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Palliative Care

July 2025

This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in palliative and hospice care.

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Aimbetova G., et al. (2025) 'Improving Palliative Care: Insights from Patient and Nurse Perspectives on Care, Environment, and Support.' *Bangladesh Journal of Medical Science 24*(2), 505–513.
Introduction: Palliative care is a specialized area of healthcare focused on alleviating symptoms and improving the quality of life for patients with serious, life-threatening illnesses. This study explores the experiences of patients and nurses in a palliative care clinic, with the aim of identifying key factors influencing care quality and nurse satisfaction, such as the clinic environment, nurse-patient interactions, emotional stressors, and work conditions. Conclusion: The findings underscore the importance of addressing both environmental factors and interpersonal dynamics to enhance the quality of palliative care. Key recommendations include improving nurse training in communication, offering better emotional and financial support for staff, and fostering strong nurse-patient relationships. These strategies are crucial for improving both the care experience for patients and job satisfaction for nurses in palliative care settings.

AriasRojas M., et al. (2025) 'Experiences of Cancer Patients in Palliative Care with Advanced Care Planning: A Systematic Review and Meta-Synthesis of Qualitative Studies.' *European Journal of Oncology Nursing : The Official Journal of European Oncology Nursing Society 76*, 102868.
PURPOSE: This systematic review and meta-synthesis aims to synthesize the perspectives and experiences of patients with advanced cancer of advanced care planning and advanced directives in a PC setting.CONCLUSION(S): Understanding the perspectives of advanced cancer patients is essential for improving ACP implementation in PC settings. Healthcare professionals must foster trust, provide culturally sensitive communication, and adapt ACP approaches to patients' evolving needs. Future research should focus on addressing emotional and systemic barriers to increase ACP participation and improve end-of-life care quality.

Barrett L., et al. (2025) 'Parents' Experiences of the Financial and Employment Impacts of their Child Receiving End-of-Life Care: A National Qualitative Study.' *BMC Palliative Care 24*(1) (pagination), Article Number: 157. Date of Publication: 01 Dec 2025.
Background: Bereaved parents are at higher risk of poor mental and physical health outcomes than people bereaved under other circumstances. These challenges are exacerbated by the continued effects on parents' working lives and the financial strain of a child receiving end-of-life care. There has been very little recent research of parents' experiences of these impacts. Conclusion(s): Financial hardship is a known consequence of having a child with a life-limiting condition, especially at the end of life, and adds considerable stress to an already painful situation, with the aftermaths continuing into bereavement. The impact is exacerbated by parents' need to reduce work so they can spend time caring for their dying child, leaving families in a financially and emotionally vulnerable position. There needs to be a consistent approach to immediate practical support from healthcare providers; a review of benefit system delays and the abrupt stopping of Disability Living Allowance; and the development of tailored employment support for parents to remain in or rejoin the workforce.

Bauman C., et al. (2025) 'Web-Based Psychoeducational Intervention to Improve Family Caregiver Preparedness in Specialized Palliative Home Care: A Randomized Controlled Trial.' *Psycho-Oncology 34*(6) (pagination), Article Number: e70202. Date of Publication: 01 Jun 2025.
Objective: Preparedness for caregiving refers to how ready family caregivers perceive themselves for caregiving tasks and stress of the caregiving role. This study investigated whether a web-based psychoeducational intervention could improve preparedness for caregiving among family caregivers of patients receiving specialized palliative home care.Conclusion(s): Preparedness for caregiving improved over time in both the intervention and control groups, suggesting other contributing factors. Limited participant engagement may explain the lack of intervention effect. Future studies should evaluate the intervention with more structured and clinically integrated use.

Byock, I. (2025) 'A Strategic Path Forward for Hospice and Palliative Care: A White Paper on the Potential Future of the Field.' *Palliative Medicine Reports 6*(1), 308–323.
The field of hospice and palliative care in the United States is experiencing serious problems and faces an uncertain future. Quality of hospice care is highly variable. Unethical hospice business practices are common in some regions. Palliative care's integration within American health care has stalled, despite demonstrating that much better care for seriously ill and dying people is both feasible and affordable. Corrective steps have been halting. Urgent work is needed to safeguard seriously ill patients and their families and ensure quality and reliability of hospice and palliative care programs and services. The moment has come for the clinical specialties and corporate community of hospice and palliative care to chart a strategic path forward. Efforts must start with zero tolerance of fraudulent business and clinical practices that harm vulnerable patients. This path forward addresses the hard problems the field faces and enables it to realize its dual mission of caring well for ill and dying people and helping society integrate illness, caregiving, dying, and grieving within a

continuum of full and healthy living.

Chandak A., and Kulkarni, P. B. (2025) 'Enhancing Palliative Care through University-Community Partnerships: A Systematic Review of Models, Impacts, and Challenges.' *BMC Palliative Care 24*(1) (pagination), Article Number: 160. Date of Publication: 01 Dec 2025.
Background: University-community partnerships (UCPs) represent a transformative model for integrating student experiential learning with community-based palliative care. These partnerships enhance empathy, interdisciplinary collaboration, and service delivery, while addressing gaps in end-of-life care.
Aim(s): This systematic review evaluated the effectiveness of UCPs in palliative care, focusing on their impact on student learning, community outcomes, and innovative practices.Conclusion(s): UCPs have strong potential to enhance palliative care education and delivery. Scaling these models requires sustainable funding, culturally responsive approaches, and policy integration. Future research must emphasize longitudinal designs and standardized evaluation structures.

Cheng M., et al. (2025) 'What's Holding Back the Making of Living Wills? A Qualitative Study Based on Stakeholder Perspectives.' *Patient Education and Counseling 138*(pagination), Article Number: 109219. Date of Publication: 01 Se 2025.
Objective: To analyze challenges and complexities associated with Living Wills (LWs) under current medical regulations from the perspectives of diverse stakeholders, and to inform evidence-based strategies for improving LWs implementation in Asian and global contexts.Conclusion(s): Significant discrepancies exist between legislative aims to uphold patients' autonomy and the implementation of LWs. Limited public awareness of LWs underscores the need for death educational initiatives. Given the observed dominance of familial and clinical stakeholders in the treatment decision-making process, developing standardized multidisciplinary communication models such as Advance Care Planning (ACP) is essential to facilitate LWs adoption.

Crooks J., et al. (2025) 'Exploring Perspectives regarding Death Cafes for People Experiencing Homelessness: A Qualitative Study.' *BMJ Open 15*(6) (pagination), Article Number: e096990. Date of Publication: 08 Jun 2025.
Background: People experiencing homelessness (PEH) often die at a younger age than the general population. Advanced ill-health often occurs late in its trajectory (if at all), leaving many PEH to die without adequate support from hospital-based, hospice-based or community-based palliative care services. Despite the high rate of bereavement and exposure to death among PEH, there are rarely opportunities for them to reflect on their experiences, thoughts and preferences around death or receive bereavement support. Death cafes are a global social franchise, providing a space for people to participate in an open group discussion about death, dying and bereavement. They are free to attend and unstructured but facilitated. Objectives: To explore the perspectives of PEH and the professionals that support them with regards to the potential acceptability, benefits and challenges of death cafes.
Conclusions: Death cafes for PEH pose risks that require comprehensive consideration and trauma-informed, expert facilitation. However, this research highlighted that a low-pressure space to explore thoughts around death, dying and

bereavement is currently an unmet need within this population.

Goncalves S., et al. (2025) 'Exploring Skin Disorders in Palliative Care: A Systematic Review.' *Palliative Medicine in Practice 19*(2), 133–143.
Introduction: Skin disorders present significant challenges in palliative care settings, often complicating symptom management and diminishing the quality of life for patients facing life-limiting illnesses. Despite their prevalence and impact, there remains a dearth of comprehensive research synthesizing the landscape of skin disorders within palliative care. Conclusion(s): This review underscores the importance of recognizing, assessing, and managing skin disorders to enhance the quality of life of palliative care patients. Future research should focus on developing and implementing targeted strategies to alleviate the burden of skin disorders in this vulnerable group, ultimately improving patient care and outcomes.

Goncalves, S. (2025) 'Evaluating Aromatherapy Interventions for Dysphagia Management in End-of-Life Care: A Review.' *Biomedical and Biopharmaceutical Research 22*(1) (pagination), Date of Publication: 2025.
Dysphagia, a prevalent and distressing condition in end-of-life care, significantly impacts patients' quality of life and overall health. Conventional treatments may be limited in effectiveness or poorly tolerated in this vulnerable population. This review highlights the potential role of aromatherapy as an adjunctive tool in holistic dysphagia care at the end of life. Further clinical studies are needed to establish standardized protocols and determine efficacy.

Gun M., and Aktas, Y. (2025) 'AI-Supported Documentation and Clinical Monitoring in Palliative Care: A Real-World Observational Study.' *The American Journal of Hospice & Palliative Care* , 10499091251352100.
Background: Patients in palliative care often experience prolonged hospital stays, requiring detailed documentation, complex symptom management, and multidisciplinary coordination. The emergence of AI tools, particularly GPT-based language models, offers new opportunities to support clinical workflows. Objective: To evaluate the practical utility of a GPT-based AI tool in supporting documentation, trend recognition, and clinical decision support in a real-world palliative care unit. Conclusion: GPT-based AI tools can improve documentation efficiency and clinical awareness in palliative care units. While not a replacement for physician judgment, they provide valuable support in managing complex, long-term patients when used under appropriate clinical supervision.

Hagemann M., et al. (2025) 'Treatment Goals Indicate Palliative Care Hospital Costs: A Longitudinal Economic Study.' *Swiss Medical Weekly 155*(5) (pagination), Article Number: 4132. Date of Publication: 2025.
STUDY AIMS: Although costs for inpatient palliative care have been widely studied, heterogeneity of patient needs in specialist palliative care challenges health scientists. A framework reflecting various treatment goals in daily clinical practice may help cluster patients with different care needs reasonably and account for such diversity of costs. The aim of this study was to show whether the care type framework reflects associated costs for different care needs in patients receiving specialist palliative care in a Swiss university hospital.CONCLUSION(S): Based on distinct treatment goals, care types provide an important yet - until now - missing

explanatory framework for clustering hospital costs of specialist palliative care. Patients hospitalised in specialist palliative care units clearly differ regarding costs and cost categories, depending on care type.

Handique S., et al. (2025) 'Invisible Pillars with Hidden Burdens: A Scoping Review on the Challenges of Informal Caregivers for Older Adults in Home-Based Palliative Care.' *Journal of Palliative Care* , 8258597251348262.
Objective: This study aimed to show evidence from existing literature about the experiences and challenges managed by informal caregivers of older adults in home-based palliative care.Conclusion(s): There is a need to recognize and support a wide array of informal caregivers socially and financially to help them obtain more services and resources. Policymakers need to make more accessible resources and the existing benefits more customized to the unique needs of the informal caregivers of home-based palliative patients.

Helmer P., et al. (2025) 'The use of Wearable Sensor Technology to Enhance Supportive Care in Hospitalized Palliative Patients (Support Trial): A Prospective Preliminary Pilot Study.' *BMC Palliative Care 24*(1) (pagination), Article Number: 154. Date of Publication: 01 Dec 2025.
Background: Continuous monitoring of vital parameters using wearable devices offers potential benefits in palliative care, such as early detection of clinical deterioration and improving symptom management. However, evidence supporting their feasibility and utility in hospitalized palliative care patients remains scarce. Conclusion(s): This pilot study demonstrates the potential of continuous monitoring technologies in palliative care, but inconsistent data availability limits the ability to recommend their routine use at this stage. Despite these challenges, the promising results highlight the need for further studies to improve device reliability and explore the broader applicability of this technology in palliative care settings.

Lee J., et al. (2025) 'Potentially Inappropriate Prescriptions in End-of-Life Cancer Patients in Home-Based Hospice Care.' *Journal of Pain and Symptom Management 70*(1), 22–29.
Context: Polypharmacy and inappropriate prescribing are prevalent among end-of-life cancer patients, potentially compromising symptom management and quality of life. Limited data are available on potentially inappropriate medications (PIMs) and prescribing omissions (PPOs) of opioid in South Korea, particularly in home-based hospice care settings.Objective(s): This study aimed to evaluate the prevalence of PIMs and PPOs in advanced cancer patients referred to home-based hospice care and identify factors associated with these prescribing issues.Conclusion(s): The findings highlight critical gaps in medication management for end-of-life cancer patients. Systematic deprescribing protocols and improved strategies to address opioid stigma and prescribing hesitancy are essential to align treatments with end-of-life care goals and enhance patient quality of life.

Lin M., et al. (2025) 'Injustice and Inequality in the Provision of Perinatal Palliative Care.' *Seminars in Perinatology* (pagination)
Perinatal palliative care (PnPC) is a relatively new branch of pediatric palliative care

(PPC), which focuses on providing holistic care in the antenatal, delivery, and neonatal settings. In this paper, we address previously unexplored justice-based ethical questions related to the provision of PnPC. We examine why some families who receive the diagnosis of a potentially life-limiting condition in their baby before or after birth receive PnPC support whilst others do not. We describe current inequities in the access to, and delivery of, PnPC. Drawing on philosophical theory (the Capabilities Approach) we argue that palliative care represents a valuable capability for babies with life limiting illness and their families. Health professionals should advocate for and promote access to this option for all families, regardless of whether it is ultimately taken up.

MacArthur N.D., et al. (2025) 'Caring at the End of Life: Bereaved Family Members' Experiences of Preparedness, Readiness, and Anticipation Fatigue.' *Social Science and Medicine 380*(pagination), Article Number: 118252. Date of Publication: 01 Se 2025.
Ensuring patient and family members' preparedness for dying is a key focus for palliative care. This article draws on the retrospective accounts of bereaved adult family members' experiences of anticipation and preparedness following a death in palliative or residential aged care. Participants completed in-depth interviews (n = 36). A constructivist grounded theory approach guided data collection and analysis, through which the complexities of engaging in preparedness whilst navigating questions of how to care well emerged. We propose the concept of anticipation fatigue as a means by which to understand the impacts of holding multiple, sometimes contradictory, positions in the pursuit of 'good' care at end of life. These results deepen our understandings of the impacts of caring-in-anticipation and offer insights for improving support to families receiving palliative care.
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Mayahara M., et al. (2025) 'The E-PainSupport Digital Application for Assessing Pain and Pain Management in Home Hospice: A Randomized Controlled Trial.' *Western Journal of Nursing Research* , 1939459251338392.
BACKGROUND: Poor patient pain management in home hospice is associated with low family caregiver adherence to analgesic regimens. Health care technology can improve caregiver access to education and communication to hospice nurses. OBJECTIVE(S): The study purpose was to (1) compare the effects of the e-PainSupport intervention for family caregivers on change in patient pain intensity from baseline to 14 days to the effects of a usual care control condition and (2) examine mediating effects of pain management knowledge, self-efficacy, and adherence to analgesic regimens on change in pain intensity, controlling for study condition and patient gender.CONCLUSION(S): Caregiver use of the e-PainSupport app is feasible and may contribute to decreasing hospice patient pain.

Mayan I., et al. (2025) 'A Digital Tool to Enhance Palliative Care Access and Uptake in Patients with Serious Illness.' *Journal of Pain and Symptom Management 70*(1), e81–e87.
Background: Palliative care improves quality of life in patients with serious illness, but access and uptake remain low. Measures: To determine the impact of a digital, patient facing web application (Epilog) on the uptake of a palliative care benefit in a culturally, health literacy, and racially diverse group of patients with serious illness in

South Africa.Outcome(s): About 69 participants out of 138 enrolled with Epilog made use of the palliative care benefit. About 123 out of 4000 control patients made use of the same benefit (50% vs. 3%; P < 0.001).Conclusion(s): Results of this preliminary study highlight the need for additional investigation of the benefits of the Epilog tool in patients with serious illness.

McDonnell M., et al. (2025) 'Adult Specialist Palliative Care Services Caring for Children in the Community: A Scoping Review.' *BMC Palliative Care 24*(1) (pagination), Article Number: 167. Date of Publication: 01 Dec 2025.
Background: Adult specialist palliative care professionals have played a key role in the care of children with palliative care needs in the community. However, there is little known on their perceived level of preparedness or training in providing children's palliative care in the community setting. The aim of this scoping review is to appraise the current literature and identify any existing gaps in knowledge on the level of preparedness and training of adult specialist palliative care professionals caring for children in the community. The review question asks: "Do adult specialist palliative care professionals feel sufficiently prepared to deliver their services to children in the community?".Conclusion(s): This review highlights the lack of empirical research on adult specialist palliative care professionals providing children's palliative care in the community. While the available literature demonstrates both their limited training, experience and preparedness in caring for children.

Ng C.P.Y., et al. (2025) 'Quality Indicators and Patient Outcome Measures for Palliative Care in Cancer Patients: A Systematic Review.' *Ecancermedicalscience 19*(pagination), Article Number: 1929. Date of Publication: 2025.
Introduction: With the exponential rise in global cancer incidence, the surge in demand for palliative care has outstripped capacity, limiting patients' access to quality and holistic palliative care, especially in low- and middle-income countries. Despite an upturn in research activity, evidence in palliative care remains limited, given its complexity as well as the shortage of standardised quality indicators (QIs) and patient outcome measures (POMs). The objective of this systematic review is to assess the QIs and POMs used to evaluate palliative care service on aggregated and individual levels.Discussion(s): There is an overall lack of standardisation of QIs and POMs, as well as variability in evidence of palliative care research. We recommend that stakeholders collaborate to develop a standardised repository of metrics for monitoring and evaluating palliative care services at both individual and system levels, with a particular focus on structural and process indicators.

Nicholls S., and Tieman, J. (2025) 'Assessing the Value of Online Palliative Care Information.' *Australian Health Review : A Publication of the Australian Hospital Association 49*(pagination), Date of Publication: 01 May 2025.
Objective: This study aimed to assess the value of an online palliative care resource (CareSearch) in providing evidence-based information to clinicians and consumers; and online palliative care information more broadly from the perspective of key stakeholder organisations. Conclusions: CareSearch and online palliative care information have a critical role to play in responding to the challenges facing the sector. Maximising the value of such information will require improvements in access

to evidence, visibility, usability, and the development of resources tailored to diverse users.

Paananen J., and Logren, A. (2025) 'Communicating Palliative Hope in Late-Stage Dementia: Thematic Analysis of Hope Work in Care Plan Meetings with Nursing Home Residents' Families.' *The Journals of Gerontology.Series B, Psychological Sciences and Social Sciences* (pagination), Date of Publication: 10 Jun 2025.
OBJECTIVES: The study analyzes how nursing home professionals communicate palliative hope in care plan meetings with family members of residents with late-stage dementia.DISCUSSION(S): As overarching goals of hope work, we identified acceptance and appreciation. Nursing home professionals have an important role in constructing and maintaining hope and thus supporting families. They can remind families that residents are not lost as people, they are in good care, and that there are still time and opportunities for a good life, meaningful moments, and connection, which families can appreciate despite the progressive illness. By highlighting the possibility of a peaceful death for the resident and willingness to support families in the end-of-life phase, nursing home professionals can help families accept the inevitable. Combined with good-quality palliative care, palliative hope work can support families' social relationships and foster meaningful experiences at the end-of-life stage.

Partel Araujo J., et al. (2025) 'Care Refusal by Older Adults with Dementia Receiving Professional Care: A Scoping Review.' *Journal of Applied Gerontology 44*(7), 1158–1171.
Care refusal behaviors by institutionalized older adults with dementia pose significant challenges for professional caregivers in residential care settings. This scoping review mapped the determinants and effects of care refusal in this population. The findings indicated that personal, relational, environmental, and organizational factors influence care refusal behaviors in institutional settings. Cognitive impairment, communication difficulties, elderspeak, unfamiliar institutional environments, and task-oriented care were key determinants. Care refusal compromised health outcomes, disrupted care provision, and exacerbated neuropsychiatric symptoms in residential care facilities.

Prasad K., et al. (2025) 'Behind Bars and Beyond Reach: Systemic Barriers to Preventive and Palliative Healthcare for Justice-Involved Older Adults.' *Journal of the American Geriatrics Society* (pagination), Date of Publication: 2025.

Robinson L., et al. (2025) 'Exploring Older People's End-of-Life Care Preferences Over Time: A Scoping Review.' *Palliative Medicine 39*(6), 665–677.
Background: Understanding the evolution of end-of-life preferences over time is important for dynamic, person-centred palliative care. This is particularly relevant for older people whose preferences can be incompletely expressed and subject to change.Aim(s): To summarise the nature of the current evidence about how and why the end-of-life preferences of older people change over time.Conclusion(s): Existing research has focused on preferences about specific therapies, at the expense of understanding what matters most to older people. Synthesis of the available evidence about why preferences change will guide reviews of patients' advance care plans. To inform dynamic, person-centred end-of-life care we need studies

prospectively exploring how older people construct a broader range of preferences, and negotiate these over time.

Rutter P., et al. (2025) 'Just-in-Case Drugs in the Dying: Home Deaths Retrospective Chart Review.' *BMJ Supportive and Palliative Care* (pagination), Date of Publication: 2025.
Objectives To evaluate whether the Isle of Wight (IoW) Just-in-Case (JIC) scheme to supply and administer anticipatory medication to end-of-life patients was performing to an appropriate level of performance. Conclusions: The JIC scheme on the IoW allowed patients to receive timely and individualised care. One or more JIC drugs were administered to a higher proportion of patients than in previous studies; further work is required to establish why (eg, the use of a 24/7 home visiting palliative care nursing team in this locality) and whether this led to improved family confidence that symptoms were effectively controlled.

Santos L.P., et al. (2025) 'The Impact of Nutrition Status on the Quality of Life of Patients with Advanced Cancer Treated in a Multidisciplinary Palliative Care Unit: A Longitudinal Study.' *Nutrition in Clinical Practice* (pagination), Date of Publication: 2025.
Background: Nutrition impairment negatively affects quality of life (QoL).Conclusion(s): NR prevalence significantly decreased during follow-up. However, NR had a persistent negative impact on multiple QoL domains, including physical and emotional function, pain, and global health. These findings underscore the critical role of nutrition status in maintaining QoL in palliative care patients receiving nutrition support therapy.

Sharma R.K., et al. (2025) 'Care Decisions in the Hospital: Challenges for Family Members of Hospitalized Persons with Dementia.' *Journal of Pain and Symptom Management 70*(1), 1–9.e3.
Context: Family members of hospitalized persons living with dementia (PLWD) often face complex, high-stakes decisions and experience significant psychological distress. Prior studies of hospitalized patients have focused on the ethical, intrapersonal, and communication-related challenges specific to surrogate decision-making, but few have explored challenges specific to families of PLWD. Objective(s): To understand challenges faced by family members of hospitalized older PLWD as they navigate care decisions.Conclusion(s): Family members of hospitalized PLWD faced dementia-specific challenges when making care decisions. Interventions that account for these challenges are needed to better support family members of hospitalized PLWD as they navigate these decisions.

Svop K., et al. (2025) 'Families' Experience of Anticipatory Grief in Home-Based Palliative Cancer Care and their Support Needs: A Qualitative Study.' *European Journal of Oncology Nursing : The Official Journal of European Oncology Nursing Society 76*, 102880.
PURPOSE: The aim of this study was to investigate how families of patients with cancer in palliative care experience anticipatory grief and their expressed support needs in relation to loss and grief.CONCLUSION(S): The study highlighted family's

anticipatory grief is not addressed sufficiently in palliative care. Anticipatory grief occurred when families watched the illness progress, and they experienced physical, cognitive and relational losses both with the patient and within the family. Clinical interventions, such as a model for family interventions during anticipatory grief, are required to address different palliative care trajectories and reduce anticipatory grief in families.

Tan, W. M. (2025) 'Assisted Dying: Are we Sure the Suffering is Irreversible?.' *BMJ Supportive and Palliative Care* (pagination)

Van Unnik J.W.J., et al. (2025) 'Remote Monitoring of Amyotrophic Lateral Sclerosis using Digital Health Technologies: Shifting Toward Digitalized Care and Research?.' *Neurology 105*(1) (pagination), Article Number: e213738. Date of Publication: 03 Jun 2025.
Current care and research pathways for amyotrophic lateral sclerosis (ALS) primarily rely on regularly scheduled visits to specialized centers. These visits provide intermittent clinical information to health care professionals and require patients to travel to the clinic. Digital health technologies enable continuous data collection directly from the patient's home, bringing new opportunities for personalized, timely care and a refined assessment of disease severity in clinical trials. In this review, we summarize the state of the art in digital health technologies for remote monitoring of patients with ALS, ranging from televisits through videoconferencing to sensor-based wearable devices. We explore how these technologies can benefit clinical care and advance treatment development. Despite significant progress, real-world adoption of these technologies remains limited. An overview is provided of the key barriers hindering their widespread implementation and the opportunities to advance the field. Significantly, there is an urgent need for harmonization across stakeholders through consensus guidelines and consortia. These efforts are essential to accelerate progress and harness the full potential of digital health technologies to better meet the needs of patients.

Viitala A., et al. (2025) 'Coping with the Unthinkable: A Qualitative Metasynthesis of Patients' Experiences with Incurable Cancer.' *European Journal of Oncology Nursing : The Official Journal of European Oncology Nursing Society 76*, 102876.
PURPOSE: This study aimed to address the coping experiences of adult patients with incurable cancer palliative and hospice care. The objective of the study was to provide information that can help improve their support.CONCLUSION(S): The study highlighted the coping experiences, expectations, and problems faced by patients with incurable cancer, aiming to make their needs more visible in public healthcare. The findings can help healthcare sectors design better services and support for these patients and their families.

Wall J.A., et al. (2025) 'Cervical Cancer Patients' Knowledge and Experiences with Palliative Care - A Qualitative Study.' *Gynecologic Oncology Reports 59*(pagination), Article Number: 101774. Date of Publication: 01 Jun 2025.
Objective: There is limited research examining palliative care (PC) knowledge and experiences in patients with cervical cancer. As this may inform who may benefit from specialty PC services, we investigated PC awareness, perspectives, needs,

and acceptability in this population.Conclusion(s): PC knowledge was limited. However, following brief education, most patients found it desirable and favored early integration. This highlights the need for further research on developing early PC initiatives for patients with cervical cancer.

Wang M., and Ding, X. (2025) 'Integrated Palliative Care Improves the Quality of Life of Advanced Cancer Patients.' *BMC Palliative Care 24*(1) (pagination), Article Number: 162. Date of Publication: 01 Dec 2025.
Objective: The objective of this research is to investigate the efficacy of integrated palliative care in enhancing advanced cancer patients' quality of life, alleviating pain, and improving psychological well-being through the development of a multidimensional hospice care model.Conclusion(s): Integrated palliative care demonstrated substantial benefits in enhancing advanced cancer patients' quality of life, alleviating pain, and improving overall psychological health. The findings advocate for the integration of hospice care as a vital component of standard clinical practice and recommend its broader implementation across various departments to provide more compassionate care for patients and their families.

Yoga Ratnam K.K., and Ratnanesan, A. (2025) '"Transcendence: Reflections on Home-Based Palliative Care".' *Journal of Palliative Medicine* (pagination), Date of Publication: 2025.

Zhang X., et al. (2025) 'Death Risk Perception and Hospice Care Decisions in Advanced Cancer: A Psychosocial Pathway Analysis of Emotional and Cognitive Mediators.' *Psycho-Oncology 34*(6) (pagination), Article Number: e70201. Date of Publication: 01 Jun 2025.
Objectives: This study examines how death risk perception influences hospice care decision-making through psychosocial pathways in advanced cancer, with specific focus on the mediating roles of emotional distress and decision self-efficacy, and the moderating effects of social support and hospice care knowledge.Conclusion(s): Our psycho-oncological framework reveals that enhancing death risk communication while concurrently addressing emotional reactions and strengthening social support networks may optimize advance care planning. Clinicians should integrate decision support interventions targeting these modifiable psychosocial factors.

Zhong J., et al. (2025) 'Digital Decision Aids to Support Decision-Making in Palliative and End-of-Life Dementia Care: Systematic Review and Meta-Analysis.' *Journal of Medical Internet Research 27*(pagination), Article Number: e71479. Date of Publication: 2025.
Background: Making a care-related decision is a complex cognitive process. Patient decision aids could provide information on potential options about risks and benefits, incorporate individual values and preferences, and help people with dementia or their family carers make decisions about palliative and end-of-life care. Objective(s): This systematic review aimed to critically evaluate and synthesize evidence on the effectiveness of digital decision aids to support decision-making in palliative and end-of-life care for patients with dementia, their family carers, or clinicians.Conclusion(s): Internet-based decision aids offer a feasible and acceptable approach to support the shared decision-making between patients, families, and clinicians. The included studies reported various outcome measures, including

preferred goal of care, quality of palliative care, decision-making performance, and health care use. More large-scale RCTs are needed, and consistent outcome measures should be considered to evaluate the effects of end-of-life decision aids.

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