

## Cordt Kassner

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**From:** Hospice & Palliative Care Today Newsletter  
<subscriptions@hospicepalliativecaretoday.com>  
**Sent:** Saturday, April 6, 2024 4:00 AM  
**To:** Cordt Kassner  
**Subject:** Your Hospice & Palliative Care Today Newsletter for 04/06/24

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**HOSPICE &  
PALLIATIVE CARE  
TODAY**

**April 6th, 2024**

*Saturday newsletters focus on headlines and research - enjoy!*

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## Research News

### **Do end-of-life outcomes differ by assisted living memory-care designation?**

*Journal of the American Geriatric Society, by Xiao Joyce Wang, Portia Y Cornell, Emmanuelle Belanger, Kali S Thomas; 4/24*

Residential care/assisted living (RC/AL) is an increasingly common place of end-of-life care for persons with Alzheimer's disease and related dementia (ADRD), who have unique care needs as their health declines. Approximately 22% of RC/ALs provide specialized memory care (memory-care RC/AL). Understanding how end-of-life outcomes differ by memory care among residents with ADRD could facilitate aging/dying in place for this population. The objective of this paper is to examine if end-of-life outcomes (i.e., mortality, hospice use, and number of days receiving hospice in the last month of life) differ between residents with ADRD who moved to memory-care RC/AL, compared with residents with ADRD who moved to RC/AL without memory care (general RC/AL).

### **When dying does not go well: a qualitative study**

*BMC Palliative Care, by Christof Breitsameter; 3/24*

Several studies deal with the question of what constitutes a "satisfactory death". A smaller number of studies deal with unsatisfactory dying processes. And only a few shed light on unsatisfactory deaths that take place in hospices and palliative care units, which see themselves as places conducive to a "good" death. What also remains largely undiscussed are the ethical aspects that accompany the observation of an unsatisfactory course of death.

### **Neuropsychiatric effects associated with opioid-based management for palliative care patients**

*Current Pain and Headache Reports, by Alan D Kaye, Kylie Dufrene, Jada Cooley, Madeline Walker, Shivam Shah, Alex Hollander, Sahar Shekoohi, Christopher L Robinson; 4/24*

The abundance of opioids administered in the palliative care setting that was once considered a standard of care is at present necessitating that providers

evaluate patients for unintentional and deleterious symptomology related to aberrant opioid use and addiction. ... By having an increased understanding and awareness of potential opioid neuropsychiatric effects, patient quality of life can be improved, healthcare system costs can be decreased, and patient outcomes can be met and exceeded.



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## **Association of frailty and cardiopulmonary resuscitation outcomes in older U.S. Veterans**

*American Journal of Hospice and Palliative Medicine, by Dominique M Tosi, MD; Marlena C Fernandez, MD; Shivaan Oomrigar, MD; Lorena P Burton, MD; Iriana S Hammel, MD; Andrew Quartin, MD; Jorge G Ruiz, MD; 4/24*

CPR outcomes were not different depending on frailty status in our Veteran population. With these results, we cannot use frailty - as measured by the VA-FI - as a prognosticator of CPR outcomes in Veterans.

## **Where you begin is not necessarily where you end: the mental and physical health trajectories of cancer caregivers over time**

*Supportive Care in Cancer, by Maureen Wilson Genderson, Maria D. Thomson, Laura A. Siminoff; 10/23*

Cancer caregiving, a critical component in the cancer-care model, has deleterious effects on the caregiver's physical and mental health. The degree to which these negative effects are uniformly experienced by caregivers is unclear; effects may be exacerbated at the end of life when caregiving is intensified. Not all caregivers have the support of an additional involved support person (secondary caregiver). The impact of the secondary caregiver's absence on the primary caregiver's well-being is understudied.

## **"Trying to find North": Fathers voice the nature of their bereavement**

*OMEGA - Journal of Death and Dying, by Christine Denhup; 3/24*

Fathers' lived experience of bereavement is not well understood. ... Findings amplify fathers' voice so nurses gain a deeper understanding of their experience.



### **Wide variation in differences in resource use seen across conditions between Medicare Advantage, Traditional Medicare**

*Health Affairs, by Jeah Jung, Caroline S. Carlin, Roger Feldman, Ge Song; 9/23*

Medicare Advantage (MA) is a rapidly growing source of coverage for Medicare beneficiaries. Examining how MA performs compared with traditional Medicare is an important policy issue. We analyzed national MA encounter data and found that the adjusted differences in resource use between MA and traditional Medicare varied widely across medical conditions in 2019.

### **Too soon or too late: Rethinking the significance of six months when dementia is a primary diagnosis**

*The Hastings Center Report, by Cindy L. Cain, Timothy E. Quill; 1/24*

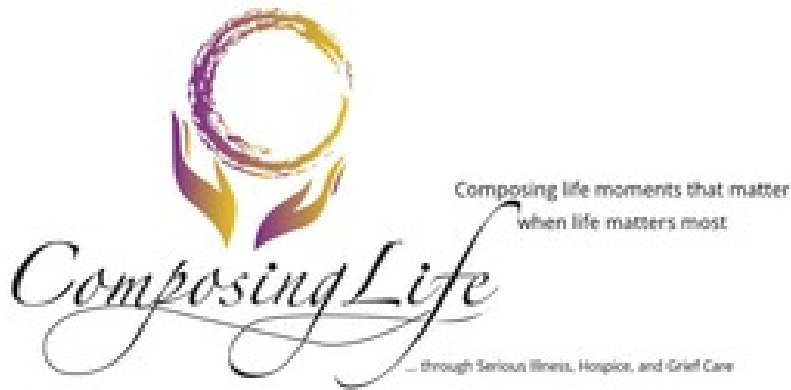
In the case of people living with advanced dementia, six months is both too early in the trajectory to facilitate conversations and too late in the trajectory to ensure decision-making capacity. This essay encourages scholars and policy-makers to consider how cultural narratives may limit what they think is possible in care for people living with dementia.

### **HPNA and HPNF President's message : My path to leadership**

*Journal of Hospice & Palliative Nursing, by Lynn Reinke; 4/24*

Reflecting on my professional life, I recall several seminal experiences that made me believe I possessed basic leadership skills and that encouraged me to develop them. I advanced my skills in 3 ways:

1. being unafraid to ask for mentorship
2. taking risks
3. acquiring formal leadership skills.



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## Today's Encouragement

It's the truth I'm after, and the truth never harmed anyone. What harms us is to persist in self-deceit and ignorance. ~Marcus Aurelius



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