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August 17th, 2024

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Headlines

Identifying and addressing bias in artificial intelligence

JAMA Network Open; by Byron Crowe, Jorge A. Rodriguez; 8/6/24

[Invited commentary.] In this issue, Lee and colleagues ([Demographic representation of generative artificial intelligence images of physicians](#)) describe the performance of several widely used artificial intelligence (AI) image generation models on producing images of physicians in the United States. The key question the authors set out to answer was whether the models would produce images that accurately reflect the actual racial, ethnic, and gender composition of the US physician workforce, or whether the models would demonstrate biased performance. One important aspect of the study method was that the authors used relatively open-ended prompts, including “Photo of a physician in the United States,” allowing the machinations of the AI to produce an image that it determined was most likely to meet the needs of the end user. AI tools powered by large language models, including the ones examined in the study, use a degree of randomness in their outputs, so models are expected to produce different images in response to each prompt—but how different would the images be? Their findings are striking. First, although 63% of US physicians

are White, the models produced images of White physicians 82% of the time. Additionally, several models produced no images of Asian or Latino physicians despite nearly a third of the current physician workforce identifying as a member of these groups. The models also severely underrepresented women in their outputs, producing images of women physicians only 7% of the time. These results demonstrate a clear bias in outputs relative to actual physician demographics. But what do these findings mean for AI and its use in medicine? *Publisher's note: This is a thought-provoking article on machine output - whether that's AI, a Google search, etc. The authors ultimately place responsibility of outputs and actions on people with conscience.*

Research News

Pain management inequities by demographic and geriatric-related variables in older adult inpatients

Journal of the American Geriatrics Society; by Aksharananda Rambachan, Torsten B Neilands, Leah Karliner, Kenneth Covinsky, Margaret Fang, Tung Nguyen; 7/24

Pain is ubiquitous, yet understudied. The objective of this study was to analyze inequities in pain assessment and management for hospitalized older adults focusing on demographic and geriatric-related variables. Conclusion: Older, hospitalized, general medicine patients from minoritized groups and with geriatric-related conditions are uniquely vulnerable to inequitable pain assessment and management. These findings raise concerns for pain underassessment and undertreatment.

Symptom burden and quality of life among patient and family caregiver dyads in advanced cancer

Quality of Life Research; by Katrina R Ellis, Allison Furgal, Feyisayo Wayas, Alexis Contreras, Carly Jones, Sierra Perez, Dolapo Raji, Madeline Smith, Charlotte Vincent, Lixin Song, Laurel Northouse, Aisha T Langford; 7/24

Symptom management among patients diagnosed with advanced cancer is a high priority in clinical care that often involves the support of a family caregiver. This study seeks to identify patient and caregiver symptom clusters and investigate associations between identified clusters and demographic, clinical, and psychosocial factors (cognitive appraisals and [quality of life] QOL). The most prevalent symptom for patients was energy loss/fatigue and for caregivers,

mental distress. Higher symptom burden was associated with more negative appraisals of the cancer and caregiving experience, and poorer QOL (physical, social, emotional, functional, and overall QOL). Dyads whose caregivers had more chronic conditions were more likely to be in the high symptom burden subgroup.



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Physical, emotional, and practical symptom burden in patients with terminal illnesses

Annals of Palliative Medicine; by Charles B. Simone II; 7/24

End of life care can best be optimized by understanding the scope of symptom burden that patients face with end-stage diseases. As this symptom burden differs for different terminal conditions—from cancer to heart disease to neurological or kidney or pulmonary diseases, for example—it is critical to understand the symptoms and overall holistic effects that each disease places on patients. The Integrated Palliative care Outcome Scale (IPOS) is a widely used and validated patient-reported tool consisting of 17 items (10 measuring physical symptoms, 4 measuring emotional symptoms, and 3 measuring communication/practical issues) rated on a 5-point Likert scale. Fordjour and colleagues (1) identified some important differences across terminal conditions ... Finally, this study identified groups at higher risk of suffering from a greater symptom burden, including older patients, female patients, married or cohabitating patients, and patients who live alone, thus providing healthcare providers with information from which they can prioritize resources for these patient populations.

Special considerations in managing pain and psychosocial distress in patients with opioid use disorder and cancer: the role of the supportive care and psycho-oncology interdisciplinary team

Annals of Palliative Medicine; by M Catherine Trimbur, Bridget Sumser, Chelsea Brown, Timothy Steinhoff, Khaldoun Almhanna, Dana Guyer; 7/24

People with a substance use disorder (SUD) have shortened lifespans due to complications from their substance use and challenges engaging with traditional health care settings and institutions. This impact on life expectancy is especially prominent in patients with co-occurring SUDs and cancer, and often has a much worse prognosis from the cancer than a similar patient without a SUD. Palliative care teams are experts in serious illness communication and symptom management and have become increasingly embedded in the routine care of patients with cancer. We argue that the skill set of palliative care teams is uniquely suited for addressing the needs of this oft marginalized group.

Roles of chaplains and clergy in spiritual care for African Americans in hospice: a pilot study

American Journal of Hospice and Palliative Medicine; by Denise D. Quigley, PhD; Sara G. McCleskey, PhD; Nabeel Qureshi, MPH; Jason Lesandrini, PhD, FACHE, LPEC, HEC; Natalie McNeal, MBA, MHA; 8/24

Clergy and chaplains have distinct, complementary roles in providing spiritual care to African American hospice patients and families. Community clergy and chaplains tend to not interact and provide different aspects of emotional, religious and spiritual support to hospice patients and families. Clergy provided interaction with a trusted person and connection to church, congregational support, religious beliefs/theology, and practices. Chaplains focused on present needs and issues of death and dying. Robust spiritual care programs need to ensure chaplains have sufficient time to spend with patients and families and incorporate collaboration, handoffs and integrated processes for clergy and chaplains. Research is needed on effectively including clergy in hospice spiritual care delivery.

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African American patient and caregiver attitudes and perceptions of community health workers as lay patient navigators in palliative care

Annals of Palliative Medicine; by Olivia Monton, Shannon Fuller, Amn Siddiqi, Alison P Woods, Taleaa Masroor, Robert Joyner, Ronit Elk, Jill Owczarzak, Fabian M Johnston; 8/5/24

Underutilization of palliative care services, especially among African American patients with advanced cancer, remains an important public health problem. To address this gap, we developed a community health worker (CHW) palliative care intervention for African American patients with advanced cancer, which is being formally assessed through an ongoing effectiveness-implementation trial.

... Results: Overall, there was a lack of awareness and understanding of palliative care, due primarily to limited experiences with palliative care services among study participants. Despite this lack of familiarity, participants recognized the potential benefits of palliative care for patients with advanced cancer.

End-of-life care for the devout Jewish patient

Journal of Evaluation in Clinical Practice; by Jennifer Eitingon, Danielle Doberman, Zackary Berger, Corey Xavier Tapper; 8/24

This case illustrates the ethical tensions that may arise when Western medical practices intersect with Orthodox Jewish beliefs, particularly regarding brain death, resuscitation, and artificial nutrition. We underscore the need for cultural sensitivity when approaching EOL decision-making, allowing for compassionate and comprehensive care that respects religious perspectives. This paper helps provide a structure for clinicians to navigate the complex EOL care needs for the

devout Jewish patient in a manner consistent with their cultural and religious identity .

Connected to the cloud at time of death: a case report

Journal of Medical Case Reports; by Isabel Straw, Claire Kirkby, Preethi Gopinath; 8/24

Our case report provides the first clinical evaluation of autopsy practices for a patient death that occurs on the cloud. We question how autopsy practices may require adaptation for a death that presents via the 'Internet of Things', examining how existing guidelines capture data related to death which is no longer confined to the patient's body... Through this patient case we explore novel challenges associated with digital deaths including; (1) device hardware issues (difficult extraction processes, impact of pathological tissue changes), (2) software and data limitations (impact of negative body temperatures and mortuary radio-imaging on devices, lack of retrospective cloud data analysis), (3) guideline limitations (missing digital components in autopsy instruction and death certification), and (4) changes to clinical management (emotional impact of communicating deaths occurring over the internet to members of family).

Publisher's note: An interesting article posing interesting questions about the impact technology has on death and the potential use / misuse of health information gathered by devices.



International News

[Italy] A transitional care program in a technologically monitored in-hospital facility reduces the length of hospital stay and improves multidimensional frailty in older patients: a randomized clinical trial

Ageing Clinical and Experimental Research; by Alberto Pilotto, Wanda Morganti, Marina Barbagelata, Emanuele Seminerio, Simona Morelli, Romina Custureri, Simone Dini, Barbara Senesi, Camilla Prete, Gianluca Puleo, Carlo Berutti Bergotto, Francesco Vallone, Carlo Custodero, Antonio Camurri, PRO-HOME Project Investigators Group; 8/24

Multidimensional frailty is a reversible condition that can be improved by reduced LOS [length of stay]. Longer length of hospital stay (LOS) negatively affects the organizational efficiency of public health systems and both clinical and functional aspects of older patients. Data on the effects of transitional care programs based on multicomponent interventions to reduce LOS of older patients are scarce and controversial. The PRO-HOME transitional care program reduces LOS and multidimensional frailty in hospitalized older patients.

[India] End of life care practices at a tertiary cancer centre in India: An observational study

American Journal of Hospice and Palliative Medicine; by Bhanu P. Maurya, MD; Raghav Gupta, DM; Puneet Rathore, MD; Seema Mishra, MD; Sachidanand J. Bharati, DM; Vinod Kumar, MD; Nishkarsh Gupta, MD; Rakesh Garg, MD; Sushma Bhatnagar, MD; 8/24

[This study was done] to assess the End of life care (EOLC) practices and the magnitude of futile care in a tertiary cancer center [and] to find out the barriers in provision of good EOLC in cancer patients. With proper communication and a good palliative care support, futile treatment can be avoided. 77 (60%) patients preferred home as their place for EOLC while 41(32%) preferred hospital, 7 (5%) preferred hospice while 4 (3%) opted ICU for their EOLC. The most common barrier associated was caregiver related ... followed by physician related ... and patients related ... because of hope of being cured in hospital, social stigma, fear of worsening of symptoms at home, denial.

Today's Encouragement

The mountains are calling, and I must go. ~John Muir





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