#### **Cordt Kassner**

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### **Research News**

#### **Saturday Newsletters**

Research literature is the focus of Saturday newsletters - enjoy!

### Top read articles: Quality versus quantity of life: Beyond the dichotomy

Palliative Medicine Reports, by Ariel Dempsey, John Mulder; 3/23
A restrictive and dichotomous question has become the primary approach in many goals of care discussions. Is the primary goal of care quantity of life through aggressive therapy or quality of life through comfort care and hospice? Publisher note: While a little dated, this was part of a "top read in 2023" email.

#### **Grief training in palliative care fellowships**

Journal of Pain & Symptom Management, by Sara A. Barlow, MD; Meghan Price, MD; Christopher A. Jones, MD; Carl Pieper, DrPH; Anthony N. Galanos, MD; 1/24

No prior study has assessed grief and bereavement curriculum in Hospice and Palliative Medicine (HPM) fellowship programs in the United States. ... Most palliative care programs were academic (74%) and had four or fewer fellows (85%). 90% devoted a minority (0%–10%) of their curriculum to grief and bereavement training. Most programs reported at least some program-led grief and bereavement programming (69%); however, 53% endorsed that fellows are not very or not at all involved in this programming.



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## Early and often: Promoting early integration of pediatric palliative care for seriously ill children with cancer

Curr Probl Cancer, by Sara Taub, Robert Macauley; 10/23

Pediatric palliative care, despite substantial overlap with its adult counterpart, is also distinct in some ways. Serious illness and comorbidities are less common in children, for whom there is a stronger presumption toward aggressive treatment. This, along with impressive cure rates for pediatric cancer, can help

explain why children typically survive for a longer period of time following initial palliative care consultation. ... Several barriers to early integration exist, however, including misperceptions that palliative care constitutes "giving up" and concerns about potential role confusion with the primary team. By directly addressing these misperceptions and challenges, it is possible for palliative care and oncology to work in constructive partnerships that will benefit children with cancer and their families.

## Navigating stress in the Pediatric Intensive Care Unit among parents of children with severe neurological impairment

J Pain Symptom Manage, by Jori F. Bogetz, MD; Justin Yu, MD, MS; Ellie Oslin, BA; Krysta S. Barton, PhD, MPH; Joyce P. Yi-Frazier, PhD; Robert Scott Watson, MD, MPH; Abby R. Rosenberg, MD, MA, MS; 12/23

This qualitative study of 15 parents of children with severe neurological impairment highlights various ways parents and family caregivers navigate stress in the pediatric intensive care unit, including both self-activation and letting go, with the most reported practices being advocating for their child and being supported by compassionate clinicians.

# Chatbot performance in defining and differentiating palliative care, supportive care, hospice care

J Pain Symptom Manage, by Min Ji Kim, Sonal Admane, Yuchieh Kathryn Chang, Kao-Swi Karina Shih, Akhila Reddy, Michael Tang, Maxine De La Cruz, Terry Pham Taylor, Eduardo Bruera, David Hui; 1/24

We evaluated the accuracy, comprehensiveness, reliability, and readability of three AI platforms in defining and differentiating "palliative care," "supportive care," and "hospice care." We identified important concerns regarding the accuracy, comprehensiveness, reliability, and readability of outputs from AI platforms.



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## The Better Care Plan: a blueprint for improving America's healthcare system

Health Affairs Scholar, by Stephen M Shortell, John S Toussaint, George C Halvorson, Jon M Kingsdale, Richard M Scheffler, Allyson Y Schwartz, Peter A Wadsworth, Gail Wilensky; 7/23

The United States falls far short of its potential for delivering care that is effective, efficient, safe, timely, patient-centered, and equitable. We put forward the Better Care Plan, an overarching blueprint to address the flaws in our current system. The plan calls for continuously improving care, moving all payers to risk-adjusted prospective payment, and creating national entities for collecting, analyzing, and reporting patient safety and q uality-of-care outcomes data. A number of recommendations are made to achieve these goals. *Publisher note: From "The Best of Health Affairs Scholar 2023"*.

### **Engaging forensic psychiatry patients in health-care decision making**

The Lancet - Psychiatry, by Junqiang Zhao, Helen Bolshaw-Walker, N Zoe Hilton; 1/15/24

The forensic psychiatric system is a pivotal intersection between the criminal justice and psychiatry systems. When individuals commit criminal acts and are found not criminally responsible for their actions due to mental illness, or unfit to stand trial, they often receive psychiatric care in specialised hospitals or units. The aim of these facilities is not punitive, but restorative—to promote the recovery and successful reintegration of patients into communities.

### **International News**

### Navigating compassion: A comprehensive review of palliative care in respiratory medicine

Cureus (India), by Ulhas Jadhav, Jay Bhanushali, Arman Sindhu, Bingu Shiv Kiran Reddy; 12/23.

Palliative care has emerged as a crucial aspect of comprehensive healthcare, particularly in respiratory medicine. This review navigates the intricate landscape of palliative care in the context of respiratory diseases, including chronic obstructive pulmonary disease (COPD), idiopathic pulmonary fibrosis (IPF), and lung cancer.



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### **Today's Encouragement**

Everything can be taken from a man but one thing: the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way. ~Victor Frankl

Publisher's note: Today is International Holocaust Remembrance Day.

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