) is distinct in population, culture, and palliative care needs. Critical illness and ICU stays can be extremely distressing for patients and their loved ones. Providing palliative care in the ICU, although a standard component of comprehensive care delivery, involves understanding the individual culture of each specific ICU, collaboration with multiple providers, and interfacing with surrogate decision makers while patients may not be able to communicate and are undergoing interventions that are unfamiliar to them and loved ones. These top ten tips aim to support palliative care clinicians providing consultation in ICUs. Specifically, these tips address initial relationship building with ICU clinicians and teams to foster effective collaboration, establishing goals of care by assessing health-related values, explaining treatment options, individualizing prognostic discussions, and managing end-of-life symptoms for patients while in the ICU and throughout ICU discharge transition.

Mehta A.K., et al. (2025) 'Patients' and Caregivers' Perceptions of Specialty Palliative Care for Amyotrophic Lateral Sclerosis: A Multicenter Evaluation.' ***Muscle and Nerve*** **(pagination), Date of Publication: 2025.**
Introduction/Aims: Specialty palliative care (SPC) aims to optimize quality of life for people with life-limiting illnesses. Previous studies support benefits of SPC for people with amyotrophic lateral sclerosis (pALS) and their caregivers; however, few studies have compared patient and caregiver experiences with ALS care and SPC.Discussion(s): pALS and caregivers identified distinct and complementary strengths of ALS and SPC teams, suggesting that collaboration between teams may provide the most comprehensive care.

Nahls N.S., et al. (2025) 'The Impact of Specialist Palliative Care on Healthcare Utilization among Patients with Breast Cancer: A Nationwide Register-Based Cohort Study.' ***Breast Cancer*** **(pagination), Date of Publication: 2025.**
Background: The incidence of breast cancer and the related mortality in Finland are among the highest in the world. Specialist palliative care (SPC) has been shown to improve quality of life and potentially reduce intensive resource use at the end of life among patients with advanced cancer. We aimed to perform a nationwide evaluation of the timing of the first SPC contact and its impact on hospital resource utilization in patients with breast cancer.Conclusion(s): Timely SPC contact was associated with fewer acute hospital contacts and a reduced likelihood of hospital death, underscoring the importance of timely palliative care integration for patients with advanced breast cancer.

Ostovari M., et al. (2025) 'Defining Dyadic Cancer Pain Concordance using Participant-Initiated Interactions with a Remote Health Monitoring System.' ***JAMIA Open 8*****(4) (pagination), Article Number: ooaf088. Date of Publication: 01 Aug 2025.**
Background Studies on symptom concordance between patients and their caregivers often use cross-sectional designs, which may fail to capture the longitudinal, dynamic symptom experience. The Behavioral and Environmental Sensing and Intervention for Cancer (BESI-C) is a remote health monitoring system that utilizes smartwatches and ecological momentary assessments (EMAs) to empower patients and caregivers to monitor and manage cancer pain at home. BESI-C collects real-time symptom data in naturalistic settings, enabling longitudinal tracking and analysis of symptom patterns over time. Objective To define and examine dyadic concordance using participant-initiated symptom reports collected via remote health monitoring. Conclusion: We propose an analytical approach to define and evaluate concordance between patients' and caregivers' real-time symptom reports that can be applied to dyadic, longitudinal symptom data collected using remote health monitoring. Future work should examine the relationship between patient-caregiver symptom concordance with key quality-of-life metrics and sociodemographic factors that impact participant engagement with remote health monitoring technologies.

Park T., et al. (2025) 'Perspectives of Hospice Medical Directors on Challenges and Solutions for Improving Care for Persons Living with Dementias (PLWD) and their Caregivers.' *The American Journal of Hospice & Palliative Care* , 10499091251369112.
Background: Persons living with dementia (PLWD) on hospice care face unique end-of-life (EoL) care challenges. A larger proportion of PLWD outlive the 6-month hospice eligibility requirement compared to other terminally ill patients, which leads to high rates of hospice live discharge. Hospice medical directors (HMDs) are physicians with unique insights into both the clinical aspects of care and the administrative and regulatory guidelines of hospice care delivery. Given their role as frontline clinicians and systems-level leaders, HMDs are uniquely positioned to provide insights into the challenges of caring for PLWD and identify potential solutions to improve hospice care. Objective: To characterize the perspectives of HMDs regarding (1) the challenges of providing hospice care to PLWD and their caregivers and (2) suggestions to improve hospice care for this population..Conclusion: HMD participants suggested providing additional supports and/or reforming the current Medicare hospice benefits to better address end-of-life care for PLWD, who may require prolonged and intensive end-of-life support. Further research is needed to assess the feasibility of the improvements to hospice care proposed by HMDs.

Patel P., et al. (2025) 'Top Ten Tips Palliative Care Clinicians should Know about the Future of Generative Intelligence.' *Journal of Palliative Medicine* (pagination), Date of Publication: 2025.
Artificial intelligence (AI) is transforming health care and has implications for palliative care (PC) and serious illness communication (SIC). This article integrates interdisciplinary and interprofessional expertise, providing key tips for PC clinicians to best leverage AI-driven tools to enhance PC practices, care efficiency, and patient- and family-centered outcomes. AI-driven tools range from predictive analytics to improve intervention delivery to AI-assisted communication and documentation of goals of care. Beyond these potential benefits are important ethical, logistical, and equity considerations that must be carefully addressed.

Seckin M., et al. (2025) 'Key Themes and Approaches in Palliative and End-of-Life Care Education for the General Public: A Systematic Review.' *BMC Palliative Care 24*(1) (pagination), Article Number: 219. Date of Publication: 01 Dec 2025.
Background: Families, friends, and communities play a vital role in supporting individuals facing declining health, caregiving duties, loss, or grief, especially with the growing desire to die at home. The general public can significantly impact end-of-life care and offer essential support mechanisms. This review aimed to explore and identify key educational components related to palliative and end-of-life care for citizens, volunteers, and the general public. Conclusion(s): This review highlights the importance of training programmes to improve community involvement in caregiving and enhance the quality of care for individuals with life-limiting conditions. Expanding access to such educational resources can empower more people to contribute confidently to end-of-life care in their communities.

Serra R., et al. (2025) 'Oral Hygiene Care and the Management of Oral Symptoms in Patients with Cancer in Palliative Care: A Mixed Methods Systematic Review.' *JBI Evidence Synthesis 23*(8), 1565–1601.
Objective: The objective of this review was to examine the effectiveness of oral hygiene care for the management of oral symptoms in patients with cancer receiving specialist palliative care and the patients' experience of oral symptoms and oral hygiene care. Introduction: Oral symptoms, such as xerostomia, mouth pain, or dysgeusia, are highly prevalent in patients with cancer receiving specialist palliative care. These symptoms negatively affect patients' quality of life. Oral hygiene care can assist in the management of oral symptoms. This care could be improved with a more systematic approach, adequate guidelines, and training to properly integrate it into the care provided by specialist palliative care teams. Eligibility criteria: This review considered quantitative, qualitative, and mixed methods studies on oral hygiene care for the management of oral symptoms in adult patients with cancer, aged 18 years or older, diagnosed with any type of

cancer, receiving specialist palliative care. For the quantitative component, eligible studies measured the effectiveness of oral hygiene care, of any frequency or duration, using any valid method, for the management of oral symptoms. Oral hygiene care interventions were compared with standard care, another experimental care, or there was no comparison. For the qualitative component, eligible studies explored participants' experiences of oral symptoms and the provision of oral hygiene care. Specialist palliative care was provided in several settings, including palliative care units, inpatient hospice, home palliative care teams, or day care centers.Evidence indicated that oral hygiene care may be effective for the management of oral symptoms. Patients reported a reduction in oral symptoms, such as xerostomia, accompanied by a reduction of oral mucositis and retention of oral debris. Conclusion(s): Patients with cancer receiving specialist palliative care experience a wide variety of oral symptoms that affect oral functions, psychosocial well-being, and quality of life. Although more robust evidence is needed, the available evidence indicates that regular oral hygiene care may help manage oral symptoms.

Sheldon K.G., et al. (2025) 'Improving Community-Based Palliative Care Explanations: Insights from Persons Declining Services.' *The American Journal of Hospice & Palliative Care* , 10499091251368798.
Background: A growing number of older adults in the United States have multiple chronic conditions which contribute to decreased functional ability and increased healthcare utilization. Unmet supportive care needs place considerable strain on caregivers, particularly of persons living with dementia. Community-based palliative care can help seriously ill individuals manage their conditions and improve their quality of life. How palliative care staff explain these services to older adults and caregivers can impact engagement with palliative care.Objectives: To explore knowledge of palliative care among older adults and caregivers in a Medicare Advantage population, including dementia caregivers, and identify areas for improving education and explanations. Conclusions: Small adjustments to how palliative care is explained may increase understanding among older adults and caregivers, particularly among those with limited or inaccurate knowledge. Among those familiar with palliative care, providing accessible and clear explanations customized to the person's specific care needs can further broaden understanding and increase perceived relevance.

Tenge T., et al. (2025) 'Wireless Patches for Continuous Vital Sign Monitoring, Symptoms and Medication at the End-of-Life in the Palliative Care Unit: A Prospective Observational Study.' *Journal of Clinical Monitoring and Computing* (pagination), Date of Publication: 2025.
Vital sign monitoring in palliative care could support symptom management and prediction, though its utility at the end-of-life remains critically discussed. This study aims to test a wireless device for continuous vital sign monitoring at the end-of-life. This prospective observational study included adult terminal care patients in the palliative care unit at a tertiary-care hospital (05/2023-03/2024). Continuous monitoring of heart rate (HR in beats/minute, bpm), respiratory rate, and temperature was conducted using VitalPatches (MediBioSense). Continuous vital sign monitoring in palliative care using VitalPatches is feasible and depicts vital sign changes at the end-of-life. A positive correlation of HR with pain was detected. These observations provide a rationale for larger studies investigating their relevance for life time prediction as well as symptom detection and management.

Videbech N.M., et al. (2025) 'Disparity in Health Care in End-of-Life among Patients with Lung Cancer and Pre-Existing Mental Disorders: A Nationwide Cohort Study.' *Palliative Medicine 39*(7), 803–813.
Background: Research focusing on health care in end-of-life among cancer patients with mental disorders is limited and presents inconsistent findings.Aim(s): To investigate disparities in health care in end-of-life among patients who died from lung cancer according to pre-existing mental disorders.Conclusion(s): Pre-existing mental disorders were associated with a lower probability of specialist palliative care, but also some high-intensity-treatments in end-of-life. These patients may

be deprived of optimal palliative care but also appeared less subjected to possible overtreatment in end-of-life compared to patients without mental disorders.

Walker J.D., and Radwany, S. (2025) 'Six Basic Rules of Palliative Care and their Buddhist Counterparts.' *The American Journal of Hospice & Palliative Care 42*(10), 977–980.
As healthcare workers in palliative care, every day brings its share of awfulness and beauty, suffering and connection, meaning and cynicism. Without a way to support ourselves, we cannot help our patients, let alone one another. But how do we cope? Despite the unpredictability inherent in our work, we can discern certain patterns that offer an approach for dealing with these stressors. These patterns can be summarized into six simple rules of palliative care-rules that are coterminous with the teachings of Buddhism. Recognizing the synergy between our role in palliative care and ancient observations about dealing with life's difficulties can help us with the stress of providing conscientious care within a system that relentlessly tries to stop us from doing so. Such considerations offer one of many paths we might choose to cope with this challenging work.

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