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Palliative Care

March 2026

This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in palliative and hospice care. The bulletin focuses on efforts to improve quality of services, care practice and workforce issues.

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References

Alabbasi A., et al. (2026) 'Artificial Intelligence-Powered Predictive Tools to Improve End-of-Life Decision-Making: Mini-Review.' *BMJ Supportive and Palliative Care* (pagination)
Background: Uncertainty around a patient's prognosis at the end of life remains a major barrier to timely palliative-care involvement and alignment of treatments with patient goals. Artificial intelligence (AI)-based tools have recently emerged to provide structured mortality predictions and identify patients at risk of deterioration to support clinical decision making. Objective: This mini-review summarises recent literature evaluating AI-based prognostic and decision-support tools in end-of-life and palliative care, focusing on predictive accuracy, early implementation outcomes, communication effects and ethical considerations. Conclusions AI-driven prognostic models show promise in improving risk identification and facilitating earlier engagement with palliative care. Nonetheless, the current evidence base is preliminary.

AnthoineMilhommeBaumgartner A., et al. (2026) 'Interventions for Raising Public Awareness on End-of-Life, Death, and Grief: A Scoping Review.' *Death Studies* , 1–21.
This scoping review aimed to map and synthesize the evidence on interventions aimed at improving the general population's grief and death literacy. Most frequently addressed topics include palliative care and the grieving process. Most training programs rely on interactive teaching methods, and half incorporate introspective exercises on grief. A variety of health professionals and educational staff were involved in each of the training programs. Further studies are necessary to assess the effectiveness of these programs and identify the best practices.

Barnard M., et al. (2026) 'Parents' Lived Experience of Support through their Neonate's End of Life and Grief Journey: An Interpretative Phenomenology Study.' *Death Studies 50*(4), 606–619.
Medical and pharmacological advancements have influenced the ability to treat acutely ill neonates. However, complications of prematurity mean that death is unpreventable in some cases. The aim of this study was to explore parents' lived experiences of end of life care and their perceptions of support needs during and following the death of their baby in neonatal intensive care units in the United Kingdom. The Neonatal Grief Sandstorm visual tool, developed from the

findings, has potential to support bereavement conversations between health professionals and parents.

Chambers R.L., et al. (2026) 'What are the Symptoms and Concerns of Young Adults Living with Life-Limiting Conditions and how Well are they Captured by Patient Reported Outcome Measures? A Mixed-Methods Systematic Review and Framework Synthesis.' *Palliative Medicine 40*(3), 314–332.
Background: Internationally the number of young adults living with life-limiting conditions is increasing. Holistic concerns of this population have not been reviewed. It is unclear whether patient reported outcome measures used in this population capture their symptoms and concerns. Aim(s): To: (1) identify and synthesise the symptoms and concerns of young adults (aged 18-39) living with life-limiting conditions; (2) evaluate the content validity of patient reported outcome measures used in this population. Conclusion(s): This review highlights the need for holistic, age-specific person-centred outcome measures for young adults living with life-limiting conditions. We present a conceptual framework of symptoms and concerns that can be used to develop or modify existing patient reported outcome measures for this population.

CorreaMorales J.E., et al. (2026) 'Enhancing Palliative Care for Individuals with Intellectual and Developmental Disabilities: A Scoping Review of Communication Strategies for Assessing Health Needs.' *Journal of Pain and Symptom Management 71*(3), e261–e280.
BACKGROUND: Individuals with intellectual and developmental disabilities (IDD) face significant health disparities, particularly in accessing appropriate palliative care. Communication challenges remain a major barrier to understanding and addressing their complex needs. Despite palliative care's emphasis on person-centred approaches, research on how to communicate with people with IDD to support effective and equitable care delivery and decision-making is limited. AIM: This scoping review aimed to identify and synthesize communication strategies used across diverse disciplines that can support the assessment and management of health needs in individuals with IDD within the context of palliative care. CONCLUSION(S): Inclusive, multidimensional, and adaptive communication strategies are essential for delivering effective and equitable palliative care to people with IDD.

Cruz S., et al. (2026) 'Living the Transition: Experiences of Patients Receiving Palliative Care from Hospital to Home - A Phenomenological Study.' *European Journal of Oncology Nursing : The Official Journal of European Oncology Nursing Society 81*, 103139.
PURPOSE: Transitions from hospital to home in palliative care are emotionally and organisationally complex, influencing patients' dignity, safety, and continuity of care. Although previous studies have focused largely on professionals and informal caregivers, patients' own perspectives remain insufficiently understood. This study aimed to explore the lived experience of adults receiving palliative care during the transition from hospital to home. CONCLUSION(S): Improving transitional palliative care requires integrated and relationally attuned models that ensure continuity and timely support across care settings. Nursing practices should actively involve patients and families, strengthen home-based support, and promote dignity and safety during the transition from hospital to home.

de Oliveira G.L., et al. (2026) 'Immunological and Metabolic Importance of Palliative Medicine in Nutritional Therapy: A Systematic Review.' *International Journal of Nutrology 19*(1) (pagination), Article Number: e26103. Date of Publication: 01 Feb 2026.
Introduction: In the palliative care (PC) setting, levels of nutritional knowledge, emotional support, and the impact and severity of the disease can influence important immunological and metabolic responses in patients. Furthermore, the spiritual and religious (S/R) impact associated with an adequate diet for energy homeostasis is evident. Objective(s): To describe, through a systematic review, the immunological and metabolic importance of palliative medicine in nutritional therapy. Patients in PC are complex, with multiple clinical, psychological, social, and spiritual problems. Using a multidisciplinary approach, especially appropriate nutritional therapy, can improve the quality of life of patients and their families. It is essential to train, expand, and integrate PC teams, allowing patients a better quality of life until their death.

Gabb L.T., et al. (2026) 'Meaningfulness and Quality of End of Life for People with Dementia: A Systematic Review and 'Best-Fit' Framework Synthesis.' *Age and Ageing 55*(2) (pagination), Article Number: afag032. Date of Publication: 01 Feb 2026.
Introduction Dementia poses a unique challenge to traditional models of a 'good death'. Understanding what makes the dying process 'meaningful' offers a more nuanced approach to improving experiences at the end of life. Aim: To develop a conceptual framework for meaningful dying in dementia. Discussion: 'Meaningful dying' emphasises making sense of the dying experience as a whole. By contextualising what is happening within the story of the individual, it facilitates personal dignity in the face of potentially unavoidable suffering. The framework provides conceptual guidance for making decisions on behalf of someone with dementia towards the end of life when mental capacity may be lost.

Geurts M., et al. (2026) 'Patients' Needs and Preferences in Developing Art-Based Learning in Outpatient Palliative Cancer Care: A Qualitative Study.' *Plos One 21*(2 February) (pagination), Article Number: e0342436. Date of Publication: 01 Feb 2026.
Purpose: Art-Based Learning (ABL), an art pedagogical practice, may assist cancer patients by providing a meaningful experience through art viewing. However, little is known about what needs to be considered when developing an exhibition space for ABL in a palliative care setting. This study aimed at providing an overview of needs and preferences from a patient perspective. Conclusion: Our study showed that the hospital and online museum are appropriate and accessible environments for an exhibition for ABL. A varied selection of artworks might contribute most to a meaningful experience. Furthermore, we identified the patients' need for a person-centred approach in ABL in palliative care, in which not only the facilitator, but also health care professionals play an important role.

Gomes S., et al. (2026) 'Palliative Care Needs in Adults with Chronic Disease: A Systematic Review of Measuring Instruments.' *BMC Palliative Care 25*(1) (pagination), Article Number: 40. Date of Publication: 01 Dec 2026.
Background: The need for palliative care continues to grow, however, early identification of patients with these needs remains challenging. Despite the emergence of new instruments, assessment tools applicable to chronic diseases remain scarce, targeting specific risks and populations. This study aims to review the current evidence on the properties of instruments used to identify and measure palliative care needs in adults with chronic diseases. Conclusion(s): This review supports healthcare professionals in their efforts to identify and measure palliative care needs in adults with chronic diseases.

Guan T., et al. (2026) 'Family Meetings in Palliative Care: A Systematic Review.' *Patient Education and Counseling 146*(pagination), Article Number: 109499. Date of Publication: 01 May 2026.
Objectives: Family meetings play a critical role in facilitating communication in palliative care, but more evidence is needed to support their broader adoption in clinical practice. This systematic review aimed to summarize family meetings' key characteristics and their effects on patient and family member health outcomes in palliative care. Conclusion(s): Family meetings are conducted in diverse ways across health care settings. Future studies are needed to employ more robust study designs, collect comprehensive data on both short- and long-term outcomes, and evaluate impacts on health care utilization to comprehensively understand the benefits and effectiveness of family meetings in palliative care. Practice implications: Standardizing family meeting processes and procedures is essential to ensuring quality. Palliative care providers would benefit from targeted education and training focused on the core intervention elements necessary to maximize the effectiveness of family meetings.

Guo J., et al. (2026) 'Enhancing Identification of Potential Palliative Care Needs in Older Adults: An Umbrella Review of Screening Instruments.' *Palliative Medicine 40*(3), 297–313.
Background: Identifying palliative care needs in older adults is challenging due to variations in the indicator focus, applicability, and sensitivity of existing instruments. Aim(s): To systematically review the appropriate instruments for identifying potential palliative care needs in older adults and to assess their clinical performance and effectiveness. Conclusion(s): The SPICT and NECPAL

instruments have been implemented across diverse healthcare settings, including inpatient, outpatient, and general practice environments, demonstrating good sensitivity in their applications, while the P-CaRES is recommended for identifying palliative care needs in emergency departments. Future research should employ rigorous study designs to validate their effectiveness in enhancing patient-centred outcomes.

Hasegawa T., et al. (2026) 'Quality Indicators in Psychological Care for Patients with Serious Illness: A Systematic Review.' *Journal of the Academy of Consultation-Liaison Psychiatry 67*(1), 35–47.
Background: Psychological care for patients with serious illness is recommended; however, established quality indicators for this care are lacking. Objective(s): This study aimed to review clinical quality indicators to evaluate the quality of psychological care for patients with serious illnesses. Conclusion(s): There is an urgent need for a comprehensive set of validated quality indicators to assess the quality of psychological care across multiple components. Increasing the incorporation of evidence-based psychological care practices for patients with serious illnesses would support the development of valid and useful clinical quality indicators.

Hutchison A., et al. (2026) 'Quality Indicators for Palliative Care for Older People: An Umbrella Review.' *Palliative Medicine 40*(3), 284–296.
Background: Internationally, the ageing population is driving increased demand for palliative care across primary, aged, and healthcare sectors. Quality indicators for palliative care have been extensively researched, with systematic reviews synthesising these indicators for older populations across various care settings. Aim(s): To identify a comprehensive set of quality indicators for palliative care for older people. Conclusion(s): This review highlights a critical gap in quality indicators related to structure, including the physical and organisational settings of healthcare delivery. Indicators often emphasised a biomedical approach, overlooking the psychological, social, cultural, and spiritual aspects essential to high-quality palliative care. Further work is needed to develop a comprehensive, practical set of quality indicators that can be used across care settings.

Johnson G.U., et al. (2026) 'Personal Family-Centred Care for LGBTQ+ Individuals in Acute Hospital Settings: A Scoping Review.' *Journal of Clinical Nursing* (pagination), Date of Publication: 26 Feb 2026.
AIM: To identify and synthesise existing evidence on family-centred care for Lesbian, Gay, Bisexual, Transgender, Queer and other diverse identities (LGBTQ+) people in acute hospital settings, including hospital-based palliative care, oncology, general in-patient and intensive care. CONCLUSION(S): LGBTQ+ individuals and their chosen families face relational and structural barriers in acute hospital care. Inclusive interventions, protocols, and training are urgently needed to ensure affirming care.

Katsube N., et al. (2026) 'Monitoring Patients' Symptom Improvement in Palliative Care Units using Patient-Reported Outcomes: A Multicenter Prospective Observational Study.' *BMC Palliative Care 25*(1) (pagination), Article Number: 44. Date of Publication: 01 Dec 2026.
Background: The use of patient-reported outcomes (PROs) can facilitate the reduction of the severity of patient symptoms. Several countries have implemented projects that routinely use PROs in palliative care settings, resulting in increased patient symptom improvement rates. In Japan, a pilot study of hospital-based palliative care teams was conducted in 2021; however, no study has been conducted in palliative care units (PCUs). This study assessed patient symptom improvement rates using PROs and evaluated the feasibility of routine PRO assessment and data collection in PCUs in Japan. Conclusion(s): A 1-week regular evaluation using PROs may be feasible in PCUs in Japan. The greatest improvement in symptom scores occurred within the first week following PCU admission, with an observed plateau in subsequent weeks, suggesting that the first week may be important for assessing the quality of care in PCUs.

Katzenstein C., et al. (2026) 'End-of-Life Decision Making in Internal Medicine: A Retrospective Cohort Study of Clinical Ethics Consultations.' *Journal of General Internal*

***Medicine* (pagination), Date of Publication: 2026.**
Background: Internal Medicine physicians frequently face complex ethical dilemmas in end-of-life (EOL) care, particularly when prognoses are uncertain and patients lack decisional capacity, surrogate representation, or clear care preferences. Clinical Ethics Consultations (CECs) can provide support, yet little empirical data describe how Internal Medicine teams utilize CEC services. Objective(s): To characterize the clinical features, ethical themes, and recommendations of CECs requested by Internal Medicine services, particularly in the context of EOL care. Conclusion(s): CECs often support complex EOL decision-making in Internal Medicine. Subthemes like futility and artificial nutrition influence recommendations in distinct ways, underscoring ethics' role in navigating uncertainty and supporting patient-centred care.

Kenc I., et al. (2026) 'The Effect of an Educational Intervention for Caregivers of Children Receiving Palliative Care: A Quasi-Experimental Study.' *Journal of Pediatric Nursing 88*, 90–97.
PURPOSE: The study examined the impact of an educational intervention delivered to caregivers of children receiving palliative care. CONCLUSION(S): It was observed that the educational intervention applied to caregivers of children in need of palliative care resulted in a significant improvement in the identification of care needs and care management. PRACTICE IMPLICATIONS: Training programmes for caregivers in the palliative care process should be expanded, standardised to improve the quality of care, and integrated into health policies.

Kikuchi S., et al. (2026) 'Implementation of Artificial Intelligence in Palliative and Supportive Care for People with Cancer: A Scoping Review.' *Palliative Medicine* (pagination), Date of Publication: 2026.
Background: Cancer remains a leading global health burden. Artificial intelligence offers new opportunities to address complex physical and psychological symptoms in palliative and supportive cancer care. Despite rapid advances, including large language models, these technologies have not been consistently reviewed in this context, highlighting a gap in the synthesised literature. Aim(s): To map current evidence on how artificial intelligence is implemented in palliative and supportive care for people with cancer and their caregivers, and to identify associated challenges and future directions. Conclusion(s): Artificial intelligence is increasingly being applied in palliative and supportive care, yet applications designed for direct patient or caregiver use remain scarce. Further efforts should prioritise the development and validation of ethically sound, clinically integrated artificial intelligence tools to support person-centred palliative and supportive care.

Lakhani A., et al. (2026) 'Barriers and Enablers to Community Living: A Mixed-Methods Systems Study of Young Adults with Life-Limiting Conditions.' *Palliative Medicine* (pagination), Date of Publication: 2026.
Background: Adults aged 18-64 years with life-limiting conditions often fall through gaps in health and disability systems, particularly due to service ineligibility. Although home-based palliative care improves outcomes and cost-effectiveness, structural inequities and fragmented services can prevent younger adults from remaining in the community.
Aim(s): To identify factors influencing the ability of younger adults with life-limiting conditions to remain in the community and to map how these factors interact - using Australia as an illustrative context - through a systems-thinking approach. Conclusion(s): Systems thinking clarified how interactions among informal care, formal supports, and symptom severity shape care continuity. Findings highlight the need to position respite, practical carer support and navigation assistance as core components of community-based palliative care, and to align disability, aged-care and palliative-care systems so younger adults are not excluded from essential support due to age or

Leung M.S., and Ng, Y. H. (2026) 'Coping of Informal Caregivers for People with Terminal Illnesses: A Systematic Review and Metasynthesis.' *Palliative Medicine 40*(3), 344–357.
Background: Informal caregivers are vital in providing end-of-life care to their loved ones. However, there is a lack of systematic understanding of their coping strategies during the caregiving process. Aim(s): To synthesize qualitative data about coping strategies of informal caregivers of people with non-dementia terminal illnesses with a prognosis of less than 12 months.

Conclusion(s): Caregivers dynamically navigate simultaneous stressors of caregiving demands and pre-death grief through multiple strategies. Palliative care services should integrate routine caregiver grief assessment throughout the illness trajectory and implement early interventions addressing both caregiving stress and pre-death grief, rather than only addressing caregiving burden and bereavement.

Magnani L., et al. (2026) 'Psilocybin-Assisted Psychotherapy for Psycho-Existential Distress in Advanced Cancer: A Narrative Review.' *BMJ Supportive and Palliative Care* (pagination)
Introduction: This article presents a narrative review of psilocybin-assisted psychotherapy as a promising intervention for addressing anxiety, depression and psycho-existential distress in patients with advanced cancer. This group of disorders, often resistant to conventional treatments, significantly impacts patients' quality of life and autonomy, as well as illness trajectories. Psilocybin, when administered in high doses within a structured therapeutic framework, seems to alleviate these symptoms safely and effectively, with potential additional benefits on pain and systemic inflammation. Conclusion: psilocybin-assisted psychotherapy is a compelling therapeutic option warranting further investigation through rigorous, interdisciplinary research to promote an anthropologically/ethically grounded implementation in palliative settings, even beyond the oncology field.

Martinsen L.J., et al. (2026) 'Exploring Parents' Perspectives on Health Technology to Support Communication in Home-Based Pediatric Palliative Care: A Qualitative Study.' *BMC Palliative Care 25*(1) (pagination), Article Number: 50. Date of Publication: 01 Dec 2026.
Despite growing interest, there is a significant research gap regarding the systematic integration of health technology into pediatric palliative care, particularly in understanding how digital tools can be meaningfully embedded into everyday life. Given this research gap, this study aimed to explore parents' perspectives regarding the use of health technology in home-based pediatric palliative care, with a particular focus on facilitating communication with healthcare professionals.

Meier C., et al. (2026) 'End-of-Life Preparedness and Emotional Suffering in Patients and Caregivers: Findings from an International Cohort Study Spanning the Period before and After Death.' *Palliative Medicine 40*(3), 369–380.
Background: Preparing for the end of life is believed to help mitigate emotional suffering for both patients and their caregivers. However, empirical evidence on the emotional benefits of feeling prepared for death remains limited. Aim(s): This study uses data from the international iLIVE project to examine how perceived end-of-life preparedness is associated with emotional suffering among patients and their caregivers before and after death. Conclusion(s): Perceived preparedness for the end of life was associated with lower emotional suffering for patients approaching death and their caregivers, both during the illness and after bereavement. These findings suggest that encouraging end-of-life planning may support emotional well-being across the final phase of life and beyond.

Modderkolk L., et al. (2026) 'Factors Impacting the Delivery of Contextualized Care in Serious Illness: A Focus Group Study with Healthcare Professionals.' *BMC Medicine 24*(1) (pagination), Article Number: 117. Date of Publication: 01 Dec 2026.
Background: As the number and complexity of patients living with serious illness continue to rise, delivering care that is both effective and responsive to individual life contexts has become increasingly important. Despite its potential benefits, the implementation of contextualized care in the management of serious illness remains limited and poorly understood. To address this gap, this study aimed to identify barriers and facilitators influencing the delivery of contextualized care for patients with serious illness, as perceived by healthcare professionals (HCPs), and to generate recommendations for improving its implementation.

Moore R., et al. (2026) 'Characteristics of Massage Therapy Provision in Palliative Care: A Scoping Review.' *Journal of Palliative Medicine* (pagination), Date of Publication: 2026.
Background: Massage therapy (MT) is an emergent health care discipline increasingly recognized

and recommended as an effective non-pharmacological and holistic intervention for pain relief and well-being promotion for palliative patients. However, it is not clear how it is being operationalized in palliative care (PC) settings. Objective(s): To identify and describe the available evidence on the characteristics of massage service provision in specialist PC settings. Conclusion(s): This review described a reconceptualization of MT and its role in PC, with implications for future employment, education, and training of therapists. Further research is needed to develop implementation and integration models to facilitate access to MT in PC settings.

Mueller H., et al. (2026) 'Supporting the Bereaved in the COVID-19 Era: A Scoping Review of Interventions.' *Omega 92*(4), 1882–1902.
People whose family member(s) friend(s) have died from COVID-19 or other causes have been deeply affected by the physical and social restrictions imposed during the pandemic. These limitations have affected end-of-life care and support for the bereaved. The purpose of this review is to identify: the published studies of evaluated programs about interventions for people who have experienced bereavement during the COVID-19 pandemic, and to develop recommendations for researchers and policy makers. The interventions included in this review demonstrate preliminary efficacy.

Murali K.P., et al. (2026) 'A Multidimensional Narrative Review of Disparities in Hospice Care use.' *The American Journal of Hospice & Palliative Care* , 10499091261428463.
Purpose: Hospice care is a patient- and family-centred approach to end-of-life care that prioritizes comfort, symptom management, and psychosocial support while foregoing curative treatment. Hospice care improves quality of life and care at the end of life. Despite its benefits, hospice remains underutilized by racially and ethnically diverse people, sexual and gender minorities, and socioeconomically marginalized populations. Findings: Guided by the Social Ecological Model, the objectives of this narrative review are to (a) discuss disparities in hospice care use, (b) explore multidimensional levels and factors contributing to such disparities, and (c) outline implications and imperatives for improving access to and use of hospice care. This review revealed that hospice care disparities are shaped by interacting factors across societal, structural, healthcare system, interpersonal, and individual levels.

Nappa U., and Haggstrom, M. (2026) 'Storytelling Near the End-of-Life: Contingency Modes in Conversations with Relatives of Patients Receiving Palliative Care: A Qualitative Study.' *Death Studies 50*(4), 499–508.
This article explores the role of end-of-life conversations between palliative home-care patients and their relatives in shaping the bereavement process. The findings underscore the importance of healthcare providers facilitating these conversations, as they can help relatives process emotions and support their grieving. By addressing these modes, caregivers can aid relatives in becoming compassionate advocates for patients nearing death. The study highlights the need for further research into strategies for supporting relatives in navigating these modes, potentially enhancing bereavement care practices.

PerezJimenez J.M., et al. (2026) 'The Influence of Spirituality in the Care of Patients with Advanced Chronic Illnesses and at the End of Life: An Integrative Review.' *Journal of Religion and Health 65*(1), 451–479.
Spirituality is a central yet often overlooked component of care, particularly for people facing advanced chronic illness or approaching the end of life. This integrative review examined evidence on how spiritual care influences emotional, existential, and quality of life outcomes, and identified factors that facilitate or hinder its integration into clinical practice. These findings underscore spirituality as a determinant of health that should be systematically assessed, taught, and incorporated into the care of patients with serious illness. A brief spiritual assessment, structured meaning-centred conversations with family inclusion, and Advance Care Planning that reflects patients' beliefs and values are recommended.

SaringerSiegl S., et al. (2026) 'Nurses' Perspectives on Implementing Pediatric Palliative Care: A Qualitative Participatory Study on the Emerging Role of the Advanced Practice Nurse.' *European Journal of Pediatrics 185*(3) (pagination), Article Number: 143. Date of

Publication: 01 Mar 2026.
The implementation of Pediatric Palliative Care (PPC) in hospital settings places considerable demands on nursing staff, particularly during early phases of change. This study explored nurses' experiences, attitudes, and perceived support needs during the early implementation of a PPC concept at a tertiary pediatric hospital in Austria. Conclusion(s): Nurses' experiences underscore the importance of structured support, conceptual clarity, and emotional resources during early PPC implementation. The articulated need for advanced nursing expertise emerged inductively as a support requirement rather than an evaluation of an existing role and may inform future implementation and role development strategies. (

ScheeresFeitsma T.M., et al. (2026) 'Bringing Up the End of Life and Euthanasia. A Mixed Method Study on Consultations with People with Dementia and their Families in the Hospital Setting.' *Palliative Medicine* (pagination), Date of Publication: 2026.
Background: Discussing end-of-life care with people with dementia and their family soon after diagnosis is a crucial aspect of professional care. Research in the hospital setting is scarce. Aim(s): To investigate how often end-of-life issues and euthanasia are discussed during hospital consultations with people with dementia; identify who initiates these conversations; explore physicians' perceptions of their own role in these conversations compared to actual practice and physicians' views on the family's involvement. Conclusions and relevance: End-of-life conversations with patients with dementia are not standard practice in the hospital setting. The availability of euthanasia can narrow patients' perspective on other end-of-life options. This hinders physicians from initiating end-of-life conversations and possibly end-of-life decision making and care.

Setyawan Y.D., et al. (2026) 'Nurses' Experience in Providing End-of-Life Care in Intensive Care Unit: A Scoping Review.' *Healthcare (Switzerland) 14*(3) (pagination), Article Number: 417. Date of Publication: 01 Feb 2026.
Background: Most ICU patients are in the terminal phase and require complex palliative care support and End-of-Life Care (EoLC). Nurses play a central role in symptom management, emotional support, and shared decision-making. However, evidence on nurses' experiences in providing EoLC remains fragmented and lacks a comprehensive synthesis.
Objective(s): This review aimed to identify, map, and synthesize global evidence on ICU nurses' experiences in delivering EoLC, including challenges, coping strategies, and implications for critical care nursing practice. Conclusion(s): ICU nurses' experiences with EoLC reflect complex ethical, emotional, and organizational dimensions. Improving care quality requires structured training, organizational support, and culturally sensitive policies to strengthen critical care nursing practice.

Tan A.J.Q., et al. (2026) 'Integrating Specialist Palliative Care Delivery in Nursing Homes: A Scoping Review.' *Palliative Medicine* (pagination), Date of Publication: 2026.
Background: The nursing home population is expanding and presenting with increasing medical complexity. Specialist palliative care services collaborate with nursing homes to enhance quality of life for residents with advanced disease through timely identification and provision of palliative care. However, these efforts are often limited by workforce shortages, resource constraints, and a lack of clarity on how specialist palliative care can be effectively integrated into nursing home practice. Aim(s): To identify and map integrated models of specialist palliative care in nursing homes, describe their core components, and summarise reported evaluation outcomes.
Conclusion(s): Two complementary models of integrated specialist palliative care in nursing homes were identified. Findings highlight shared and unique components that can inform development of modular, context-appropriate palliative care models tailored to nursing home capacities and resources.

Tang R., et al. (2026) 'Barriers and Enablers of Implementing Spiritual Care at the End of Life: A Mixed-Methods Systematic Review using the Theoretical Domains Framework.' *BMC Palliative Care* (pagination), Date of Publication: 23 Feb 2026.
OBJECTIVES: This systematic review aims to identify and synthesize current evidence on perceived barriers and enablers of implementing spiritual care in palliative care to end-of-life

patients using the Theoretical Domains Framework (TDF).CONCLUSION(S): This systematic review identified barriers and enablers of implementing spiritual care in palliative care to end-of-life patients. Successful implementation requires a paradigm shift from "end-of-life spiritual rescue" toward longitudinal spiritual integration. Clinicians must recognize their role as behavioural catalysts who bridge the gap between patient latent needs and perceived professional boundaries. Policy efforts should focus on multidisciplinary training, the structural normalization of spiritual metrics in clinical systems, and fostering relational continuity within healthcare delivery models.

TorresCuellar J.C., et al. (2026) 'Transparency and Methodological Quality of Clinical Practice Guidelines in Palliative Care. Scoping Review.' *Journal of Evaluation in Clinical Practice 32*(2) (pagination), Article Number: e70392. Date of Publication: 01 Mar 2026.
Background: Palliative care (PC) and End-of-Life Care (EOLC) focus on improving the quality of life of patients with life-threatening illnesses by addressing physical, psychosocial, and spiritual needs. Clinical practice guidelines (CPGs) are essential for standardising care and supporting evidence-based clinical decision-making to improve patient outcomes but despite their importance, the methodological quality, transparency, and overall trustworthiness of CPGs require systematic evaluation. Given the limited assessment of CPGs in these areas, this study aimed to assess the methodological quality and transparency of CPGs in PC and EOLC for adult patients using the AGREE-II tool. Additionally, we evaluated the completeness of reporting using the RIGHT checklist.

van den Bergh R., et al. (2026) 'In-Person when Necessary and Available, Remotely when Possible - how Telemedicine can Support Palliative Care for Persons with Parkinson's Disease: A Qualitative Study.' *BMC Palliative Care* (pagination), Date of Publication: 23 Feb 2026.
BACKGROUND: Essential components of optimal palliative care for people with Parkinson's disease (PD) include adequate access and timely initiation of palliative care conversations. However, care for people with PD faces several challenges, including limited access, time constraints for healthcare professionals, cognitive decline, and emotional barriers around end-of-life discussions. Telemedicine may help address some of these challenges. This study explored how telemedicine could support palliative care for people with PD from the perspectives of people with PD, family caregivers, and healthcare professionals. CONCLUSION(S): Participants generally preferred to discuss palliative care topics physically, but remote consultations can sustain someone's access to care when a physical visit is no longer possible or feasible. Telemedicine was welcomed to transfer palliative care knowledge between healthcare professionals and towards people with PD and family caregivers.

van der Elst M., et al. (2026) 'How Relatives and Health Care Professionals Experience Palliative Sedation at the End-of-Life in Cancer Patients with Refractory Suffering: A Qualitative Study from the Palliative Sedation Project.' *Journal of Palliative Medicine* (pagination), Date of Publication: 2026.
Background: Palliative sedation has major clinical, social and ethical implications. Vicariously witnessing suffering in others is known to be distressing. However, little is understood about how palliative sedation is experienced by relatives and health care professionals. Objective(s): To explore the experiences of relatives and health care professionals with palliative sedation. Conclusion(s): Relatives and health care professionals focused on the effectiveness of palliative sedation in alleviating suffering and offering a dignified death. It was described as complex, with mixed experiences of relief and distress.

Vanderstichelen S., et al. (2026) 'EAPC White Paper: What are the Priorities for Public Health & Palliative Care Research in the Coming Decade? Results from an International Delphi Study.' *Palliative Medicine* (pagination), Date of Publication: 2026.
Background: Palliative care is increasingly framed as a public health matter, with a range of new research approaches. However, there is currently no consensus on a research agenda for Public Health & Palliative Care. Aim(s): To set a preliminary consensus-based Public Health & Palliative Care research agenda for the coming decade. Conclusion(s): Findings suggest that future priorities for Public Health & Palliative Care research lie with representation and inclusion, access

to palliative care and equity in health and wellbeing outcomes, critical knowledge, skills, social networks and methodological development.

Winsall M., et al. (2026) 'Healthcare Professionals' Advice to Guide End-of-Life Care Education Delivery in Hospitals: A Qualitative Study.' *Journal of Advanced Nursing 82*(3), 2332–2344.
AIM: To explore the key advice healthcare professionals would give colleagues regarding end-of-life care delivery in hospitals, thereby informing training needs. CONCLUSION(S): The identification of common themes across healthcare professions helps to support the development of interprofessional training initiatives. IMPLICATIONS FOR PROFESSION AND/OR PATIENT CARE: This research contributes valuable insights for developing targeted end-of-life care education programs. Results also underscore the potential of online learning platforms in providing accessible, evidence-based, continuing professional development in end-of-life care.

Wu L.F., et al. (2026) 'Determinants of do-Not-Resuscitate Decision in Terminally Ill Patients without Cancer Receiving Palliative Care Consultation Service: A Retrospective Study.' *Medicine (United States) 105*(5), e47241.
Palliative care consultation services (PCCS) are currently used to provide care to terminally ill patients in Taiwan. However, research on the determinants of do-not-resuscitate (DNR) decisions among terminally ill patients without cancer in palliative care settings is limited. This study aimed to elucidate the demographic and clinical factors that influence DNR decision-making in terminally ill patients without cancer receiving PCCS.

Wyatt G., et al. (2026) 'Nature-Based Virtual Reality: A Scoping Review of Cancer Care.' *Western Journal of Nursing Research* , 1939459251414790.
BACKGROUND: Patients with cancer and their friend/family caregivers experience emotional strain across the cancer trajectory, from diagnosis and curative treatment to palliative care. Thus, there is a need for therapies that can support emotional health and well-being. Given the emotional health benefits from nature exposure, nature-based virtual reality (VR) may hold promise. OBJECTIVE(S): We aimed to examine and synthesize the literature on nature-based virtual reality to improve emotional support and well-being among patients with cancer and their caregivers. CONCLUSION(S): Nature-based VR has the potential to promote improvement in emotional health and well-being for patients with cancer; however, studies of higher quality are needed. Further, there is a gap in the science regarding the use of nature-based VR for emotional support among caregivers.

Yilmaz S., et al. (2026) 'Peaceful Acceptance of Illness among Older Adults with Advanced Cancer: A Randomized Clinical Trial.' *Journal of Pain and Symptom Management 71*(1), 200–209.
Context: Peaceful acceptance of illness is associated with lower psychological distress and increased engagement in advance care planning among adults with advanced cancer. Limited data exist on factors influencing illness acceptance in older adults. Objective(s): To examine patient, caregiver, and oncologist characteristics associated with peaceful acceptance of illness in older adults with advanced cancer. Conclusion(s): Patient psychological health, perceived prognosis, and caregiver education were linked to PEACE. Triadic interventions addressing these factors may enhance end-of-life care for older adults with advanced cancer.

Zengin M., et al. (2026) 'The Experiences of Primary Caregivers of Children Receiving Palliative Care: A Qualitative Study.' *Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association* (pagination), Date of Publication: 17 Feb 2026.
Pediatric palliative care presents a complex landscape for primary caregivers, who play a pivotal role in managing the care and well-being of children with life-limiting or life-threatening conditions. The present study aimed to explore the life experiences of primary caregivers of children receiving pediatric palliative care. Primary caregivers of the children receiving palliative care have social and financial difficulties that will affect their life cycle, including their daily and social life. Strategies to support caregivers should be developed to create an environment in which the problems of

caregivers of children receiving palliative care are refined, and necessary changes should be encouraged through the development of training programs.

Zhang S., et al. (2026) 'Co-Design of the Intelligent Home-Based Palliative Care for End-of-Life System: A Development and Feasibility Study.' *Journal of Telemedicine and Telecare 32*(2), 118–128.
Objective: This study aimed to develop the Intelligent Home-based Palliative care for End-of-life (I-HOPE) system, a WeChat mini-program designed to provide home-based palliative care (HBPC), including education, interaction, and social resource access for users. Conclusion: The development of the I-HOPE system represents an advancement in enhancing the accessibility and quality of HBPC. Future research should focus on identifying areas for further development and assessing its impact on palliative care outcomes.

Zhou W., et al. (2026) 'Multi-Sensory Comfort Care in Hospice Wards: A Qualitative Study of Healthcare Professionals' Experiences and Challenges.' *Journal of Multidisciplinary Healthcare 19*, 1–11.
Purpose: This study is to explore the real experience, effect perception and practical dilemma of multi-sensory comfort care implemented by healthcare professionals in hospice care wards, and to provide an empirical basis for optimizing the quality of hospice care services. Conclusion(s): The results show that the clinical value of multi-sensory comfort care has been widely recognized by healthcare professionals, but its comprehensive promotion still faces significant challenges. In order to break through the current bottleneck, it is urgent to provide solid support for its development by constructing a "policy-resource-talent" trinity support system, innovating public education models and other comprehensive strategies.

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