

Cordt Kassner

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<subscriptions@hospicepalliativecaretoday.com>
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Research News

Saturday Newsletters

Research literature is the focus of Saturday newsletters - enjoy!

Dr. Hillary Lum appointed Editor-in-Chief of Palliative Medicine Reports

Press release / email; 2/12/24

We are pleased to announce that Hillary Lum, MD, PhD has been appointed incoming Editor-in-Chief of Palliative Medicine Reports, published by Mary Ann Liebert, Inc. We warmly thank Dr. Christopher Jones for his tenure of leadership and dedication to the publication and the field. Dr. Lum serves as Associate Professor at University of Colorado and completed the MD-PhD program at the University of Wisconsin. Previously, Dr. Lum served as an Associate Editor on Journal of Palliative Medicine and is incredibly active in the community, serving as a member of the American Geriatrics Society and the American Academy of Hospice and Palliative Medicine.

Patient Focus: When should people with heart failure who were admitted to the hospital think about palliative or hospice care? An explanation of "Factors associated with mortality and hospice use among Medicare beneficiaries with heart failure who received home health services"

Journal of Cardiac Failure, by Spencer Carter, MD; Jennifer T. Thibodeau, MD, MSCS; 12/23

Hospital stays for patients with heart failure are serious events that mean that the heart may be sicker. Some people with heart failure who are in the hospital are at higher risk of dying within 6 months after their hospital stay. This study describes differing characteristics of people who might be at higher risk of death and who may benefit from palliative or hospice care to better support them. Publisher's note: Also see [https://onlinejcf.com/article/S1071-9164\(23\)00922-3/abstract](https://onlinejcf.com/article/S1071-9164(23)00922-3/abstract).

Hidden disparities: How language influences patients' access to cancer care

National Comprehensive Cancer Network, by Debbie W Chen, Mousumi Banerjee, Xin He, Lesley Miranda, Maya Watanabe, Christine M Veenstra, Megan R Haymart; 9/23
Linguistic disparities exist in access to cancer care for non-English-speaking patients, emphasizing the need for focused interventions to mitigate systems-level communication barriers.

Alzheimer's Disease and Related Dementias: Caregiver perspectives on hospice re-enrollment following a hospice live discharge

Journal of Palliative Medicine, by Stephanie P Wladkowski, Susan Enguידanos; 10/23
Three-quarters of participants (n = 16) would consider re-enrolling their loved one in hospice. However, some believed they would have to wait for a medical crisis (n = 6) to re-enroll, while others (n = 10) questioned the appropriateness of hospice for patients with Alzheimer's disease and related dementias if they cannot remain in hospice care until death.

Health care costs associated with hospice use for people with dementia in the US

Health Affairs, by Melissa D Aldridge, Lauren J Hunt, Krista L Harrison, Karen McKendrick, Lihua Li, R Sean Morrison; 9/23

Policy makers in the US are increasingly concerned that greater use of the Medicare hospice benefit by people with dementia is driving up costs... For community-dwelling people with dementia, Medicare costs were lower for those who used hospice than for those who did not, whether hospice enrollment was in the last three days (\$2,200) or last three months (\$7,200) of life, primarily through lower inpatient care costs in the last days of life...



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Perspectives on transfusions for hospice patients with blood cancers: A survey of hospice providers

Journal of Pain and Symptom Management, by Helen P Knight, Caitlin Brennan, Susan Lysaght Hurley, Anna J Tidswell, Melissa D Aldridge, Kimberly S Johnson, Edo Banach, James A Tulsky, Gregory A Abel, Oreofe O Odejide; 1/24

We received 113 completed surveys (response rate = 23.5%). Of the cohort, 2.7% reported that their agency always offers transfusions, 40.7% reported sometimes offering transfusions, and 54.9% reported never offering transfusions... Most respondents (76.6%) identified lack of transfusion access in hospice as a barrier to hospice enrollment for blood cancer patients. The top intervention considered as "very help ful" for increasing enrollment was additional reimbursement for transfusions (72.1%).

The administrative burden on palliative academic physicians

Journal of Pain and Symptom Management, by Rida Khan, Michael Tang, Ahsan Azhar, Eduardo Bruera; 1/24

Every faculty member spends annually an approximate average of 5,300 minutes on administrative activities (approximately the equivalent of 29 consults plus 133 follow-ups). Using the department net average per encounter, the approximate value of these encounters is \$36, 936 for each faculty member (about 11 clinical days)... We recommend that regulatory agencies and institutions work together to better regulate this list of tasks and their frequency.

Palliative sedation: ethics in clinical practice guidelines - systematic review

BJM Supportive & Palliative Care, by Martyna Tomczyk, Cécile Jaques, Ralf J Jox; 8/23
Effective cooperation between palliative care clinicians and ethicists should be encouraged, in order to integrate in particular the crucial ethical issues of continuous deep sedation until death when developing or updating clinical practice guidelines on palliative sedation.



Individual socioeconomic factors have a greater impact on end-of-life care outcomes than regional factors

Journal of Palliative Medicine, by William H. Gansa, Hannah Kleijwegt, Melissa Aldridge, Claire Ankuda; 2/24

High quality of care at the end of life may be more associated with individual socioeconomic factors than regional indicators, including degrees of rurality. Clinicians should strive to recognize the interplay of individual characteristics and regional indicators to provide more personalized care.

Publisher's note: Also see <https://www.liebertpub.com/doi/10.1089/jpm.2023.0163>.

International News

How good are we at reporting the socioeconomic position, ethnicity, race, religion and main language of research participants? A review of the quality of reporting in palliative care intervention studies

Palliative Medicine, by Keerthika Selvakumaran, Katherine E Sleeman, Joanna M Davies; 2/24

[UK] In 2018, a review of 18 clinical trials on the integration of palliative care into oncology, found that one-third did not report the race or ethnicity of participants, and a further one-third provided only broad categorisations such as 'white' versus 'other'. The aim of this pragmatic review is to describe the quality of reporting in palliative and end-of-life care intervention studies, for social characteristics including socioeconomic position, ethnicity or race, religion and the main language of participants.

Today's Encouragement

Character is power. – Booker T. Washington



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