

Cordt Kassner

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Research News

Saturday Newsletters

Research literature is the focus of Saturday newsletters - enjoy!

Disparities in the geographic distribution of palliative care specialists in 2022

Journal of General Internal Medicine, by Julia L Frydman, Karen McKendrick, Yingtong Chen, Jonathan Wun, Nathan E Goldstein, R Sean Morrison, Laura P Gelfman; 2/12/24
In 2022, the number of HPM board-certified clinicians was 8,935 (6,448 = physicians (72.2%); 2,487 = NPs (27.8%)), which represents 0.7% of the NP workforce and 0.6% of the physician workforce... Our study highlights the uneven geographic distribution of board-certified HPM clinicians, which depends on state, metropolitan status, and area-level SES.

Patient navigator intervention to improve palliative care outcomes for Hispanic patients with serious noncancer illness: A randomized clinical trial

JAMA Internal Medicine, by Stacy M Fischer, Sung-Joon Min, Danielle M Kline, Kathleen Lester, Wendolyn Gozansky, Christopher Schifeling, John Humberger, Joseph Lopez, Regina M Fink; 2/12/24

In this randomized clinical trial, a culturally tailored patient navigator intervention did not improve QOL for patients. However, the intervention did increase ACP engagement, AD documentation, and hospice utilization in Hispanic persons with serious medical illness.



Drugs, delirium, and ethics at the end of life

Journal of the American Geriatric Society, by Columba Thomas, MD; Yesne Alici, MD; William Breitbart, MD; Eduardo Bruera, MD; Liz Blackler, MBE, LCSW-R; Daniel P. Sulmasy MD, PhD; 1/24

For older persons with delirium at the end of life, treatment involves complex trade-offs and highly value-sensitive decisions. The principles of beneficence, nonmaleficence, respect for autonomy, and justice establish important parameters but lack the structure necessary to guide clinicians in the optimal management of these patients. We propose a set of ethical rules to guide therapeutics—the canon of therapy—as a toolset to help clinicians deliberate about the competing concerns involved in the management of older patients with delirium at the end of life.

Clinician perception of likelihood of death in the next year is associated with 1-year mortality and hospice use among older adults receiving home health care

Journal of Palliative Medicine, by Zainab Toteh Osakwe, Evan Bollens-Lund, Yihan Wang, Christine S Ritchie, Jennifer M Reckrey, Katherine A Ornstein; 2/12/24

HHC clinician perception of patients' risk of death or decline is associated with 1-year mortality. A better understanding of HHC patients at high risk for mortality can facilitate improved care planning and identification of homebound older adults who may benefit from hospice.

What aspects of quality of life are important from palliative care patients' perspectives? A framework analysis to inform preference-based measures for palliative and end-of-life settings

The Patient - Patient-Centered Outcomes Research, by Nikki McCaffrey, Julie Ratcliffe, David Currow, Lidia Engel, Claire Hutchinson; 11/23

Existing, popular, preference-based outcome measures such as the EQ-5D do not incorporate the most important, patient-valued, quality-of-life domains in the palliative and end-of-life settings. Development of a new, more relevant and comprehensive preference-based outcome measure could improve the allocation of resources to patient-valued services and have wide applicability internationally.



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Pain management education for rural hospice family caregivers: A pilot study with embedded implementation evaluation

American Journal of Hospice & Palliative Medicine, by Lauren T. Starr, PhD, MBE, RN; Karla T. Washington, PhD, MSW; JoAnn Jabbari, MSN, RN; Jacquelyn J. Benson, PhD, MA; Debra Parker Oliver, PhD, MSW; George Demiris, PhD, FACMI; John G. Cagle, PhD, MSW; 7/23

Assessing and managing hospice patients' pain is a common source of anxiety among hospice family caregivers, especially caregivers in rural communities who face special challenges including distance, limited access, and concerns about opioid misuse... A multisite clinical trial of Ready2Care is warranted; however, its success may require more effective recruitment and retention strategies for rural caregiver participants.

Ethics at the end of life in the newborn intensive care unit: Conversations and decisions

Seminars in Fetal and Neonatal Medicine, by Mark R. Mercurio, Lynn Gillam; 6/23

The unexpected birth of a critically ill baby raises many ethical questions for neonatologists. Some of these are obviously ethical questions, about whether to attempt resuscitation, and, if the baby is resuscitated and survives, whether to continue life sustaining interventions. Other ethical decisions are more related to what to say rather than what to do. Although less obvious, they are equally as important, and may also have far-reaching ramifications... This may serve as a helpful guide for ethical deliberation, and helpful scripting for parental discussion, in similar cases.

International News

Leadership core competencies in palliative care — Recommendations from the European Association for Palliative Care: Delphi Study

Journal of Palliative Medicine, by Olivia Parczyk, Gerrit Frerich, Martin Loučka, Raymond Voltz, Sheila Payne; 2/14/24

(Europe) The eight domains [of leadership: research, advocacy and media, communication, teamwork, project management, organizational learning and sustainability, leading change, and personal traits] provide evidence for teaching of leadership competencies in palliative care. We recommend that exploring, identifying, and integrating leadership competencies in palliative care are given more attention in educational curricula and in training interventions.



Predicting end-of-life in a hospital setting

Journal of Multidisciplinary Healthcare, by Gezy Weita Giwangkancana, Heni Nur Anina, Hadyana Sukandar; 2/9/24

(Indonesia) [Early Warning Score] and decreased consciousness are significant predictors of in-hospital mortality. It is crucial in clinical setting to use multiple indicators to predict death and improve patient care.

The impact of early palliative care interventions on the utilization of medical care resources for end-of-life patients

Research Square (not peer reviewed; under review by BMC Palliative Care), by Chia-Chia Lin, Tsing-Fen Ho, Chang-Hung Lin, Nu-Man Tsai Tsai, Yu-Hung Kuo, Ju-Huei Chien; 2/12/24

(Taiwan) Patients at the end-of-life who received palliative care experienced a reduced incidence of aggressive medical interventions before death. These encompassed activities such as stays in the intensive care unit, cardiopulmonary resuscitation, endotracheal intubation, respiratory ventilator support, and blood transfusions.

Today's Encouragement

I think the good and the great are only separated by the willingness to sacrifice. — Kareem Abdul-Jabbar



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