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**HOSPICE &
PALLIATIVE CARE
TODAY**

March 30th, 2024

Saturday newsletters focus on headlines and research - enjoy!

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Research News

[Is caregiver sleep quality an important clinical issue?](#)

Sleep and Biological Rhythms, by Ayfer Durak, Nezahat Muge Catikkas; 3/24

Sleep quality is directly related to general health and quality of life. Caregivers' sleep disturbances affect not only their own health, but also the optimal care of their patients, with negative consequences such as neglect and medication errors. This study was conducted prospectively in the palliative care unit. ... The fact that the sleep quality of family group caregivers is worse than that of paid caregivers may prevent healthy medical service delivery.

[Hospice providers serving assisted living residents: Association of higher volume with lower quality](#)

Journal of the American Geriatric Society, by Wenhan Guo, Helena Temkin-Greener, Brian E McGarry; 3/24

Hospice providers serving higher volumes of AL patient days had lower quality scores.

[Top ten tips palliative clinicians should know about rural palliative care in the United States](#)

Journal of Palliative Medicine, by Jack Kimball, Chamika Hawkins-Taylor, Anne Anderson, Debra Gay Anderson, Mary Lou Clark Fornehed, Patricia Justis, Nasreen Lalani, Sarah Mollman, Brandi Pravecek, Julie Rice, Janelle Shearer, Dillon Stein, Salom M. Teshale, and Marie A. Bakitas; 3/24

Palliative care improves outcomes, yet rural residents often lack adequate and equitable access. This study provides practical tips to address palliative care (PC)-related challenges in rural communities. Strategies include engaging trusted community partners, addressing cultural factors, improving pediatric care,

utilizing telehealth, networking with rural teams including caregivers, and expanding roles for nurses and advanced practice providers.



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The role and professional standards of the Adult-Gerontology Nurse Practitioner in hospice and palliative care

Journal of Hospice & Palliative Care Nursing, by Coats, Heather PhD, APRN-BC; Henrichs, Kelly DNP, RN, GNP-BC; 3/24

The adult/gerontology (gero) nurse practitioner (NP) delivers primary and/or specialty palliative care to persons and their families who live each day with a myriad of serious illnesses. In this role, the adult/gero NP uses their skill set to address the whole person (physical, psychological, social, and spiritual/existential) to improve the quality of life for persons they care for. This article is the fourth in a series of 6 highlighting the different roles of the adult/gero NP and the advanced certified hospice and palliative registered nurse, and how these 2 roles overlap. The purpose of this article was to provide details of education and certification pathways for these NP roles, describe the overlaps in clinical care, and illustrate how the adult/gero NP in palliative and hospice care can contribute to leadership in program development for care of persons and their families who live with serious illness.

Factors associated with hospital admission in the last month: A retrospective single center analysis

Journal of Pain and Symptom Management, by Jessica E. Ma MD; Maren K. Olsen PhD; Cara L. McDermott PharmD, PhD; C. Barrett Bowling MD; S. Nicole Hastings MD; Tyler White; David Casarett MD, MA; 3/24

2202 (25.9%) patients had a hospital admission in the last month [of life]. Among the 1282 (15.1%) who died in a health system facility, most (86.0%) were admitted to the hospital in the last month. Among patients with a hospital admission and discharged in the last month, 60.9% were discharged on hospice. Compared to those without these diseases, metastatic cancer, liver disease, or

heart failure had the highest odds of admission in the last month. ... As patients with heart or liver disease or metastatic cancer had the highest odds of admission in the last month, collaborative interventions between primary, palliative, and specialty care may improve quality of care at the end of life.

Karen Bullock honored for Outstanding Contributions to Diversity in Palliative Medicine

Women in Academia Report; 3/24

As an endowed professor at Boston College and scholar at the Dana Farber Cancer Institute, Dr. Bullock's new award honors her dedication to improving care for underrepresented patient populations in hospice and palliative medicine.



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Consciously choosing unconsciousness

Voices in Bioethics, by Yuna Lee; 3/24

"Because there are no laws barring palliative sedation, the dilemma facing doctors who use it is moral rather than legal." Dr. Timothy Quill, a professor of psychiatry, bioethics, and palliative care concisely articulates an ethical intricacy in end-of-life care. ... In summary, the ethical considerations surrounding palliative sedation compel clinicians to navigate the nuances of moral responsibility, patient advocacy, and clinical judgment. In the absence of clear legal guidelines, clinicians bear the weight of deciding the appropriateness of palliative sedation, influencing both individual patient experiences and broader palliative care practices.

Physicians, spirituality, and compassionate patient care

New England Journal of Medicine, by Daniel P Sulmasy; 3/24

The past few decades have seen an international revival of interest in the role of spirituality in patient care. ... I believe this trend is salutary for patients and health care professionals alike. Yet the success of a biopsychosocialspiritual

approach to 21st-century health care will depend on careful attention to ethical guidelines and boundaries in our increasingly pluralistic world.

Palliative psychiatry for a patient with treatment-refractory schizophrenia and severe chronic malignant catatonia: case report

Annals of Palliative Medicine, by Junona Elgudin, Clark Johnsen, Anna Lisa Westermair, Manuel Trachsel; 3/24

Palliative psychiatry is an emerging field that suggests a role for palliative interventions in the management of severe and persistent mental illness.



International News

Eye donation in palliative and hospice care settings: Patient views and experiences

BMJ Open Ophthalmology, by Tracy Long-Sutehall, Mike Bracher, Banyana Cecile Madi-Segwagwe, Michelle Myall, Adam Hurlow, Professor Christina Faull, Clare Rayment, Jane Wale, Sarah Mollart, Jill Short, Erika Lipscombe, Emma Winstanley; 1/24

[UK] There is a global shortage of donated eye tissue for use in sight saving and sight restoring operations such as corneal transplantation. ... Patients who die in palliative and hospice care settings could potentially donate eye tissue, however, the option of eye donation is not routinely raised in end-of-life planning discussions. ... It is imperative that patients who would want to be a donor are identified and assessed for eligibility for donation as part of high-quality end of life care.

Publisher's note: Organ and tissue donation are interesting topics often overlooked in hospice and palliative care settings. I wrote a [brief blog](#), have presented on, and encourage more discussion of this topic.

Today's Encouragement

It is the mark of an educated mind to be able to entertain a thought without accepting it. ~Aristotle



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