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Palliative Care

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This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in Palliative & Hospice Care. The bulletin focuses on workforce issues, quality of care, patient dynamics and service delivery.

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References

Alexopoulos, G. S. (2026) 'Being with a Dying, Nonreligious Person.' *American Journal of Geriatric Psychiatry 34*(1), 138–143.
Existentialists view death as a boundary that exposes the fragility of human life. This awareness permeates every aspect of life, sustaining a tension between the longing for transcendence and the reality of finitude. A clinical vignette illustrates the need to listen attentively and try to understand the nonreligious dying patient. The person in the vignette, fully aware of her prognosis, avoided direct discussion of death. Despite her expertise in palliative care, she pursued treatments that prolonged both life and suffering. In her final days, she focused on easing the emotional turmoil her dying caused to loved ones, seeking continuity in her relationships. Facing mortality allows for authentic engagement with existence, a confrontation that deepens life's meaning precisely because it is finite.

AllendePerez S., et al. (2026) 'Palliative Care in Pancreatic Cancer: Effects on Symptom Burden, Survival, and Place of Death.' *Supportive Care in Cancer 34*(1) (pagination), Article Number: 15. Date of Publication: 01 Jan 2026.
Background: Pancreatic cancer is often diagnosed at advanced stages with limited treatment options. Although palliative care (PC) improves symptom control and end-of-life outcomes, referrals are frequently delayed. We evaluated changes in symptom intensity and analyzed survival and place of death among patients referred to PC. Conclusion(s): Our findings demonstrate a reduction in symptom intensity-particularly pain and fatigue-after PC admission. Patients referred to PC were more likely to have advanced, unresectable disease. These results underscore the need to integrate PC earlier in the treatment course to provide more comprehensive, individualized, and compassionate care.

Alpert J.M., et al. (2026) 'Hospitalization Experiences among Nursing Home Residents with Dementia.' *Journal of the American Medical Directors Association 27*(2) (pagination), Article Number: 106022. Date of Publication: 01 Feb 2026.
Objectives: Hospital admissions among nursing home residents with Alzheimer's disease and related dementias (ADRD) are burdensome, expensive, and provide limited clinical benefit. Compared with other patients, those with ADRD are more likely to experience adverse events when hospitalized. Our objective was to comprehensively describe the in-hospital experience of nursing home patients with ADRD. Conclusions and Implications: Patients undergoing hospital admission suffered distressing experiences, but most patients did not have do-not-resuscitate orders, and referrals to hospice and palliative care were rare.

Baykal D., et al. (2026) 'Terminally Ill Patients: Self-Care Abilities and Compassion in Nurses and Informal Caregivers.' *The American Journal of Hospice & Palliative Care 43*(2), 152–159.
Background: Palliative care units are centers where comprehensive care is provided, primarily by nurses, but also by informal caregivers who are usually the patients' relatives. The difference is that nurses fulfill this duty professionally, and their levels of self-care and compassion are not expected to be affected by their work. In this regard, comparing the levels of compassion and self-care in patients' relatives and nurses will provide evidence to help raise awareness and support both groups.Aims: This study aimed to determine the relationship between the self-care abilities and compassion of nurses and informal caregivers. Conclusions: Nurses working in palliative care had a similar level of compassion as the primary relatives of the patients. However, it is concerning that the nurses had less ability to engage in self-care than the informal caregivers. This result indicates that nurses need support to enhance their self-care.

Belanger E., et al. (2026) 'Opportunities to Improve End-of-Life Care in Assisted Living: Results from a National Survey of Administrators.' *Journal of the American Medical Directors Association 27*(1) (pagination), Article Number: 105981. Date of Publication: 01 Jan 2026.
Objectives: Assisted living is a common place of care for dying residents, with extensive variation in residents' outcomes such as hospice enrollment. This research aimed to gather national evidence about end-of-life care processes in assisted living. Conclusions and Implications: This national study of administrators highlights important opportunities to improve end-of-life care both as part of assisted living care processes for dying residents and through collaboration with hospice. These novel survey measures will help determine how end-of-life care processes vary along state regulations and shape residents' outcomes.

Bicak Ayik D., and Can, G. (2026) 'Effect of Auricular Acupressure in Management of Constipation in Palliative Care Patients.' *Journal of Palliative Care 41*(1), 50–59.
Objectives: This experimental randomized-controlled study was performed to define the efficacy of auricular acupressure (AA) in the management of constipation developing in palliative care patients. Conclusion(s): This intervention increased stool frequency, reduced physical and psychosocial symptoms, anxieties, and improved stool satisfaction and it was an effective approach to improving the quality of life. It is recommended that the daily use of AA should be evaluated. The

healthcare providers including nurses, patients, and patient relatives should be trained regarding AA.

Crowley P.D., et al. (2026) 'Determinants of Antibiotic Prescription in Outpatient Hospice: A Regional Observational Study.' *The American Journal of Hospice & Palliative Care 43*(2), 172–178.
Background: Patients enrolling in hospice care are asked their preferences for antibiotic treatment. There is little information regarding which patients are more likely to receive antibiotics. To better inform discussions, we sought to characterize the use of antibiotics in the outpatient hospice setting. Discussion: 19.5% of patients will receive antibiotics during their hospice course, with more frequent prescriptions in those surviving longer periods and those enrolled for pulmonary conditions. It is important to clarify patient preferences regarding antimicrobial utilization at the time of hospice enrolment.

da Cunha D.F.A., et al. (2026) 'Palliative Care in Intensive Care Units: Nurses' Perspectives on Challenges and Strategies.' *Nursing in Critical Care 31*(1), e70240.
BACKGROUND: The integration of palliative care into intensive care units is increasingly recognised as essential to ensuring quality end-of-life care, yet persistent barriers continue to challenge its implementation. Nurses, as continuous bedside providers, are central to delivering comfort, but their perspectives remain underexplored in the Portuguese context. AIM: To explore the challenges and strategies identified by intensive care nurses in the provision of palliative care, guided by Kolcaba's Comfort Theory. CONCLUSION(S): Kolcaba's Comfort Theory provided a meaningful lens to interpret the multidimensional nature of comfort in intensive care palliative care. The findings extend understanding of how nurses perceive and address structural and cultural barriers, contributing to theory-informed nursing knowledge. RELEVANCE TO CLINICAL PRACTICE: Grounding practice in nurses' perspectives and comfort theory may enhance education, organisational policies and models of care, promoting a more consistent integration of palliative care in intensive care units.

Depew C.N., et al. (2026) 'Palliative Medicine Consultation Reduces Readmission significantly in Certain Diagnoses: A Retrospective Analysis.' *The American Journal of Hospice & Palliative Care 43*(1), 47–50.
Hospital readmissions within 30 days are a significant concern due to their negative impact on patient outcomes and healthcare system costs.This retrospective study explores the impact of palliative medicine consultation on reducing readmission rates for patients with severe, life-limiting illnesses. The study found a statistically significant reduction in readmissions for patients with sepsis, pneumonia, heart failure and (to a lesser extent) stroke who received palliative medicine consultation compared to those who did not. The findings suggest that palliative medicine consultation for these patients leads to reduced readmission and implies potential improved quality outcomes and cost savings. This study highlights the potential of palliative medicine as a multifactorial approach to reduce readmissions and potentially improve patient outcomes in the future.

Elkefi S., et al. (2026) 'Extended Reality in Supporting Cancer Patients and Survivors: A Systematic Review on the Benefits and Challenges Across the Cancer Care Continuum.' *Future Healthcare Journal 13*(1) (pagination), Article Number: 100483. Date of Publication: 01 Mar 2026.

Purpose: Our study explores the role of extended reality (XR) in supporting cancer patients.Conclusion(s): XR interventions demonstrate significant potential in improving patient outcomes, particularly in anxiety reduction and symptom management. However, their application remains unevenly distributed across the cancer care continuum.

Garralda E., et al. (2026) 'How are Transitions from Oncology to Palliative Care Regulated Across Europe? A Grey Literature Review in Eight Countries: Pal-Cycles Project.' *Health Policy 164*(pagination), Article Number: 105522. Date of Publication: 01 Feb 2026.
Background: Patients with advanced cancer often encounter significant challenges during the transition from oncology to palliative care, particularly due to hospital discharges that lack clear communication and follow-up plans. This discontinuity in care may be addressed through various regulatory strategies designed to facilitate smooth transitions. Objective(s): To investigate the regulatory landscape governing transitions from oncology to palliative care across eight European countries. Conclusion(s): To enhance continuity of care for patients transitioning from oncology to palliative care at different levels, it is imperative to develop targeted guidance that incorporates all pertinent elements of care coordination.

Glaza A., et al. (2026) 'Palliative and Hospice Care in Prostate Cancer: A Scoping Review.' *Urologic Oncology: Seminars and Original Investigations 44*(1), 38–48.
Advanced prostate cancer presents therapeutic and prognostic challenges at the end of life. Palliative and hospice care improve quality of life, reduce hospitalizations, and enhance patient-centered decision-making. This scoping review emphasizes therapy and prognosis by evaluating the utilization, timing, and clinical impact of palliative and hospice care in prostate cancer. Palliative care in prostate cancer is highly beneficial and often delayed. Future research should focus on barriers to timely referral and evaluate their effects on clinical and economic outcomes in prostate cancer.

Gotoh R., et al. (2026) 'Associations between Anticipatory Grief and Post-Bereavement Depression and Post-Loss Grief of Family Members of Dying Patients with Cancer in Palliative Care Units: A Cohort Study.' *The American Journal of Hospice & Palliative Care 43*(2), 144–151.
Objectives: Anticipatory grief is associated with post-bereavement grief; however, reports on the influence of pre-loss depression are limited. Therefore, we investigated the association between the anticipatory grief of family members and post-loss and post-depression grief adjusted for pre-loss depression. Significance of Results: Bereaved families who experienced anticipatory grief had worse post-bereavement depression. However, this association was not statistically significant after adjusting for pre-bereavement depression. Post-bereavement depression may be in a continuum with pre-loss depression, and anticipatory grief does not independently affect post-loss reactions.

Guney Yilmaz G., et al. (2026) 'Actual Roles of Occupational Therapists in Palliative and Hospice Care: A Scoping Review.' *The American Journal of Hospice & Palliative Care 43*(2), 213–220.
Background: This study reviewed the role of occupational therapist's in palliative and hospice care over the past 20 years. Conclusion: Occupational therapy within the context of palliative care aims to assist individuals in attaining their highest level of

independence in important occupations. Occupational therapists play a crucial role in coordinating and facilitating safe transitions from the hospital to home, aiming to improve the overall quality of life and reduce hospital stays.

Hommes H., et al. (2026) 'Quality Measure Considerations for Pediatric Palliative and End-of-Life Care.' *The American Journal of Hospice & Palliative Care 43*(2), 206–212.
There is an emerging need to provide high-quality pediatric palliative care and end-of-life care to children, adolescents, and young adults with life-limiting illnesses. Currently, there are no standardized quality measures supporting pediatric palliative care and end-of-life care patient outcomes. The aim of this literature review was to explore current quality measures utilized in pediatric palliative care and end-of-life care among pediatric patients with life-limiting illnesses within the conceptual framework of Comfort Theory. Emergent themes among quality measures were categorized into 7 domains: (a) Alleviation of distressing symptoms, (b) Structures and processes of care, (c) Health care utilization, (d) Location of death and bereavement care, (e) Patient and family experiences, (f) Psychological and spiritual care, and (g) Cultural, ethical, and legal considerations. These domains support the physical, psychospiritual, sociocultural, and environmental contexts of Comfort Theory. Quality measure research, development, and standardization should focus within the 7 domains identified for the promotion of comfort, equity, and accessible care.

Jacobs S., et al. (2026) 'Inpatient use of Valproic Acid in Agitated Delirium by Palliative Medicine.' *The American Journal of Hospice & Palliative Care 43*(2), 160–164.
Background: Antipsychotics and benzodiazepines are prescribed for hyperactive delirium despite their side effects and lack of supportive evidence. Valproic Acid (VPA) improves agitation without QTc prolongation, excessive sedation, and parkinsonism. However, high quality evidence for this is lacking in delirium. Discussion(s): This study explored the use of VPA in palliative care. VPA may be effective in treating aggitation.

Jorgensen M., et al. (2026) 'Navigating Uncertainty and Vulnerability: Cardiac Nurses' Perspectives on Providing Palliative Care for Patients with Late-Stage Heart Failure.' *Heart and Lung 77*(pagination), Article Number: 102686. Date of Publication: 01 May 2026.
Cardiac nurses play an essential role in palliative care for patients with heart failure by providing comprehensive disease management, self-care support, patient education, symptom monitoring, medication management, and psychosocial support. Evidence on cardiac nurses' perspectives on palliative care remains limited. Objective(s): This study examines the experiences of cardiac nurses in providing palliative care to patients with heart failure in the late palliative phase. Conclusion(s): Cardiac nurses perceive palliative care for patients with heart failure as both challenging and frequently overlooked within cardiac care settings. The nurses often struggle to integrate and appropriately frame palliative care while respecting patients' wishes, which contributes to feelings of uncertainty and vulnerability. They highlight the critical need for systematic interdisciplinary collaboration to effectively support patients and their families throughout the palliative care process.

Kuntz A.A., et al. (2026) 'Is Routine Discharge enough? Needs and Perceptions regarding Discharge and Readmission of Palliative Care Patients and Caregivers.' *The American Journal of Hospice & Palliative Care 43*(1), 60–67.
Context: he hospital discharge process is fraught for patients with serious illness and their caregivers. Objectives: We sought to understand palliative care patient and caregiver concerns regarding the patient-centeredness of the hospital discharge process. Conclusion: Our qualitative study of patients and caregivers receiving palliative care identified unmet needs in the discharge process: non-pain symptom burden, gaps in empowerment and illness understanding, and mixed discharge readiness. Relationship to care informs subsequent engagement with care and medical decision-making. Future interventions should focus on strengthening patient and caregiver empowerment and illness understanding.

Lagman R.L., et al. (2026) 'Do Automated Reminders Decrease no-show Visits in an Outpatient Palliative Medicine Clinic?.' *The American Journal of Hospice & Palliative Care 43*(2), 188–192.
Background: Individuals who do not show up for medical appointments can lead to unfavorable outcomes for both patients and health systems. Automated methods are available to confirm appointments in addition to patient service coordinator (PSC) telephone calls. This study aims to determine the no-show rates for automated methods of confirmation, in-person and virtual visits, and patients living in underserved areas. Conclusion: PSC telephone calls, individuals living within COZ and virtual visits had higher no-show rates.

Lee J.H., et al. (2026) 'Patient Acceptance of Death and Symptom Control/Quality of Care among Terminal Cancer Patients Under Inpatient Hospice Care: A Multicenter Cross-Sectional Study.' *The American Journal of Hospice & Palliative Care 43*(2), 165–171.
Introduction: Patient attitude to death is associated with outcomes in hospice care settings. This Korean study investigated the association between terminal cancer patient death acceptance and symptom control and quality of care (QoC) as perceived by family caregivers (FCs). Conclusion: Terminal cancer patient death acceptance is associated with symptom control and FC perceived QoC.

Lin Y.J., et al. (2026) 'Effectiveness of Advance Care Planning for End-of-Life Outcomes in Nursing Home Residents with Dementia: A Systematic Review and Meta-Analysis.' *Journal of the American Medical Directors Association 27*(1) (pagination), Article Number: 105974. Date of Publication: 01 Jan 2026.
Objectives To identify the components of advance care planning (ACP) programs implemented in nursing homes, evaluate the range of associated end-of-life (EoL) outcomes for individuals with dementia and their caregivers, and assess their overall effectiveness. Conclusions and Implications: Although ACP programs in nursing homes may increase DNR directives, evidence of other EoL outcomes remains limited and inconsistent. No included studies were conducted in non-Western settings, highlighting the need for culturally sensitive research and standardized outcome reporting in related research.

Maharjan S., et al. (2026) 'Factors Associated with 1-Year Home Health Admission among Older Adults Initiating Long-Term Opioid Therapy.' *Journal of the American Medical Directors Association 27*(2) (pagination), Article Number: 106011. Date of Publication: 01 Feb 2026.

Objectives: Long-term opioid therapy (LTOT) in older adults poses risks of cognitive and functional decline. This study aimed to identify factors associated with home health admission within 1 year of LTOT initiation among Medicare-enrolled older adults. Conclusions and Implications: These findings highlight the need for risk-informed care planning and stratification among older adults on LTOT requiring home health services. This may help guide better allocation of resources and facilitate targeted interventions to support this vulnerable population. Future research should explore effective strategies for early identification and tailored support within this population.

Menzer, H. (2026) 'Dying in a Homophobic Nation: Addressing Healthcare Disparities, Advance Care Planning and Surrogate Decision-Making Challenges for Sexual and Gender Minority Older Adults at End-of-Life.' *The American Journal of Hospice & Palliative Care 43*(1), 51–59.
Promoting autonomy in medical decision-making is an essential part of palliative care. Therefore, palliative care providers should prioritize supporting the autonomy of sexual and gender minority (SGM) older adults, a community that has historically suffered from healthcare disparities. This support is particularly significant when an illness or injury renders a patient unable to make medical decisions, necessitating the designation of a surrogate decision-maker. Surrogate decision-maker policies vary by state and largely do not represent patients whose support systems are outside of the biological family. This article reviews healthcare disparities experienced by SGM older adults, including higher rates of certain health conditions and barriers to accessing care due to stigma and discrimination. It also highlights the compounded challenges faced by SGM individuals who are part of racial and ethnic minority groups.

Pattillo M., et al. (2026) 'Mental Healthcare Delivery in Palliative Care: Patient and Caregiver Perspectives.' *Journal of Pain and Symptom Management 71*(1), 168–179.
Objective(s): To explore patient and caregiver perspectives on 1) current delivery of mental health support in PC for serious medical illnesses and 2) preferences for integrated specialty mental health services. Conclusion(s): Patients and caregivers view integrated mental healthcare as a valuable addition to PC. Integration models should include specialist mental health providers, address caregiver needs, and offer flexible delivery formats. PC's transdiagnostic scope, interdisciplinary structure, and psychosocial orientation make it a strategic site for integrated care.

Phetlerthirunkul P., et al. (2026) 'Clinical Effectiveness of Nurse-Led Palliative Care Interventions for Patients with Advanced Cancer: A Systematic Review and Meta-Analysis.' *International Journal of Nursing Studies 174*(pagination), Article Number: 105303. Date of Publication: 01 Feb 2026.
Background: Advanced cancer impacts physical, emotional, social, and spiritual well-being of a person's life. While palliative care is known to alleviate suffering for patients and families, its availability remains limited, especially in resource-constrained settings. Nurses play a vital role in healthcare, with their leadership and interventions significantly impacting patient outcomes; however, synthesised evidence on nurse-led palliative care for patients with advanced cancer is limited. Aim(s): To evaluate the available evidence on the clinical effectiveness of nurse-led palliative care interventions for patients with advanced cancer. Conclusion(s): Nurse-led palliative care has a potential effect to improve quality of life, total pain score,

symptom burden, fatigue, functional capacity, and well-being for patients with advanced cancer. Future research is needed to evaluate the effectiveness of nurse-led palliative care, particularly in resource-constrained settings, enhancing access to quality palliative care.

Seiler A., et al. (2026) 'Virtual Reality Therapy in Palliative Care: A Case Series.' *Journal of Palliative Care 41*(1), 19–27.
Objectives: Virtual reality (VR) opens a variety of therapeutic options to improve symptom burden in patients with advanced disease. Until to date, only few studies have evaluated the use of VR therapy in the context of palliative care. This case series aims to evaluate the feasibility and acceptability of VR therapy in a population of palliative care patients. Significance of Results: Our preliminary results demonstrate that VR therapy is acceptable, feasible and safe for use within a palliative care population and appears to be a viable treatment option. Clinical trials are both warranted and necessary to confirm any therapeutic effects of VR therapy, as is the need to tailor VR systems better for use in palliative care settings.

Shafiq A., et al. (2026) 'Patterns and Predictors of Palliative Care use in Acute Heart Failure Hospitalizations.' *American Heart Journal Plus: Cardiology Research and Practice 61*(pagination), Article Number: 100667. Date of Publication: 01 Jan 2026.
Background: Palliative care consultation (PCC) in acute decompensated heart failure (ADHF) may enhance care quality and align treatment with patient goals. However, national trends and predictors of PCC in ADHF remain poorly defined. Conclusion(s): PCC use in ADHF is influenced by demographic, socioeconomic, clinical, and institutional factors. Racial, regional, and hospital-level disparities suggest a need for interventions to promote equitable access to palliative care for patients with ADHF.

Ven S., et al. (2026) 'Incidence and Characteristics of Hospital-Acquired Pressure Injuries in Acute Palliative Care Patients: A Four-Year Analysis.' *Journal of Clinical Nursing 35*(1), 255–267.
AIM: To describe the cumulative incidence and characteristics of hospital-acquired pressure injury in acute palliative patients. DESIGN: Secondary data analysis of hospital-acquired pressure injuries during 2019-2022. CONCLUSION(S): The incidence of hospital-acquired pressure injury in acute palliative patients is lower than in previous studies. However, many injuries occurred in those in the deteriorating phase, with higher scores for severity of symptoms. These findings suggest that acute palliative patients do require nursing care for pressure injury prevention, as well as for symptom management and activities-of-daily-living. Overall, this research contributes to a deeper understanding of pressure injury incidence and characteristics for acute palliative care patients. Future research should focus on population-specific pressure injury risk assessment to explore risk factors in greater detail.

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