

Cordt Kassner

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PALLIATIVE CARE
TODAY**

July 13th, 2024

Saturday newsletters focus on headlines and research - enjoy!

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Research News

Integrative oncology for patients with lung cancer: A prospective pragmatic controlled trial

[Israel] Lung Cancer; by Eran Ben-Arye, Orit Gressel, Shahar Lifshitz, Nir Peled, Shoshana Keren, Noah Samuels; 6/25/24

Complementary medicine and integrative oncology modalities (IOM) have been included in the clinical practice guidelines of the American College of Chest Physicians in the treatments of patients with lung cancer. The present study examined the impact of a patient-tailored IOM treatment program on quality of life (QoL)-related concerns among patients with non-small and small lung cancer undergoing active oncology treatment. ... High adherence to a 6-week IOM program within supportive/palliative care for patients with lung cancer was found to alleviate pain and emotional concerns, improving overall QoL. Further research is needed to confirm the findings in real-life IOM practice for patients with lung cancer.

Prognoses associated with Palliative Performance Scale scores in modern palliative care practice

JAMA Network Open; by Kara E Bischoff, Kanan Patel, W John Boscardin, David L O'Riordan, Steven Z Pantilat, Alexander K Smith; 7/1/24

The Palliative Performance Scale (PPS) is one of the most widely used prognostic tools for patients with serious illness. However, current prognostic estimates associated with PPS scores are based on data that are over a decade old.

... Conclusions and relevance: In this prognostic study, prognostic estimates associated with PPS scores were substantially longer than previous estimates commonly used by clinicians. Based on these findings, an online calculator was updated to assist clinicians in reaching prognostic estimates that are more consistent with modern palliative care practice and specific to the patient's setting and diagnosis group.

End-of-life symptoms and symptom management in older adults with stroke versus cancer

American Journal of Hospice & Palliative Medicine; Hanna Ramsburg, Meredith MacKenzie Greenle, Janice L Hinkle; 6/24

Little is known about the end-of-life (EOL) experience in older adults with stroke or how similar the EOL experience is in older adults with stroke when compared to those with cancer. Older adults with stroke are at risk for inadequate symptom assessment and documentation, as well as poorer symptom management and poorer overall care quality.



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A hospice transitions program for patients in the Emergency Department

JAMA Network Open; by Christopher W. Baugh, MD, MBA; Kei Ouchi, MD, MPH; Jason K. Bowman, MD; Ayal A. Aizer, MD; Alexander W. Zirulnik, MD, MPH; ;Martha Wadleigh, MD; Angela Wise, MHA; Paula Remón Baranda, MEM; Richard E. Leiter, MD, MA; Bradley J. Molyneaux, MD, PhD; Andrea McCabe, RN; Panupong Hansrivijit, MD; Kate Lally, MD; Melissa Littlefield, MBA; Alexei M. Wagner, MD, MBA; Katherine H. Walker, MD, MSc; Hojjat Salmasian, MD, MPH, PhD; Kourosh Ravvaz, MD, PhD; Jada A. Devlin, BSN; Karen Lewis Brownell, RN, BSN, CEN; Matthew P. Vitale, MD; Frantzie C. Firmin, MS, RN; Nelia Jain, MD; Jane deLima Thomas, MD; James A. Tulsky, MD; Soumi Ray, PhD; Lynne M. O'Mara, MPAS, PA-

C; Elizabeth M. Rickerson, MD; Mallika L. Mendu, MD, MBA; 7/8/24

Patients often visit the emergency department (ED) near the end of life. Their common disposition is inpatient hospital admission, which can result in a delayed transition to hospice care and, ultimately, an inpatient hospital death that may be misaligned with their goals of care. Conclusions and relevance:&n bsp;In this quality improvement study, a multidisciplinary program to facilitate ED patient transitions was associated with hospice use. Further investigation is needed to examine the generalizability and sustainability of the program.

Editor's Note: On 7/10/24 we posted an article by U.S. News & World Report that describes the significance of this research, "[New ER program helped more patients get needed hospice care.](#)"

Career impact of palliative care fellowship training for nurse practitioners

Journal of Palliative Medicine; by Hilary Carroll McGuire, Jennifer Costa, Barbara Reville; 7/8/24 online ahead of print

Postgraduate fellowship training for nurse practitioners (NP) in palliative care can ameliorate workforce shortages; however, currently there are few NP fellowships and little evidence about outcomes, such as retention in hospice and palliative nursing, job satisfaction, or professional contributions. Conclusions: NP palliative care fellowship alumni reported multiple career benefits including job satisfaction, professional accomplishment, and ongoing employment at their training institutions.

The unintended and anticompetitive consequences of laws to control health care costs [CON implications]

JAMA Forum; by Lanhee J. Chen; 6/24

An array of federal and state laws, and accompanying regulations, restrict the supply of health care, driving up costs and making health care less affordable and accessible for many in the US. Too few health policy analysts and commentators have paid attention to these supply-side limitations that play a significant role in limiting the number of clinicians and health care facilities. Even though some of these policies were well-intentioned and designed to control costs, they have, in practice, undermined competition and ironically led to higher prices in the long run... Together, CON and COPA laws, as well as the ACA restrictions on POHs, have been associated with a host of unintended consequences, such as the aggregation of market power in increasingly larger

health care facilities, limited access to care, and higher costs for patients. Indeed, these supply-side restrictions have been critiqued by analysts across the ideological spectrum. Policymakers at both the state and federal level should take note of the unintended effects of these laws and their accompanying regulatory provisions and consider whether their repeal or modification would benefit patients and the communities where they live.



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The promise and challenge of value-based payment

JAMA Internal Medicine; by Daniel K Shenfeld, Amol S Navathe, Ezekiel J Emanuel; 7/24

Fee-for-service (FFS) systems pay physicians and health care institutions based on the number of services provided, whereas value-based payment (VBP) links payment to quality and outcomes. In 2021, the Centers for Medicare & Medicaid Services (CMS) announced the goal to use VBP for all Medicare beneficiaries' health care by 2030. Some commercial insurers are also aligning their contracts to VBP. This broad alignment stems from increasing recognition that to reduce health care costs, incentives must be realigned to change practice patterns, prioritizing quality and cost lowering over quantity of services... Paying for value rather than more health care is without any question a wise approach. VBP fits with the intrinsic motivation of doing good, which led most physicians to medicine. Yet, achieving this is difficult due to operational and financial challenges inherently associated with the transition to VBP. A more efficient, economical method of assessing the underlying risk of a population and measuring the value and quality of care is needed. Various stakeholders across the public and private sectors are working to realize this vision.

Disparities in end-of-life care for minoritized racial and ethnic patients during terminal hospitalizations in New York State

Journal of the American Geriatrics Society; Miguel Cid, Main Lin Quan Vega, Zhixin Yang, Jean Guglielminotti, Guohua Li, May Hua; 7/24

Racial and ethnic minorities often receive care at different hospitals than non-Hispanic white patients, but how hospital characteristics influence the occurrence of disparities at the end of life is unknown. ... During terminal hospitalizations, Black patients were less likely than non-Hispanic White patients to have documented end-of-life care. This disparity appears to be more pronounced in non-teaching hospitals than in teaching hospitals.

Characterizing disparities in receipt of palliative care for Asian Americans, Native Hawaiians, and Pacific Islanders with metastatic cancer in the United States

Supportive Care in Cancer: Official journal of the Multinational Association of Supportive Care in Cancer; by Khushi Kohli, Mahi Kohli, Bhav Jain, Nishwant Swami, Sruthi Ranganathan, Fumiko Chino, Puneeth Iyengar, Divya Yerramilli, Edward Christopher Dee; 7/9/24

Palliative care plays essential roles in cancer care. However, differences in receipt among individuals identifying as Asian American, Native Hawaiian, and Other Pacific Islanders (AA&NHPI) with cancer are not well-characterized, especially when these diverse groups are disaggregated. We characterized disparities in receipt of palliative care among AA&NHPI patients with AJCC Stage IV prostate, breast, or lung cancer. Conclusions and relevance: Our findings demonstrate disparities in receipt of palliative care upon disaggregation of diverse AA&NHPI groups, the need for disaggregated research and targeted interventions that address the unique cultural, socioeconomic, and healthcare system barriers to palliative care receipt.



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International News

Successful use of propofol after failed palliative sedation in patients with refractory symptoms

[Spain] Journal of Palliative Medicine; Eduardo Garcia Romo, Bernadette Pfang, Beatriz Valle Borrego, Marta Lobo Antuña, Antonio Noguera Tejedor, Silvia Rubio Gomez, Victoria Galindo Vazquez, Blanca Prieto Rios; July 2024

Propofol is a general anesthetic used in multiple clinical scenarios. Despite growing evidence supporting its use in palliative care, propofol is rarely used in palliative sedation. Reluctance toward the adoption of propofol as a sedative agent is often associated with fear of adverse events such as respiratory arrest. We aimed to describe efficacy and safety of palliative sedation in refractory sedation with propofol using a protocol based on low, incremental dosing. Conclusion: A protocol for palliative sedation with propofol based on low, incremental dosing, with the option of administering an initial induction bolus, shows excellent results regarding adequate levels of sedation, without observing apnea or respiratory depression. Our results promote the use of propofol to achieve palliative sedation in patients with refractory symptoms and risk factors for complicated sedation at the end of life.

Publisher's Note: An interesting study on palliative sedation, although findings would need to be put into an American context.

Compassion fatigue in palliative care: Exploring its comprehensive impact on geriatric nursing well-being and care quality in end-of-life

[Saudi Arabia] Geriatric Nursing; by Abeer Nuwayfi Alruwaili, Majed Alruwailia, Osama Mohamed Elsayed Ramadan, Nadia Bassuoni Elsharkawy, Enas Mahrous Abdelaziz, Sayed Ibrahim Ali, Mostafa Shaban; 7/24


This study examines the experiences of geriatric nurses in palliative care... The analysis reveals main themes: 1) the deep emotional connections between nurses and their patients; 2) the challenges faced, including compassion fatigue, high patient mortality, and communication hurdles; 3) the impact of these challenges on the quality of care, highlighting issues like diminished empathy; 4) the coping strategies used by nurses, such as self-care practices and continuous education. The study concludes that coping strategies, including self-care and ongoing professional development, are vital for sustaining the nurses' well-being and ensuring the continued provision of high-quality care to Older Adults patients.

Today's Encouragement

Acquiring a dog is your only chance to choose a relative. ~Mordicai Wyatt Johnson



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