

## Cordt Kassner

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TODAY

**March 9th, 2024**

**Saturday Newsletters:** *Research literature is the focus of Saturday newsletters - enjoy!*

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## Research News

### **First person profile: Betty Ferrell, PhD, RN**

*Cancer, by Mary Beth Nierengarten; 2/24*

Dr Ferrell has built her career on the belief that palliative care should be offered from the time of cancer diagnosis rather than just as end-of-life care.

*Publisher's note: Honoring our rockstars...*

### **Aging is not an illness: Exploring geriatricians' resistance to serious illness conversations**

*Journal of Pain and Symptom Management, by Alexis Drutchas MD; Deborah S. Lee MD; Sharon Levine MD; Jeffrey L. Greenwald MD; Juliet Jacobsen MD, MPH; 9/23*

Three key themes emerged that help explain the reluctance of clinicians caring for older patients to have or document serious illness conversations: 1) aging in itself is not a serious illness; 2) geriatricians often focus on positive adaptation and social determinants of health and in this context, the label of “serious illness conversations” is perceived as limiting; and 3) because aging is not synonymous with illness, important goals-of-care conversations are not necessarily documented as serious illness conversations until an acute illness presents itself.

### **Public health and palliative care**

*Clinics in Geriatric Medicine, by Sarah H. Cross PhD, MSW, MPH; Dio Kavalieratos PhD; 8/23*

Meeting the needs of people at the end of life (EOL) is a public health (PH) concern, yet a PH approach has not been widely applied to EOL care. The design of hospice in the United States, with its focus on cost containment, has resulted in disparities in EOL care use and quality. Individuals with non-cancer diagnoses, minoritized individuals, individuals of lower socioeconomic status, and those who do not yet qualify for hospice are particularly disadvantaged by the existing hospice policy. New models of palliative care (both hospice and non-hospice) are needed to equitably address the burden of suffering from a serious illness.



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### **Illness trajectories of incurable solid cancers**

BMJ, by Eric C T Geijteman, Evelien J M Kuip, Jannie Oskam, Diana Lees, Eduardo Bruera; 3/24

[See article for] updated treatment illness trajectories for patients with incurable solid cancer include major temporary improvement, long term ongoing response, and rapid decline. Supportive and palliative care should be provided in conjunction with newer anticancer therapies to address patients' physical, psychological, social, and spiritual challenges.

### **Trends in end-of-life care and satisfaction among Veterans undergoing surgery**

*Annals of Surgery; by Dualeh, Shukri H.A. MD; Anderson, Maia S. MD MS; Abrahamse, Paul MA; Kamdar, Neil MA; Evans, Emily MS; Suwanabol, Pasithorn A. MD; 2/24*

To examine trends in end-of-life care services and satisfaction among Veterans undergoing any inpatient surgery.

### **Healthcare access dimensions and racial disparities in end-of-life care quality among ovarian cancer patients**

*Cancer Research Communications; by Shama Karanth; Oyomoare L Osazuwa-Peters; Lauren E Wilson; Rebecca A. Previs; Fariha Rahman; Bin Huang; Maria Pisu; Margaret Liang; Kevin C Ward; Maria J Schymura; Andrew Berchuck; Tomi F. Akinyemiju; 3/24*

This study investigated the association between healthcare access (HCA) dimensions and racial disparities in end-of-life care quality among Non-Hispanic Black (NHB), Non-Hispanic White (NHW), and Hispanic patients with ovarian cancer (OC). The final sample included 4,646 women. After adjustment for HCA dimensions, NHB patients had lower quality EOL care compared to NHW patients, defined as increased risk of hospitalization in the last 30 days of life (RR 1.16, 95% CI:1.03-1.30), no hospice care (RR 1.23, 95% CI:1.04-1.44), in-hospital death (RR 1.27, 95% CI:1.03-1.57), and higher counts of poor-quality EOL care outcomes (Count Ratio:1.19, 95% CI:1.04-1.36).

## **'My life is a mess but I cope': An analysis of the language children and young people use to describe their own life-limiting or life-threatening condition**

*Palliative Medicine, by Katherine Bristowe; Debbie Braybrook; Hannah M Scott; Lucy Coombes; Daney Harðardóttir; Anna Roach; Clare Ellis-Smith; Myra Bluebond-Langner; Lorna Fraser; Julia Downing; Fliss Murtagh; Richard Harding; 3/24*

Children and young people can provide rich descriptions of their condition. Paying attention to their lexical choices, and converging one's language towards theirs, may enable more child-centred discussions. Expanding discussions about 'what matters most' with consideration of the losses and differences they have experienced may facilitate a fuller assessment of their concerns, preferences and priorities.

## **The realities of work/life balance in palliative care**

*British Journal of Community Nursing, by Brian Nyatanga; 3/24*

The philosophy of palliative care makes the idea of work/life balance a crucial component to providing that care. However, the difficulty of achieving this idealistic work/life split demands another way of looking at the concept.

## **Nonprofit behavior altered by monetary donations: evidence from the U.S. hospice industry**

*The European Journal of Health Economics; by Miao Guo; Lei Guo; Yang Li; 2/24*

This study investigates whether reliance on monetary donations alters nonprofit firms' behaviors. Specifically, in the hospice industry, a shorter patients' length of stay (LOS) speeds up overall patient turnover, allowing a hospice to serve more patients and expand its donation network.

*Publisher's note: [Correlation does not imply causation...](#)*



### ***Large language models and generative AI in telehealth: A responsible use lens***

*Journal of the American Medical Informatics Association, by Javad Pool, PhD, Marta Indulska, PhD, Shazia Sadiq, PhD; 4/24*

*The findings emphasized the potential of LLMs, especially ChatGPT, in telehealth. They provide insights into understanding the use of LLMs, enhancing telehealth services, and taking ethical considerations into account. By proposing three future research directions with a focus on responsible use, this review further contributes to the advancement of this emerging phenomenon of healthcare AI.*

### ***Today's Encouragement***

***Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom. ~Viktor Frankl***



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