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Palliative Care

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This monthly current awareness bulletin aims to highlight relevant reports and peer-reviewed literature in Palliative & Hospice Care.

The bulletin focuses on workforce issues, quality of care, patient dynamics and service delivery.

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References

Afezolli D., et al. (2026) **'Evolving Scope of Specialty Palliative Care: Guidelines, Implications, and Future Directions.'** ***Journal of Palliative Medicine 29*****(6), 733–738.**
BACKGROUND: As specialty palliative care (SPC) programs expand nationwide, variability in referral criteria and care scope has led to inconsistent care delivery and confusion among clinicians and patients. As demand for SPC increases, workforce limitations necessitate prioritization frameworks. CONCLUSION(S): This initiative offers the first SPC scope guideline. Ongoing discussions, both at individual institutions and nationally, may be necessary to determine the importance of consistency in defining and communicating the scope of SPC. Health care leaders can use this guideline to address resource allocation, health policy, workforce education, and public understanding of palliative care.

BernerSharma J.M., et al. (2026) **'Impact of a Structured Pathway on Nausea and Vomiting Treatment in Palliative Care: A before-After Study.'** ***Journal of Palliative Medicine*** **, 10966218261462313.**
BACKGROUND: Nausea and vomiting are distressing symptoms in palliative care. Due to a heterogeneous population and limited evidence, clinical management remains challenging. Guidelines often recommend an etiology-based treatment approach, but supporting evidence is scarce, particularly for noncancer patients. OBJECTIVE(S): Evaluating the impact of a structured, etiology-based treatment pathway on nausea and vomiting burden and treatment quality in palliative care patients. CONCLUSION(S): The systematic etiology-based pathway significantly improved cause identification and treatment quality. While benefits were more pronounced in cancer patients, this structured approach provides a robust framework for enhancing antiemetic management in the palliative care setting.

Blier M.A., et al. (2026) 'Unravelling the Complexities of End-of-Life Critical Care Interventions: What Drives Medico-Legal Complaints to Physicians?.' *BMC Health Services Research 26*(1), 174.
BACKGROUND: This study sought to describe the key medico-legal issues associated with end-of-life critical care interventions in Canada. We explored the most common themes of a disagreement between patients or substitute decision makers (SDM) and treating physicians related to intervention decisions, and complaints against physicians, that were identified and criticised by peer experts as contributing to medico-legal risk.CONCLUSION(S): The most common omission identified by peer experts involved a physician's communication with a patient/SDM. Physicians may reduce their medico-legal risk by exploring effective techniques for optimal communication to improve understanding in end-of-life discussions, with the goal of high-quality patient care.

Bouritius E.M., et al. (2026) 'Palliative Care in General Practice for Patients with Cancer, Organ Failure and Dementia Or Old-Age: A Cross-Sectional Study among General Practitioners.' *BMC Primary Care 27*(1) (pagination), Date of Publication: 25 Mar 2026.
BACKGROUND: Palliative care enhances the quality of life of patients and their relatives facing a life-threatening illness or vulnerability. Initially, curative and life-prolonging treatments may be given alongside palliative care, but as the end of life approaches, palliative care becomes more prominent. Illness trajectories vary, and a distinction is made between the illness trajectories of cancer, organ failure and dementia or old age. This study compares end-of-life care for patients who died from cancer, organ failure and dementia or old age in the Netherlands, based on general practitioners' reports. CONCLUSION(S): This study indicates that for patients with cancer, treatment is more often aimed at palliation, general practitioners more frequently provide palliative care, and end-of-life topics and advance care planning are discussed more often, compared to patients with organ failure or dementia/old-age. However, patients may have palliative care needs regardless of their illness or life expectancy. Therefore, it is important that palliative care is initiated early in the illness trajectory.

Bursic A.E., et al. (2026) 'Palliative Dialysis: Putting the Person First in Dialysis Care.' *American Journal of Kidney Diseases : The Official Journal of the National Kidney Foundation* (pagination), Date of Publication: 29 Jun 2026.
The current dialysis care model is largely disease-focused, designed to preserve longevity and minimize sequelae of end-stage kidney disease (ESKD), often with a goal of transplantation. As many patients living with ESKD experience high rates of comorbidity, frailty, and mortality, these goals may not be realistic nor align with their priorities and preferences. Instead, these patients benefit from a person-centered approach to care which emphasizes quality of life; minimizes disease and treatment-associated burdens; and promotes timely transitions to end of life care. Palliative dialysis aims to align dialysis treatment with patients' goals and preferences to optimize quality of life and adapt to patients' evolving individual needs throughout the disease course including at end of life. This narrative review describes person-centered care throughout the dialysis care continuum using palliative dialysis. We describe innovative end of life care models such as concurrent hospice and dialysis care. We then outline necessary steps for implementation of person-centered dialysis care at a system and policy level.

Chochinov, H. M. (2026) 'Twenty Years of Dignity Therapy: Evidence, Challenges, and Implications for Person-Centered Care.' *Journal of Palliative Medicine 29*(6), 718–720.
Twenty years have passed since Dignity Therapy was introduced as a brief psychotherapeutic

intervention grounded in the Model of Dignity in the terminally ill. Designed to address threats to personhood by supporting generativity, meaning, and legacy, it invites patients to create enduring documents that reflect their values, identities, and life narratives. Although initially conceived for end-of-life care, Dignity Therapy has since been adapted for diverse populations, including children, individuals with non-malignant illness, those experiencing cognitive decline, people who are grieving; and has been implemented across varied cultural and linguistic contexts. It is now among the most extensively studied non-pharmacological interventions in palliative care. This article reflects on two decades of experience with Dignity Therapy, examining feasibility, cost considerations, potential risks, and sources of variability in outcomes. Beyond measurable effects, Dignity Therapy exemplifies a narrative-informed, person-centered approach, which underscores the centrality of attending to patients' stories as an integral component of compassionate palliative care.

Clapham S., et al. (2026) 'Comparing Severe Symptom Distress of Inpatients and People Cared for in the Community in their Last Week of Life: A National, Consecutive Cohort Study.' *Journal of Palliative Medicine 29*(6), 781–789.
Background: Understanding how symptom outcomes vary by care setting helps optimize care. Aim(s):To compare trajectories of severe symptom distress in the final week of life across community and hospital settings. Conclusion(s):While some relative differences were noted between settings, absolute differences were minimal, suggesting clinically comparable outcomes. These national data show that severity of symptoms in the two care settings are similar, reassuring patients, families, and health care professionals.

Currey E., et al. (2026) 'How Physicians are Trained to Interact with the Dying: A Thematic Analysis of Medical Student Exposures to End-of-Life Cases.' *Omega 93*(3), 1566–1582.
Physicians-in-training feel uncomfortable coping with the grief they experience while delivering end-of-life care, and medical schools offer minimal formal curricular offerings on end of life care. Few studies have identified what experiences medical students have with death while training or what lessons they are being taught by more senior physicians at bedside. This qualitative study conducted semi-structured interviews prior to and six months into the medical school clinical year. Our goal was to identify when students were encountering seriously ill/dying patients and what informal education students received about caring for dying patients. Descriptive statistics showed the majority of the encounters the students had with seriously ill or dying patients were in the hospital-based medicine setting. A minority of students participated in debriefs about end-of-life care with their care teams after the events. Thematic analysis showed significant heterogeneity in students' exposure and responses to patient deaths.

Davis E., et al. (2026) 'Pediatric Home-Based Hospice and Palliative Care: A Scoping Review.' *BMC Palliative Care 25*(1) (pagination), Article Number: 198. Date of Publication: 01 Dec 2026.
Pediatric palliative and/or hospice care is provided across a broad spectrum of settings, ranging from inpatient to outpatient to a child's home. Pediatric home-based hospice and/or palliative care teams offer a specialized, interdisciplinary approach to care, allowing children to stay in the home while offering comprehensive support. This scoping review seeks to summarize what is known about pediatric home-based hospice and/or palliative care and to identify gaps in the current research. Overall, the available literature supported home-based hospice and/or palliative care as an effective model of care, reducing the burden on families, improving quality of life, and allowing families to stay in their preferred setting for care without sacrificing clinical outcomes. Key

research gaps included small sample sizes, limited use of control groups and scarcity of randomized clinical trials, difficulties including the perspective of the ill child in research, and a need for longitudinal studies on the effects of home-based hospice and/or palliative care on children and families.

Der Nulft V.V., et al. (2026) 'Communication Strategies for Improving Readiness for Advance Care Planning in Dementia: A Systematic Review.' *Journal of Alzheimer's Disease : JAD* , 13872877261461216.
Background: Progressive cognitive decline in Alzheimer's disease and other dementias limits decision-making, emphasizing the need for timely discussions about preferred future care. However, advance care planning (ACP) is often delayed due to limited readiness among people with dementia and their family caregivers. Objective: To identify communication strategies (interventions and communication methods) improving readiness for ACP among people with dementia and their family caregivers. Conclusions: Multi-component interventions, tools, and communication methods may enhance readiness for ACP. Findings highlight the importance of tailoring ACP to individual needs and training healthcare professionals in facilitating ACP. Future research should develop a consistent framework of readiness and identify the active "ingredients" of ACP interventions.

Donley S., and Fannin, C. (2026) '"Death Bouncers" and "Spiritual Guides": How End-of-Life Doulas Provide, Frame, and Navigate Spirituality and Spiritual Care.' *Omega 93*(3), 2097–2118.
The medicalization of death has left gaps in the spiritual and psychosocial well-being of the dying. Factors like professional and caregiver burnout, lack of training, overburdened caseloads and rigid schedules, and other organizational constraints lead to holistic, humane care falling through the cracks. Consequently, the dying and their families are opting to rely on individuals who can bridge these gaps-end-of-life (EOL) doulas. EOL doulas employ a variety of non-medical practices from touch therapies to legacy projects to religious rites that provide support covering the emotional, spiritual, and practical aspects of dying. Utilizing qualitative interviews with 23 EOL doulas located and working in the United States, this research offers insights into doulas' provisions of spiritual care, how death doulas' understanding of the death transition inform spiritual care provisions, as well as how death doulas navigate differences in spiritual and religious belief systems between themselves and their clients. The study emphasizes the critical role of EOL doulas in bridging gaps in end-of-life care, providing personalized, compassionate support sometimes missing in institutional settings.

Gun M., and Aktas, Y. (2026) 'AI-Supported Documentation and Clinical Monitoring in Palliative Care: A Real-World Observational Study.' *The American Journal of Hospice & Palliative Care 43*(8), 876–881.
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.

Johnson C.E., et al. (2026) 'The Palliative Aged Care Outcomes Program (PACOP): Establishing a National Framework to Improve Palliative Care in Long-Term Care Facilities for Older People.' *BMC Geriatrics 26*(1) (pagination), Date of Publication: 31 Jan 2026.
BACKGROUND: With an aging population worldwide, many countries face increasing challenges in delivering quality palliative care in long-term care facilities for older people (LTCFs). In Australia, a Royal Commission into Quality and safety of Aged Care in 2021 highlighted significant gaps in this field. In response, the Palliative Aged Care Outcomes Program (PACOP), a person-centred outcomes framework, was developed to address gaps in identification, assessment and management of palliative care needs in LTCFs. OBJECTIVE(S): To present the development, implementation and early process evaluation of PACOP.

Karikawa M., and Nakatani, H. (2026) 'Meaning-Making in Home-Based End-of-Life Care: A Qualitative Study of Wives' Experiences After the Loss of their Husbands to Cancer.' *BMC Palliative Care 25*(1) (pagination), Article Number: 196. Date of Publication: 01 Dec 2026.
Background: Caring for a spouse with cancer at home during the end-of-life period is emotionally demanding and can have lasting effects on bereaved partners. For some wives who assume the primary caregiving role, this experience becomes a source of meaning, personal growth, and relational reconstruction after loss. However, the longitudinal processes through which they derive positive meaning and rebuild their relationship over time remain unclear. This study builds on our previous research involving bereaved wives and husbands, who provided home-based end-of-life care for a partner with cancer between 6 months and 2 years after bereavement, and examines their positive interpretations of caregiving.

Kayikci E.E., et al. (2026) 'Death Anxiety, Spiritual Care Perceptions, and Attitudes Toward Caring for the Dying among Palliative Care Nurses.' *Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 28*(4), E155–E161.
Death is universal, and nurses are at the forefront of providing holistic care to dying patients. Understanding the factors that influence nurses' attitudes toward caring for the dying is essential, as these attitudes directly affect the quality of end-of-life care. The aim of this study was to examine the associations between death anxiety, spiritual care perceptions, and attitudes toward caring for the dying among palliative care nurses. This study highlights the critical role of spiritual care perceptions, both independently and in combination with educational level and end-of-life care training, in fostering positive attitudes toward caring for the dying.

Kisaoglu O., and Tel, H. (2026) '"While There's Life There's Hope" Hope in Palliative Care: A Qualitative Study.' *Omega 93*(3), 1894–1910.
Hope is a critically important concept in palliative care that enables coping and increases quality of life. This qualitative study was conducted to determine how palliative care patients describe hope and the factors that increase or decrease hope after a hope intervention. Data were collected through semi-structural interviews with 10 palliative care patients. The analysis followed a thematic analysis approach. The participants defined hope as the joy of living in general, and the strength to cope with difficulties and stated that spending time with loved ones increased their hopes, the worsening of their diseases reduced their hopes, hope made them feel good psychologically, and health workers had an important role in increasing hope. It is recommended that hope interventions be person-centric in palliative care settings and that care should be structured by considering the factors that maintain and prevent hope.

Kitreerawutiwong N., et al. (2026) 'Readiness for Home-Based Palliative Care among Primary Caregivers: An Explanatory Sequential Mixed Methods Study.' *BMC Palliative Care 25*(1) (pagination), Article Number: 191. Date of Publication: 01 Dec 2026.
Background: The number of patients choosing home-based palliative care (HBPC) has increased. This situation requires both patients and families to be prepared. However, the readiness for HBPC remains underexplored. This study aimed to understand primary caregivers' readiness for HBPC.Conclusion(s): The results indicated that health professionals should increase their awareness of palliative services, support their acceptance of death, and engage in shared decision-making. Experiential training programs for caregivers, mobile consultation services, collaboration in the district health system to train caregivers, and the coordination of employment opportunities within communities by setting an appropriate rate for local caregivers, as well as establishing financial advice for families and implementing bereavement care programs, are essential for providing holistic support to families.

Maciejewski H., et al. (2026) 'Exploring Virtual Reality as an Intervention to Improve Symptom Severity in Hospice-Eligible Patients.' *The American Journal of Hospice & Palliative Care 43*(8), 861–868.
Virtual reality (VR) as an intervention has appeared in the literature and in clinical settings across many different populations. To expand the use of this care option, it is worth considering the ways in which a VR application may benefit individuals with life-limiting illness in hospice and palliative care settings. The incorporation of VR as a therapy option may aid in symptom management and support people nearing the end of life in focusing on aspects of their overall well-being. The goals of this study were to: 1) explore virtual reality as an intervention to improve symptom severity in hospice-eligible patients, 2) correlate self-reported presence scores to changes in symptom severity and 3) find evidence for feasibility of this type of intervention with a hospice eligible population.

Mebus L., et al. (2026) 'Factors Associated with Psychological Distress among End-of-Life Care Volunteers: A Systematic Review of Quantitative and Qualitative Evidence.' *BMC Palliative Care 25*(1) (pagination), Article Number: 182. Date of Publication: 01 Dec 2026.
Background: Volunteers are integral to end-of-life care, providing emotional, spiritual, and practical support. However, they often face emotionally demanding situations with limited training and supervision compared to professionals. Given the limited and fragmented literature on psychological distress experienced by end-of-life volunteers, this systematic review aimed to synthesise existing quantitative and qualitative evidence to identify factors associated with psychological distress. Conclusion(s): This review identifies a small, methodologically diverse evidence base on factors associated with psychological distress in end-of-life care volunteers. Quantitative evidence suggests a potential protective association between training and depression, though substantial heterogeneity limits firm conclusions. Limited qualitative evidence revealed patient-, interaction- and service-level factors that are rarely captured quantitatively. Robust theory-guided longitudinal studies are needed to better understand distress and resilience in this under-researched group.

Meier C., et al. (2026) 'How Social, Psychological, and Spiritual Needs are Supported in the Last Months of Life: Evidence from the English Longitudinal Study of Ageing End-of-Life Interviews.' *Age and Ageing 55*(7) (pagination), Article Number: afag202. Date of Publication: 01 Jul 2026.
Background: End-of-life care includes social, psychological, and spiritual support in addition to

medical care. Population-level evidence on whether these non-medical needs are met in the last months of life, who provides such support, and how it is perceived remains limited. Conclusion(s): Reliance on informal networks creates inequities in non-medical end-of-life support, particularly for older adults living alone or with dementia, underscoring the need for more integrated public health approaches.

Muehlensiepen F., et al. (2026) **'Digital Health in Palliative Care: Use is Largely Limited to Conventional Technologies - a Cross-Sectional Survey of Healthcare Professionals.'** ***BMC Health Services Research 26*****(1) (pagination), Date of Publication: 23 Jun 2026.**
BACKGROUND: Digital health technologies (DHTs) can help address challenges in palliative care, particularly in rural and underserved areas. However, evidence on their routine use and acceptance among healthcare professionals (HCPs) remains limited. AIM: To assess HCPs reported use of DHTs, digital health literacy, attitudes, and perceived benefits and barriers regarding DHT implementation in routine palliative care. CONCLUSION(S): DHT use in palliative care remains centered on conventional tools. While professionals recognize potential benefits, structural deficits and limited perceived relevance hinder adoption. Strengthening infrastructure and digital literacy is key to sustainable digital transformation.

Ohl N., et al. (2026) **'Mapping Social Implications of Wearables to Monitor Physical Activity in Palliative Care - a Qualitative Approach.'** ***BMC Palliative Care 25*****(1) (pagination), Article Number: 193. Date of Publication: 01 Dec 2026.**
Background: Reduced physical activity is common among patients receiving palliative care. Wearables and other measurement devices offer opportunities to objectively monitor activity and support clinical decision-making and patient motivation. However, integrating such technologies into palliative care may affect care delivery, including routines, interactions and underlying principles. Given the strong emphasis on interpersonal relationships and patient-centeredness in this setting, wearables may entail specific social implications. This study therefore aims to map the social implications of using wearables to monitor physical activity in palliative care. Conclusion(s): Mapping the social implications of wearables to monitor activity can inform their implementation in palliative care. Addressing these implications is important to ensure that the devices support patient well-being. Future research should focus on translating these insights into practical guidance and incorporate the perspectives of both clinicians and patients.

O'Mahony S., et al. (2026) **'Utilization of Hospice and Palliative Care among Patients with Mental Illness: A Retrospective Cohort Study.'** ***Journal of the American Geriatrics Society*** **(pagination), Date of Publication: 2026.**
Background: Individuals with mental illness (MI) experience premature mortality and health disparities, yet little is known about their access to hospice and palliative care.
Objective(s): To examine hospice enrolment, timing, length of stay, and palliative care utilization among Medicare decedents with mental illnesses. Conclusion(s): Mental illnesses were associated with complex hospice utilization patterns characterized by longer length-of-stay, higher likelihood of enrolment far from death, lower likelihood of enrolment within 180 days before death, and lower palliative care consultation use in some groups.

Onder G., et al. (2026) **'Beyond Hospice: The Burden of Palliative Care Needs in Hospitals and Long-Term Care Facilities. A Nationwide Multicentre Study.'** ***Aging Clinical and Experimental Research*** **(pagination), Date of Publication: 28 Jun 2026.**
INTRODUCTION: Palliative care is traditionally associated with hospice and cancer care, yet older

adults admitted to hospitals and long-term care facilities (LTCF) frequently experience multimorbidity, frailty, and high symptom burden. We aimed to estimate the prevalence and characteristics of palliative care needs in Internal Medicine and Geriatrics hospital wards and LTCF in Italy. CONCLUSION(S): Palliative care needs are highly prevalent among hospitalized patients and LTCF residents and are not limited to oncology. These findings support systematic screening and integration of a needs-based palliative care approach within hospital and long-term care systems..

Santos B., et al. (2026) **'Efficacy of Oxygen Therapy for the Relief of Dyspnea in Palliative Care: A Systematic Review.'** ***The American Journal of Hospice & Palliative Care*** **, 10499091261465662.**
Introduction: Dyspnea is a prevalent, debilitating, and distressing symptom in palliative care. This systematic review evaluated the efficacy of oxygen therapy and oxygen delivery modalities compared with room air, medical air (FiO2 21%), pharmacological therapy, or other respiratory support modalities for relieving dyspnea in patients with advanced, progressive, and incurable diseases. Conclusion: Oxygen therapy should not be prescribed routinely for dyspnea in non-hypoxemic palliative care patients. Its use should be guided by baseline oxygenation status, delivery modality, expected symptomatic benefit, patient goals, and treatment burden. The certainty of evidence remains limited by small samples, heterogeneity, and risk of bias.

Schuchter P., et al. (2026) **''Stay Curious': Guest Experiences of Philosophical Counselling in Palliative Care - a Qualitative Study.'** ***BMC Palliative Care*** **(pagination), Date of Publication: 29 Jun 2026.**
BACKGROUND: Philosophical counselling creates a dialogical space for exploring existential questions arising from serious illness, confrontation with mortality, bereavement, and caregiving. Although philosophy has long engaged with mortality and existential concerns, philosophy in form of philosophical counselling is not established in palliative care and has seldom been empirically studied. This study examines the views and experiences of individuals who engaged in philosophical counselling in palliative care-related contexts. CONCLUSION(S): Philosophical counselling seems to offer a space for reflective depth and existential inquiry in palliative care, fostering curiosity, wonder, and connectedness.

Sebova A., et al. (2026) **'Evaluating Virtual Reality for Anxiety Reduction in Children and Adolescents with Life-Limiting Conditions: A Randomized Pilot Study.'** ***BMC Palliative Care 25*****(1) (pagination), Article Number: 192. Date of Publication: 01 Dec 2026.**
Background: Children and adolescents with life-limiting conditions (LLCs) often face distressing medical procedures, prolonged hospital stays, and other challenges, leading to heightened anxiety and psychological distress. To address these symptoms, psychological interventions using modern technologies like immersive virtual reality are recommended alongside traditional treatments. While virtual reality (VR) has shown promise in reducing distress in various pediatric groups, its use in pediatric palliative care (PPC) is still emerging. The aim of this study was to assess the feasibility, acceptability and effectiveness of experiential VR intervention and compare it with a second distraction method in the form of a video in a population of pediatric patients with LLC.Conclusion(s): These exploratory findings from a pilot RCT provide preliminary evidence that VR distraction may serve as a feasible, acceptable, and potentially efficacious complementary approach for managing anxiety in children and adolescents with life-limiting conditions.

Seshadri S., et al. (2026) **'Reach of Palliative Care in Parkinson Disease: Progress and Gaps After a National Team-Based Implementation Project.'** ***Neurology: Clinical Practice 16*****(4) (pagination), Article Number: e200628. Date of Publication: 01 Aug 2026.**
Background and Objectives - The value of palliative care (PC) is increasingly recognized in the care of people with Parkinson disease (PWP) and their care partners. Discussion - PWP and care partners' perceptions and experiences of care were stronger post implementation in many, but not all, aspects of PC. As changes were seen in both COEs and non-COEs, it is unclear to what degree findings relate to direct or indirect impacts of team-based implementation of PC vs other broader temporal trends, such as community-level increased awareness of PC.

Szabat M., and Zurzycka, P. (2026) **'Parental Hope in Paediatric Palliative Care: A Systematic Review of the Ethical Issues in Evidence-Based Literature.'** ***BMC Medical Ethics 27*****(1) (pagination), Date of Publication: 02 Feb 2026.**
BACKGROUND: This systematic review aims to raise awareness of the concept of parental hope, which is distinct from the idea of agency - acting on behalf of someone else. Parental hope is an important factor in end-of-life care, particularly in light of recent advances in perinatology, neonatology, and paediatric palliative care (PPC). Parenting involves autonomous agency - acting and thinking on one's own behalf - as well as making decisions for one's children. Consequently, parental permission, authority and decision-making are integral aspects of parental attitudes towards their children in PPC. CONCLUSION(S): The results reveal the preference of parents for honest encouragement over false hope. Furthermore, parents can use hope as a cognitive heuristic to influence their decision-making process. Parents also expect clinicians to understand their situation and help them manage their hopes while respecting parental authority. Ethical concerns include equitable access to support programmes and online groups that aid parental caregiving. We believe that the moral beliefs expressed by parents in our review could inform values and standards for parents as caregivers in PPC.

van Breemen C., et al. (2026) **'Help is a Phone Call Away: A 24-Hour Nurse-Led Pediatric Hospice Clinical Care Line.'** ***Journal of Palliative Medicine*** **, 10966218261460532.**
BACKGROUND: Children with life-limiting conditions often have complex care needs, and their caregivers require expert clinical support after-hours and over weekends to support care at home. OBJECTIVE(S): This quality improvement initiative examined usage patterns and impact on caregiving of the nurse-led 24-Hour Clinical Care Line initiated in 2018 by the Canuck Place Children's Hospice, which provides inpatient and community-based pediatric palliative care and respite for children with life-limiting conditions in British Columbia and the Yukon in Canada.

VitorinoAfonso C., and ReisPina, P. (2026) **'Ketamine for Cancer-Related Pain in Palliative Care: A Systematic Review of Clinical use and Safety.'** ***Journal of Pain and Palliative Care Pharmacotherapy*** **(pagination), Date of Publication: 2026.**
Ketamine has emerged as an adjuvant for opioid-refractory cancer-related pain in palliative care, but evidence remains limited. This systematic review examined ketamine use for cancer-related pain in palliative and end-of-life care. Subanesthetic ketamine may be a useful adjuvant in selected palliative care patients, but higher-quality studies are needed to clarify dosing, durability, and safety.

Wadhavkar N., et al. (2026) **'The Role of Inpatient Palliative Care Consultation in End-Stage Liver Disease: Too Little, Too Late?.'** ***Annals of Hepatology 31*****(2) (pagination), Article Number: 102222. Date of Publication: 01 Jul 2026.**

Introduction and Objectives Patients with end-stage liver disease (ESLD) often experience high symptom burden and frequent hospitalizations. Despite studied benefits of palliative care consultation services (PCCS), use in patients with ESLD is underutilized and typically occurs weeks or days before death. We examined patterns of PCCS utilization, associated outcomes, and healthcare costs in hospitalized patients with ESLD., though PCCS utilization remained low, even among definite ESLD/decompensation admissions. Among in-hospital decedents who received PCCS, the short interval from consultation to death suggests late integration of palliative care near the end of life. Further prospective studies are needed to clarify optimal consultation timing and identify strategies to embed palliative care effectively within ESLD.

Williamson B., et al. (2026) 'Overwhelming Uncertainty: Acceptance and Commitment Therapy Informed Communication for Serious Illness Care.' *Journal of Palliative Medicine 29*(6), 810–814.
Acceptance and commitment therapy (ACT) is a psychotherapeutic model that focuses on developing psychological flexibility by encouraging patients to attune to their present moment experience, cultivate openness to those experiences, and respond to those experiences with committed action that is rooted in their values. By combining the six core processes of ACT (attention to the present moment, self-as-context, defusion, acceptance, values, and committed action) with serious illness communication skills, palliative care clinicians can nurture psychological flexibility for patients facing uncertainty and difficult internal experiences common in serious illness. This article reviews a case study with examples of language and tools clinicians can use to bring these core processes into their work with patients.

Wilson S., et al. (2026) 'Characteristics and Palliative Care Involvement in Patients Dying in Five UK Emergency Departments: A Retrospective Service Evaluation.' *Open Access Emergency Medicine 18*(pagination), Article Number: 566284. Date of Publication: 2026.
Introduction: Approximately 600,000 people die every year in the United Kingdom including 24,000 who die in the Emergency Department (ED). The National Audit of Care at the End of Life looks at the care of dying people during their last hospital admission. However, patients who die in the ED are excluded from this audit and therefore little is currently known about this population. Purpose(s): This service evaluation aimed to describe the population who died in a 12-month period in five NHS EDs, including whether palliative care teams were involved. Conclusion(s): Research is needed in order to ascertain how care can be improved for this group of patients. More UK-centric work is required to understand the characteristics of patients who die in EDs including their cause of death and ethnicity, as well as an exploration of whether greater palliative care collaboration in ED improves patient, family and staff experience.

Wittenberg E., et al. (2026) 'Exploring Caregiver Activation in Serious Illness Communication with Healthcare Providers.' *The American Journal of Hospice & Palliative Care 43*(8), 869–875.
Objective: Little is known about the family caregiver's willingness and ability to navigate the patient's care needs, known as caregiver activation. The purpose of this study was to explore how caregivers describe activation and trust in serious illness communication with healthcare providers. Conclusions: Findings revealed a difference between trust- and mistrust-based activation, with notable findings related to the role of nurses. To foster caregiver activation, future nurse communication training should include trust-building strategies to support their role as primary palliative care providers.

Wronski S., et al. (2026) **'It doesn't have to Hurt: Palliative Care for Trauma Patients.'** ***Journal of Hospice and Palliative Nursing : JHPN : The Official Journal of the Hospice and Palliative Nurses Association 28*****(4), 154–161.**
Trauma is a leading cause of mortality and long-term morbidity in the United States, yet palliative care remains inconsistently integrated into trauma care despite strong evidence of benefit. Palliative care advanced practice registered nurses (APRNs), traditionally experienced in chronic, life-limiting illness, are uniquely positioned to address the complex and evolving needs of trauma patients despite the acute, unpredictable nature of injury. This paper argues for the routine integration of palliative care into trauma care, examines the barriers to implementation, and highlights how palliative care APRNs can play an integral role in working with trauma patients, families, and interdisciplinary teams. Using a longitudinal case example, this paper examines team-based and patient-specific challenges-including misconceptions about palliative care, communication barriers, time pressures, grief, symptom management, and long-term survivorship-and illustrates how APRNs can address these gaps.

Zhang H., et al. (2026) **'Application of Immersive Teaching in the Training of Hospice Care Professionals: A Randomized Clinical Trial.'** ***The American Journal of Hospice & Palliative Care 43*****(8), 819–825.**
Background: This study aimed to investigate the application and responses for immersive teaching in the training of hospice care professionals. Conclusion: The application of immersive teaching in the training of hospice care professionals helps enhance operational ability and simulate experience, and thus improve satisfaction among trainees.

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