Cordt Kassner

From:

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Research News

Palliative care for patients with cancer: ASCO guideline update

Journal of Clinical Oncology; by Justin J Sanders, Sarah Temin, Arun Ghoshal, Erin R Alesi, Zipporah Vunoro Ali, Cynthia Chauhan, James F Cleary, Andrew S Epstein, Janice I Firn, Joshua A Jones, Mark R Litzow, Debra Lundquist, Mabel Alejandra Mardones, Ryan David Nipp, Michael W Rabow, William E Rosa, Camilla Zimmermann, Betty R Ferrell; 7/24

Evidence-based recommendations address the integration of palliative care in oncology. Oncology clinicians should refer patients with advanced solid tumors and hematologic malignancies to specialized interdisciplinary palliative care teams that provide outpatient and inpatient care beginning early in the course of the disease, al ongside active treatment of their cancer. For patients with cancer with unaddressed physical, psychosocial, or spiritual distress, cancer care programs should provide dedicated specialist palliative care services complementing existing or emerging supportive care interventions... The Expert Panel suggests early palliative care involvement, especially for patients with uncontrolled symptoms and QOL concerns. Clinicians caring for patients with solid tumors on phase I cancer trials may also refer them to specialist palliative care. Additional information is available at www.asco.org/supportivecareguidelines.

Nursing Home Star Ratings and end-of-life care quality: Lessons learned from the Veterans Health Administration

Journal of the American Medical Directors Association; by Joan Carpenter, Daniel Kinder, Dawn Smith, Mary Ersek, Melissa Wachterman, Joshua Thorpe, Donald R Sullivan, Jennifer Bailey, Scott Shreve, Ann Kutney-Lee; 6/24 Our findings suggest that the current [VA nursing homes, known as Community Living Centers (CLCs)] star rating system is not sufficient to assess the quality of EOL care. [The VA's Bereaved Family Survey (BFS)] scores, or a comparative EOL quality of care measure, should be integrated into CLC quality rating systems. *Publisher's Note: If the VA is recommending an EOL quality measure into their Nurs ing Home Star Rating, should Medicare?*

Variation in specialist palliative care reach and associated factors among people with advanced heart failure in the Department of Veterans Affairs

Journal of Pain and Symptom Management; by Shelli L Feder, Ling Han, Yan Zhan, Erica A Abel, Kathleen M Akgün, Terri Fried, Mary Ersek, Nancy S Redeker; 7/24 Clinical practice guidelines recommend palliative care for people with advanced heart failure (aHF), yet it remains underutilized. We examined medical center variation in specialist palliative care (SPC) and identified factors associated with variation among people with aHF... SPC reach varies widely across VAMCs for people with aHF. Outpatient palliative is common among high-reach VAMCsbut its role in reach warrants further investigation. Strategies used by high-reach VAMCs may be potential targets to test for implementation and dissemination.



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A scoping review of dementia interventions in home-based primary care

Journal of the American Medical Directors Association; by Jeffrey D. Weiner BA, Bruce Leff MD, Christine S. Ritchie MD, MSPH; 6/24

Home-based primary care (HBPC) provides interdisciplinary, longitudinal, comprehensive care at home to homebound older adults. The prevalence of dementia among HBPC recipients is approximately 50%... Despite high prevalence of dementia among homebound older adults receiving HBPC, there are a dearth of studies on HBPC-specific dementia interventions. Future studies should consider adapting and testing interventions found to be effective in other settings to HBPC.

Clinician- and patient-directed communication strategies for patients with cancer at high mortality risk

JAMA Network Open - Oncology; by Samuel U. Takvorian, MD, MSHP; Peter Gabriel, MD, MSE; E. Paul Wileyto, PhD; Daniel Blumenthal, BA; Sharon Tejada, MS; Alicia B. W. Clifton, MDP; David A. Asch, MD, MBA; Alison M. Buttenheim, PhD, MBA; Katharine A. Rendle, PhD, MSW, MPH; Rachel C. Shelton, ScD, MPH; Krisda H. Chaiyachati, MD, MPH, MSHP; Oluwadamilola M. Fayanju, MD, MA, MPHS; Susan Ware, BS; Lynn M. Schuchter, MD; Pallavi Kumar, MD, MPH; Tasnim Salam, MBE, MPH; Adina Lieberman, MPH; Daniel Ragusano, MPH; Anna-Marika Bauer, MRA; Callie A. Scott, MSc; Lawrence N. Shulman, MD; Robert Schnoll, PhD; Rinad S. Beidas, PhD; Justin E. Bekelman, MD; Ravi B. Parikh, MD, MPP; 7/1/24

Serious illness conversations (SICs) that elicit patients' values, goals, and care preferences reduce anxiety and depression and imp rove quality of life, but occur infrequently for patients with cancer. Behavioral economic implementation strategies (nudges) directed at clinicians and/or patients may increase SIC completion. ... In this cluster randomized trial, nudges combining clinician peer comparisons with patient priming questionnaires were associated with a marginal increase in documented SICs compared with an active control. Combining clinician- and patient-directed nudges may help to promote SICs in routine cancer care.

National health expenditure projections, 2023–32: Payer trends diverge as pandemic-related policies fade

Health Affairs - Research Article - Costs & Spending; by Jacqueline A. Fiore, Andrew J. Madison, John A. Poisal, Gigi A. Cuckler, Sheila D. Smith, Andrea M. Sisko, Sean P. Keehan, Kathryn E. Rennie, and Alyssa C. Gross; 6/12/24

Health care spending growth is expected to outpace that of the gross domestic product (GDP) during the coming decade, resulting in a health share of GDP that reaches 19.7 percent by 2032 (up from 17.3 percent in 2022). National health expenditures are projected to have grown 7.5 percent in 2023, w hen the COVID-19 public health emergency ended. This reflects broad increases in the use of health care, which is associated with an estimated 93.1 percent of the population being insured that year. ... Amonth eh major payers, Medicare has the highest

projected ten-year average spending growth rath, mainly because of enrollment into the program. [Click on the title's link to examine this article's content and tables.]



Ethics at the end of life

Medicine; by John Idris Baker; 7/24

End-of-life care has always been prominent in discussions of clinical ethics. Almost 30% of hospital inpatients are in their last year of life. Doctors frequently encounter people with end-of-life care needs and should to be equipped to respond... Key points:

- End-of-life care is about living, not just about dying: its ethical principles apply as in other fields
- Words must be clear, for example distinguishing the last year of life and the last days of life
- Good end-of-life care is a duty, applying sound principles to changing contexts, needs and the patient's goals. Listen and discern patient preferences even when they cannot be expressed
- Look out for changes in condition, priorities and needs, and respond to them
- Understand the distinction between end-of-life care and 'assisted dying', and the doctrine of double effect

International News

International consensus on sleep problems in pediatric palliative care: Paving the way

[International] Sleep Medicine; by Anna Mercante, Judith Owens, Oliviero Bruni, Magda L. Nunes, Paul Gringras, Shirley Xin Li, Simonetta Papa, Ulrika Kreicbergs, Joanne Wolfe, Boris Zernikow, Ana Lacerda, Franca Benini, on behalf of the Pediatric Sleep and Palliative Care Group; 7/24

Sleep problems constitute a common and heterogeneous complaint in pediatric palliative care (PPC), where they often contribute to disease morbidity and cause additional distress to children and adolescents and their families already facing the burden of life-threatening and life-limiting conditions. Despite the significant impact of sleep problems, clinical evidence is lacking... This study addresses the need to personalize sleep medicine's approach to the palliative care setting and its peculiarities. It provides the first international consensus on sleep problems in PPC and highlight the urgent need for global guidance to improve sleep-related distress in this vulnerable population and their caregivers. Our findings represent a crucial milestone that will hopefully enable the development of guidelines in the near future.

Publisher's Note: I am grateful that sleep issues are being studied and discussed more often, as they can be terribly disruptive to patients and family members.

The impact of clinical internship experience on nursing students' attitudes towards death and choices of end-of-life care: A self-control study

[China] Nursing Opens; Jingyuan Jiang, Jing Zhou, Xiaoli Chen, Xiaolin Zhu, Hao Zhang, Qin Zhang, Jianna Zhang; 6/28/24

Attitude towards death refers to an individual's evaluative and stable reactions to death events, reflecting their psychological tendencies and characteristics. ... Death is an inevitable part of life, and individuals must face the reality of death. ... The findings of this study suggest that real clinical experiences in the emergency department contribute to nursing students' development of a positive attitude towards death and a more positive view of providing end-of-life care in a hospital setting. Incorporating teachings on end-of-life care in a hospital setting courses can further enhance nursing students' understanding and acceptance of end-of-life care.



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Today's Encouragement

Age is strictly a case of mind over matter. If you don't mind, it doesn't matter! ~Mark Twain





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