

Cordt Kassner

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TODAY

March 16th, 2024

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

Contents

- [1. Correcting health disparities at end-of-life in persons of color](#)
- [2. Courage](#)
- [3. Ethics Consult: Using hospice as "treatment" for behavioral problems of dementia](#)
- [4. The PACT Project: Feasibility of a multidisciplinary, multi-faceted intervention to promote goals of care conversations](#)
- [5. Evaluation of a novel hospice-specific patient decision aid](#)
- [6. Social model hospice: Providing hospice and palliative care for a homeless population in Salt Lake City, Utah](#)
- [7. Palliative ECT for catatonia in a terminal cancer patient: A case report](#)
- [8. Social acceptability of psilocybin-assisted therapy for existential distress at the end of life: A population-based survey](#)

9. Perceptions of palliative care: Demographics and health status among the general population in Florida and the United States
10. Today's Encouragement

Research News

Correcting health disparities at end-of-life in persons of color

Journal for Nurse Practitioners, by Leah D. Ward, Anthony Young; 4/24

Forty years after the creation of the Medicare hospice benefit, low use of hospice and palliative care services in persons of color increases suffering and aggressive care at the end of life related to social determinants of death... This article provides tools for nurse practitioners and other health care personnel in spiritual, cultural, and goals-of-care assessments, quality improvement, and an explanation of the benefits of faith-based programs and partnerships

Courage

Journal of Hospice & Palliative Nursing, by Ferrell, Betty PhD, MA, RN, CHPN; 4/24

This issue is a quilt I would call "Courage," with bold colors, vibrant images and creative designs providing warmth and comfort to those whose stories are told in these pages.

Ethics Consult: Using hospice as "treatment" for behavioral problems of dementia

American Journal of Geriatric Psychiatry, by Luisa Skoble MD, Jonathan Crane MPhil, PhD; 4/24

This session will present 2 cases of individuals with advanced dementia who did not meet the traditional Medicare criteria for hospice, as both were ambulatory and did not have significant co-morbid medical issues. Both had significant aggressive behaviors that responded poorly to extensive trials of various medications during extended stays on a geriatric psychiatry inpatient unit. Both were referred to a local inpatient hospice where the staff use "suffering" as a hospice criteria and were "treated" with the usual hospice medications and expired in less than 3 weeks.

The PACT Project: Feasibility of a multidisciplinary, multi-faceted intervention to promote goals of care conversations

American Journal of Hospice and Palliative Medicine, by Eytan Szmuilowicz, MD; Rebecca K. Clepp, MA, MEd, MHA; Jayson Neagle, MD; Adeboye Ogunseitan, MD; Martha Twaddle, MD; Gordon J. Wood, MD, MSCI; 4/24

Patients living with serious illness generally want their physicians to facilitate Goals of Care conversations (GoCc), yet physicians may lack time and skills to engage in these conversations in the outpatient setting... A multifaceted quality improvement intervention focused on serious illness communication skills can support a diverse clinical workforce to facilitate inpatient GoCc over time.

Evaluation of a novel hospice-specific patient decision aid

American Journal of Hospice and Palliative Medicine, by Channing E. Tate, PHD, MPH; Gwendolyn Mami, JD; Monica McNulty, MS; Deborah J. Rinehart, PhD; Robin Yasui, MD; Nicole Rondinelli, FNP; Jonathan Treem, MD; Diane Fairclough, PhD; Daniel D. Matlock, MD, MPH; 4/24

[Randomized Controlled Trial] We tested a novel hospice-specific patient decision aid to determine whether the decision aid could improve hospice knowledge, opinions of hospice, and decision self-efficacy in making decisions about hospice... The intervention demonstrated significant improvements in decision self-efficacy but not in hospice knowledge or hospice beliefs and attitudes.

Social model hospice: Providing hospice and palliative care for a homeless population in Salt Lake City, Utah

Journal of Hospice & Palliative Nursing, by Jensen, Francine Bench, PhD, RN; Thorpe, Deborah PhD, APRN; 4/24

Health care for the homeless population is a complex challenge and represents a significant gap in care, particularly for those at the end of life. Hospice care may be desired but is rarely an option for people without residences, social support, and payment sources. Social model hospice is a unique paradigm of care

delivery that offers a viable solution to make hospice and palliative care possible for this population.



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Palliative ECT for catatonia in a terminal cancer patient: A case report

Journal of the Academy of Consultation-Liaison Psychiatry, by Arushi Mahajan B.S., Thanvi Vatti M.P.H., Andrew Coulter M.D., Elias Khawam M.D., Molly Howland M.D.; 2/24

Common end-of-life illnesses and medications can lead to catatonia. Catatonia can decrease interactivity, which worsens a terminal patient's quality of life. Treatment includes medications and electroconvulsive therapy (ECT). Though treating psychiatric disorders aligns with the palliative care philosophy, end-of-life ECT has been rarely reported. The few case reports on palliative ECT involved continuation of prior ECT courses for chronic psychiatric conditions in psychiatric settings after a terminal diagnosis. No studies have explored palliative ECT for acute catatonia.

Social acceptability of psilocybin-assisted therapy for existential distress at the end of life: A population-based survey

Palliative Medicine, by Louis Plourde, Sue-Ling Chang, Houman Farzin, Pierre Gagnon, Johanne Hébert, Robert Foxman, Pierre Deschamps, François Provost, Marianne Masse-Grenier, Jean-François Stephan, Katherine Cheung, Yann Joly, Jean-Sébastien Fallu, Michel Dorval for the P3A Study Group; 2/24

Internationally, there is a growing interest in the potential benefits of psilocybin-assisted therapy to treat existential distress at the end of life. However, the social acceptability of this therapy is not yet well known. The social acceptability of psilocybin-assisted therapy for existential distress at the end of life is rather high in Canada. These findings may contribute to efforts to mobilise resources and improve access to this emerging therapy in palliative and end of life care settings.

Perceptions of palliative care: Demographics and health status among the general population in Florida and the United States

American Journal of Hospice and Palliative Medicine, by Brenda W. Dyal, PhD, DNP; Saunjoo L. Yoon, PhD; Keesha L. Powell-Roach, PhD, RN; Derek M. Li, MSc; Sheri Kittelson, MD; Michael Weaver, PhD, RN, FAAN; Janice L. Krieger, PhD; Diana J. Wilkie, PhD, RN, FAAN; 4/24

Palliative care (PC) helps maintain quality of life for seriously ill patients, yet, many Americans lack knowledge of PC. Young adults compared with adults, middle-adults, and older-adults were less likely to agree that the goal of PC is to help friends and family cope with a patient's illness, and that the goal of PC is to manage pain and other physical symptoms compared with adults, middle-adults, and older-adults. Participants with greater rural identity were more likely to agree that accepting PC means giving up. Increased knowledge of PC might be influenced through targeting educational interventions and educating the general population through social media use.



Today's Encouragement

Half the world is composed of people who have something to say and can't, and the other half who have nothing to say and keep on saying it. ~Robert Frost



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