

## Cordt Kassner

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## July 20th, 2024

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

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## Research News

### **Hospice enrollment and central nervous system–active medication prescribing to Medicare decedents with dementia**

*JAMA Psychiatry; by Lauren B. Gerlach, DO, MS; Lan Zhang, PhD; Joan Teno, MD, MS; Donovan T. Maust, MD, MS; 7/17/24*

Central nervous system (CNS)–active medications, including benzodiazepines and antipsychotics, are commonly prescribed in hospice for behavioral and physical symptom management.<sup>1</sup> Such medications are not without risks, especially among patients living with Alzheimer disease and related dementias (ADRD), where potential harms may outweigh benefits for some patients.<sup>2</sup> We explored the extent to which hospice enrollment is associated with CNS–active medication exposure among Medicare decedents with ADRD.

### **It starts with a story: A four-step narrative-based framework for serious illness conversations**

*Journal of Palliative Medicine; by Natalie Lanocha, Sara Taub, Jason N Webb, Mary Wood, Tyler Tate; 7/5/24 online ahead of print*

An original and innovative identity-centered conceptual framework for serious illness conversations was developed. The framework consists of a four-step, reproducible approach: (1) attend to patient narrative identity, (2) identify values, (3) cocreate goals, and (4) actively promote choices. In short: attend, identify, create, and promote (AICP). ... By using this conceptual framework and four-step

approach, clinicians can accomplish goal-concordant serious illness care and build rich clinical relationships that foster trust and goodwill.

## **Tools for tomorrow: a scoping review of patient-facing tools for advance care planning**

*Palliative Care and Social Practice; by Sean R. Riley, Christiane Voisin, Erin E. Stevens, Seuli Bose-Brill, Karen O. Moss; 6/24/24 first published online*

Our scoping review reveals an evolving landscape of ACP tools [Advanced Care Planning], marked by increasing diversity in delivery methods and a trend toward personalized, adaptable resources. The integration of technology and patient- and family-centered approaches signifies promising progress in end-of-life care, offering new paths for engagement with patients and families. Critics questioning the utility of ACP may need to revisit their perspectives in light of these innovative developments. Our findings highlight the need for further research on the effective implementation and integration of these tools as well as other unique approaches into healthcare systems and community-based settings. Ultimately, the continual advancement of these tools may reshape health services research, leading to more patient- and family-centered care and improving end-of-life decision-making processes outcomes for all people thereby promoting health equity.



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## **Utility of do-not-resuscitate orders for critically ill infants in the NICU**

*Pediatric Research - the American Pediatric Society, the European Society for Paediatric Research, and the Society for Pediatric Research; by Shannon Y. Adams, Katherine Redford, Randall Li, Ana Malfa, Richard Tucker</span> and Beatrice E. Lechner; 7/5/24*

To better understand the value of DNR orders for critically ill infants in the NICU, a prospective mixed-methods approach was utilized including chart review of infants who died in a regional NICU over a twenty-six-month period and surveys of their neonatologists, neonatal fellows, and nurses. Impact:

- In the adult and pediatric ICU literature, DNR orders are associated with improved qualitative “good death” assessments and decreased familial decision regret. In the NICU, rates of DNR usage aren’t well reported and their overall utility is unclear.
- Though DNR orders can help guide clinical decision making in the NICU and may be associated with higher quality ethical discussion, our data suggest that they are not applicable in all patient cases.
- We hope that this work will help guide approaches to end-of-life care in the NICU and underscore the importance of frequent, open communication between families and their medical team.

### **Top ten tips palliative care clinicians should know before their patient undergoes surgery?**

*Journal of Palliative Medicine; by Rachel Hadler, Lara India, Angela M Bader, Orly N Farber, Melanie L Fritz, Fabian M Johnston, Nader N Massarweh, < /span>Ravi Pathak, Sandra H Sacks, Margaret L Schwarze, Jocelyn Streid, William E Rosa, Rebecca A Aslakson; 7/15/24 online ahead of print*

Many seriously ill patients undergo surgical interventions. Palliative care clinicians may not be familiar with the nuances involved in perioperative care, however they can play a valuable role in enabling the delivery of patient-centered and goal-concordant perioperative care. ... This article, written by a team of surgeons and anesthesiologists, many with subspecialty training in palliative medicine and/or ethics, offers ten tips to support palliative care clinicians and facilitate comprehensive discussion as they engage with patients and clinicians considering surgical interventions.

### **Ethical challenges in the treatment of patients with severe anorexia nervosa**

*Psychiatry Online; by Patricia Westmoreland, MD; Jole Yager, MD; Jonathan Treem, MD; and Philip S. Mehler, MD; 7/15/24*

Ethical principles assist us in determining the best course of action with regard to patients with [anorexia nervosa] AN. The vast majority of patients with AN should be offered high-quality, restorative-informed care. But for a minority of patients (e.g., those with SE-AN) other treatment options need to be considered. Clinicians are obliged to realistically assess each patient’s potential for recovery or ability to engage in harm reduction and palliative care approaches, and be

cognizant of the wishes of the patient, family, and treatment team. In addition, the burden on caregivers and stewardship in the expenditure of health care resources should also be considered when deciding whether involuntary treatment, harm reduction, palliative care, or end-of-life care be recommended for a particular patient.



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### **Everyday ethics or deference to expertise: experiences of pediatric palliative care teams with ethics consultancy**

*Journal of Palliative Medicine; Anessa M Foxwell, Connie M Ulrich, Jennifer K Walter, Meaghann S Weaver; 7/24*

Little is known about the extent to which pediatric palliative care (PPC) clinicians are engaged in ethics consults or how they perceive interactions with ethics consultants. Online survey distributed to members of the American Academy of Pediatrics and American Academy of Hospice and Palliative Care pediatric and ethics section and special interest groups in the United States. Eighty-six responses were obtained (response rate 45%) from PPC teams in 70 different children's hospitals located in 34 states. Almost all (97%) reported a functional ethics consult service such that PPC is not expected to meet the ethics need of the institution. A person involved on the PPC team also performed ethics consults in half (49%) of the settings, predominantly the PPC physician. Most respondents who perceive PPC teams engage in ethics-relevant work as part of their everyday PPC work. Formal ethics training was lacking among PPC members involved in ethics consults with few ethics degrees (15%), certifications (6%), or fellowships (2%). Discord (67%), conflict (49%), limitations to treatment

(48%), and distress (41%) were cited as the most frequent reasons for which PPC teams consult ethics. PPC respondents identified role clarity, coordinated engagement, timely presence, and open communication as strong PHCE consultant practices. Conclusions: PPC team members performing ethics consults may benefit from additional ethics education and training.

### **Bridge the gap: Addressing rural end-of-life care disparities and access to hospice services**

*Journal of Pain and Symptom Management; by Asif Anwar, Muhammad Kashif Amin, Sherezaad Anwar, Moazzam Shahzad; 7/11/24 online ahead of print*

Rural hospices face many obstacles in delivering palliative and end-of-life care in the United States. We aimed to identify these barriers and their potential solutions. ... We propose several potential solutions to overcome these hurdles and improve access. ... Advanced practice providers should be considered to serve as physician heads in rural hospices, which would expand resources in areas with physician shortages. A single per diem payment model should be implemented for rural hospices, regardless of the level of care provided, to help offset the higher cost of care. The Critical Access Hospital program and offering cost-based reimbursement for swing-bed stays could improve access to post-acute care, including hospice services. Telehealth can improve the timeliness of care and reduce travel costs for patients and providers. [Continue reading for more solutions.]

### **Assessing pediatric resident needs in grief and bereavement education**

*Journal of Pain and Symptom Management; Hannah Reuman, Scott H Maurer, Kelly Harris, Amanda W Brown; July 2024*

Pediatric [medical] residents care for dying children during training. Few educational efforts focus on helping trainees better understand their own grief process and the supports available to them and their patients' families. This work aims to assess pediatric residents' needs and preferences for content included in a curriculum on grief and bereavement. Conclusion: Pediatric residents indicate a strong desire for structured curricula on grief and bereavement focusing on resources that exist for families, approaches to grieving as a healthcare professional, and better understanding the experiences of bereaved families. These data may inform educators on priorities in training and support of pediatric residents on grief and bereavement.



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## International News

### **Enhancing end-of-life care with home-based palliative interventions: A systematic review**

*[Portugal] Journal of Pain and Symptom Management; by Diana Rodrigues Feliciano, Paulo Reis-Pina; 7/24*

Home-Based Palliative Care (HPC) interventions have emerged as a promising approach to deliver patient-centered care in familiar surroundings, aligning with patients' preferences and improving quality of life (QOL). HPC interventions demonstrate significant benefits in addressing the complex needs of patients with advanced illnesses. These findings underscore the importance of integrating HPC into healthcare systems to optimize outcomes and promote quality end-of-life care.

### **Methadone versus other opioids for refractory malignant bone pain: a pilot randomised controlled study**

*[Australia] Supportive Care in Cancer; by Merlina Sulistio, Alexandra Gorelik, Hoong Jiun Tee, Robert Wojnar, David Kissane, Natasha Michael; 7/24*

Refractory cancer-induced bone pain (CIBP) affects a patient's functional capacity and quality of life, but there is limited evidence to guide opioid choice. We assessed the feasibility, tolerability and possible efficacy of methadone rotation (MR) compared to other opioid rotations (OOR) in this cohort. Of 51 eligible participants ... both groups displayed significant reduction in average ... and worst pain ... and total pain interference score. Oral morphine equivalent daily dose was reduced significantly in MR compared to the OOR group. The incidence of opioid-related adverse events following MR was unchanged but lower in the OOR group. There were no within-group or between-group differences in satisfaction with analgesia at the end of the study.



# Today's Encouragement

The difference between a successful person and others is not lack of strength, not a lack of knowledge, but rather a lack of will. ~Vince Lombardi



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