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Palliative Care

May 2026

This monthly current awareness bulletin aims to highlight the latest relevant reports and peer-reviewed literature in Palliative and Hospice Care. The bulletin focuses on workforce issues, quality of care, patient dynamics and service delivery.

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References

Barimbing M.L., et al. (2026) **'Efficacy of Psilocybin on Death Anxiety in Terminal Patients: A Narrative Review.'** ***Progress in Palliative Care*** **2026.**
This narrative review synthesized the use of psilocybin-assisted therapy as a promising treatment for alleviating death anxiety in terminally ill patients. The insights presented are derived from findings reported in previous studies. Therefore, this review aimed to assess the efficacy, pharmacology, and mechanisms by which psilocybin alters brain function by affecting 5-HT2A receptors and disrupting the default mode network (DMN), helping to reduce existential fear. This review examines the implications for clinical practice, highlighting psilocybin's favorable safety profile and its potential to fill therapeutic gaps left by conventional treatments, and also addresses the ethical issues surrounding the use of psilocybin in terminally ill patients.

Baysal Yigit A., et al. (2026) **'"I Am Not just My Illness": Daily Life Experiences and Participation of Advanced Cancer Patients in Palliative Care: A Qualitative Study.'** ***Journal of Health Psychology*****.**
Individuals with advanced cancer face profound daily disruptions, yet research specifically focusing on their personal participation experiences remains limited. This study aimed to explore the daily life experiences and participation perceptions of advanced-stage cancer patients receiving palliative care. The findings suggest that maintaining occupational identity is a vital need, distinct from mere functional ability. Consequently, there is an urgent need for patient-centered rehabilitation services within palliative care settings to address these fundamental humanistic needs.

Bertaud S., et al. (2026) **'Perinatal Palliative Care - how to Approach Antenatal Counselling.'** ***Archives of Disease in Childhood.Education and Practice Edition.*** **15 Apr 2026.**
There is a growing recognition that perinatal palliative care is appropriate whenever there is uncertainty about a baby's survival outcome. Many aspects of this care can, and should, be provided by existing perinatal teams, with support from community and specialist services where required. However, delivering perinatal palliative care can be practically, ethically and emotionally challenging for professionals without adequate guidance and training. In this best practice paper, we offer practical guidance for clinicians who may be involved in antenatal counselling when a baby has been diagnosed with a potentially life-limiting condition during pregnancy. We consider how to approach antenatal counselling in the context of prognostic uncertainty, how to support families in being able to treasure their pregnancy, how to remain open to all possibilities, how to develop individualised care plans for families and finally consider how to close the consultation and arrange follow-up. Drawing on the parental experience of one of our authors, we explore how to navigate the concept of hope in perinatal consultations.

Bondergaard K., et al. (2026) **'Quality in Specialist Palliative Care for Patients with Pre-Existing Severe Mental Disorders: A Retrospective Cohort Study.'** ***Palliative Medicine*****2026.**
Background: Previous studies show ambiguous results concerning quality of palliative care among patients with severe mental disorders, defined as schizophrenia, moderate to severe depression, and bipolar disorders.
Aim(s): To investigate quality in specialist palliative care among Danish patients with pre-existing severe mental disorders using data from the Danish Palliative Database.
Conclusion(s): Danish patients with active severe mental disorders were less likely to complete symptom assessment, had longer waiting times and shorter specialist palliative care pathways.

CorreaMorales J.E., et al. (2026) **'Dehydration in the Dying Process: An Integrative Systematic Review of Physiological Mechanisms and Clinical Implications.'** ***Journal of Pain & Palliative Care Pharmacotherapy*** **, 1–11.**
Dehydration is a common finding in patients with life-limiting illnesses at the end of life. Clinicians often face uncertainty when deciding on the use of artificial hydration, particularly given concerns about thirst, delirium, and respiratory secretions. Despite its clinical relevance, the underlying physiology of terminal dehydration has been insufficiently explored. Terminal dehydration appears to be an adaptive physiological response in dying patients, with limited evidence of symptomatic benefit from artificial hydration and potential for harm.

Gamondi C., and D'Amelio, P. (2026) **'Geriatric Palliative Care: Clinical Imperatives, Ethical Challenges and Public Health Opportunities.'** ***Swiss Medical Weekly 156*****, 5101.**
Population ageing is accelerating globally, creating complex clinical, ethical and organisational challenges for health systems. Older adults frequently experience multimorbidity, frailty and cognitive impairment, leading to unpredictable illness trajectories and high palliative care needs. Geriatric palliative care (GPC) has emerged as an integrative approach uniting geriatric, palliative and rehabilitative principles to address these multidimensional needs. Recent European recommendations emphasise needs-based assessment, interdisciplinary

collaboration, caregiver support, culturally sensitive communication and integration across care settings. In Switzerland, persistent barriers - including fragmented care pathways, limited workforce training, variable access in nursing homes, low uptake of advance care planning and inequities affecting socioeconomically and culturally diverse populations - underscore the urgency of implementing coordinated GPC models. Strengthening home- and nursing home-based palliative care, embedding GPC competencies in undergraduate and postgraduate curricula, establishing shared-care frameworks and aligning national strategies with international ageing agendas represent key priorities. Investment in GPC is essential to ensure equitable, person-centred and sustainable care for a rapidly growing population of frail older adults.

Gesell D., et al. (2026) **'Developing Information Material to Support the Assessment of Palliative Care Needs in Dementia: A Qualitative Participatory Approach.'** ***BMC Palliative Care 25*****(1)Article Number: 90. 01 Dec 2026.**
Background: There are approximately 1.8 million people living with dementia in Germany, of whom many present with a wide range of symptoms and needs. The assessment of these symptoms is often challenging for nursing staff in long-term care settings. The dementia-specific version of the Integrated Palliative Outcome Scale (IPOS-Dem) can support this assessment by enabling the timely identification of the needs of people living with dementia. To facilitate the use of IPOS-Dem, a user-friendly manual is required. The aim of this study is therefore to develop information material for assessing palliative care needs among people living with dementia through an iterative and participatory process tailored to professional caregivers, and to explore the content requirements of these materials from the caregivers' perspective. Conclusion(s): The participatory and iterative development process ensured that the manual reflects the practical needs and perspectives of professional caregivers, thereby enhancing its relevance and acceptance in dementia care.

Halevi Hochwald I., et al. (2026) **'The Professional Guest: Ethical Challenges in Home-Based End-of-Life Care among Interprofessional Teams.'** ***Nursing Ethics.***
Background: Home-based end-of-life palliative care presents unique ethical challenges that differ fundamentally from those in institutional settings. Healthcare professionals navigate the complex role of being both clinical experts and guests in patients' domestic environments, operating in a context where professional authority is continuously negotiated rather than institutionally established. Research aim: This study examines the ethical tensions healthcare professionals encounter in home-based end-of-life palliative care and explores the strategies they employ to balance and negotiate competing ethical values within patient-family relationships. Conclusions: Home-based palliative care places professionals at the intersection of clinical responsibility and domestic sovereignty, a position for which existing frameworks offer insufficient guidance. Addressing these structural and relational challenges requires both individual-level preparation, including training in ethical decision-making in low-control environments, and systemic policy reform.

Hunt L.J., et al. (2026) **'"They're Exhausted": Hospice Staff Views on Caring for Patients and Families Impacted by Dementia.'** ***Journal of Pain and Symptom Management*****13 Apr 2026.**
CONTEXT: Medicare's Hospice Benefit was originally designed for cancer care, but

now over half of hospice patients have dementia. To optimize hospice for people living with dementia (PLWD) and their caregivers, we must understand what hospice professionals view as the most important challenges and facilitators to caring for this population. OBJECTIVE(S): To assess hospice professionals' perspectives on hospice care for patients and families impacted by dementia.CONCLUSION(S): Optimizing hospice for patients and families impacted by dementia requires addressing both hospice-specific practice and policy, as well as broader dementia care infrastructure.

Kaiser U., et al. (2026) **'Influence of a Day Hospice on the Quality of Life of Palliative Care Patients: An Interview-Based Qualitative Survey.'** ***BMC Palliative Care 25*****(1) Article Number: 92. 01 Dec 2026.**
Background: In addition to the established forms of outpatient palliative care, day hospices have been available in Germany as a further component of care for several years. However, only a few day hospices currently exist in Germany, and data on the effects of day hospices, particularly on the quality of life and care situation of the patients concerned, are not sufficient. Therefore, this study aimed to investigate the influence of day hospice care on the quality of life of palliative care patients. Conclusion(s): The participants perceived the day hospice as a place of peace and relaxation where they could regain strength and confidence and rediscover meaning and joy in their lives. Therefore, day hospices are a fundamentally valuable component of outpatient palliative care.

Kastbom L., et al. (2026) **'Quality of End-of-Life Care among Individuals with and without Dementia: A Swedish Registry-Based Study.'** ***BMC Palliative Care 25*****(1) Article Number: 89. 01 Dec 2026.**
Background: Despite dementia being a leading cause of death and clinical guidelines recommending palliative care, substantial gaps in care quality for this population have previously been shown. This study aimed to investigate and compare the quality of end-of-life (EOL) care provided to individuals with and without dementia in different settings. Conclusion(s): In this study, individuals with dementia received higher quality EOL care in several domains compared with those without dementia. However, they were less likely to have expressed preferences for place of death. These findings highlight the need for early, proactive care planning to align care with patient preferences and avoid potentially non-beneficial actions.

Kelly, G. (2026) **'Developing a Reflective Practice Program to Support Oncology and Palliative Care Staff with Patient Death.'** ***Journal of Palliative Medicine*** **, 10966218261443901.**
Background: Oncology and palliative care staff frequently encounter death yet often lack structured opportunities for reflection following these experiences. Objective(s): This study asked: How can we develop and implement a reflective practice program for oncology and palliative care staff to support them with patient death? Reflective practice is recognized as a valuable tool to support staff well-being; however, there is limited literature describing how such interventions are implemented in the hospital setting.Conclusion(s): Using an insider action research approach, this staff-led project offers an adaptable framework for structured reflection in acute hospital settings and represents an important initial step towards embedding reflective practice into the culture of health care.

Moura G.S.P.L., et al. (2026) **'Spirituality, Symptom Burden and Palliative Care Needs Assessed by the Palliative Outcome Scale in those with Cancer: A**

Cross-Sectional Study.' ***Ecancermedicalscience 20*(pagination), Article Number: 2089. 2026.**
Background: Understanding symptom prevalence and palliative care needs is essential to advancing palliative care research in South America. This study aimed to assess these outcomes using the Palliative Outcome Scale (POS) and explore their relationship with the self-rated importance of spirituality.Conclusion(s): Our findings underscore the high prevalence of physical, psychological and social challenges among persons with cancer receiving palliative care. Symptom patterns aligned with global data, suggesting a universal burden. The strong association between spirituality and pain highlights the protective role of spiritual well-being in mitigating suffering, reinforcing the need to integrate spiritual care into palliative frameworks. These results offer valuable insights for guiding clinical practice, shaping international policy and informing future research to optimise care delivery and patient outcomes.

Oliveira D., et al. (2026) 'Ethical-Regulatory Guidelines for AI in Palliative Care Rehabilitation.' ***Healthcare (Switzerland) 14*(7)Article Number: 895. 01 Apr 2026.**
Background/Objectives: The integration of artificial intelligence (AI) into rehabilitation practice has expanded rapidly, including its emerging application in palliative care contexts. Although international organisations have established ethical and governance frameworks for AI in healthcare, these initiatives remain largely high-level and are not specifically tailored to the clinical complexity, vulnerability, and relational dimensions of palliative care rehabilitation. The absence of context-specific ethical-regulatory guidance poses challenges for responsible implementation in ethically sensitive settings. This study aimed to consolidate ethically grounded regulatory guidance for the use of AI in palliative care rehabilitation by translating existing international principles into context-sensitive domains. Conclusion(s): This study provides context-sensitive ethical-regulatory guidance that bridges high-level AI governance principles with the operational realities of palliative care rehabilitation.

Pantilat S.Z., et al. (2026) 'If You Want to Go Far, Go Together: Lessons Learned from Quality Improvement Collaboratives in Palliative Care.' ***Journal of Palliative Medicine* , 10966218261436569.**
An ongoing commitment to quality improvement (QI) is essential in palliative care (PC), where patients are often frail, suffering is pervasive, and time may be short. Multicenter collaboration in QI allows PC teams to share and harness innovations and approaches from colleagues across the country and around the world. In order to learn at scale, PC teams must be able to directly compare their practices through standardized measurement and reporting of program structures, processes of care, and patient- and institution-level outcomes. The work of these organizations highlights our obligation to the people we serve to show that we are learning organizations, committed absolutely to improving quality of care, quality of life, and the meaningful outcomes that matter to our patients and their families. Future collaborative QI initiatives in PC are needed to ensure and improve quality of care.

Park J.S., et al. (2026) 'Meaning and Influencing Factors of a Good Death for Community-Dwelling Individuals with Dementia: An Integrative Review.' ***International Journal of Older People Nursing 21*(3), e70078.**
INTRODUCTION: The rising prevalence of dementia highlights the need to ensure good quality of life for those affected. This integrative review aimed to clarify what constitutes a good death for community-dwelling people with dementia and their

family caregivers and to identify structural and process factors that support or hinder its attainment. CONCLUSION(S): This review highlights that achieving a good death for community-dwelling people with dementia requires accessible, comprehensive, person-centred end-of-life care and robust support for family caregivers. Strengthening policies and developing integrated community care models are essential for upholding end-of-life dignity and honouring care preferences.

Romao M.E., et al. (2026) **'Ethics, Care, and Identity: A Phenomenological Qualitative Study on the Professional Experience of Deathcare Workers.'** ***Death Studies*** **, 1–13.**
Death care workers are routinely exposed to suffering and death, yet their contributions remain largely invisible. This study investigated how they construct and uphold their professional identity within this challenging context. Across groups, identity was anchored in ethical commitment, relational presence, and emotional labour (calibrated detachment, black humour, ritual precision), which sustained dignity for the living and the dead despite limited recognition. Resilience stemmed from moral purpose, collegial solidarity, and symbolic practices, while frustrations arose from administrative burdens and social stigma. Findings reflect an Italian purposive sample, limiting generalization, and underscore the need for organizational recognition and reflective supervision.

Sandqvist K., and Ekstrom, M. (2026) **'Antimicrobial use at the End of Life: A Retrospective Cohort Study.'** ***Scientific Reports 16*****(1)15 Apr 2026.**
Antibiotic resistance poses a global threat. Antibiotics are administered to 80-90% of terminally ill patients but evidence of their effectiveness in improving survival or symptom relief at the end of life (EOL) is scarce. To determine the proportion of deceased patients that continue antibiotic treatment after documented EOL discussion and the decision to prioritise symptom relief over active treatment. As secondary aims to compare the groups with and without antibiotics after EOL discussion in terms of differences in demographics, type of infection, mean survival time after EOL discussion and if fluid therapy followed the same trend as antibiotic use.

Scheiner R., et al. (2026) **'Use and Evaluation of Psychological Interventions in Specialist Palliative Care Settings: Results of a National Online Survey with Psychologists and Psycho-Oncologists.'** ***BMC Palliative Care 25*****(1) Article Number: 88. 01 Dec 2026.**
Background: Psychologists play a key role as part of the multiprofessional palliative care team. Meaning-, dignity-centred and existential intervention approaches are designed to preserve dignity, strengthen the sense of meaning and alleviate existential distress at the end of life. However, little is known about psychological interventions used in caring for palliative patients and their relatives. This study aims to describe which psychological interventions are used in palliative care, and to what extent professional experience (years working as a psychologist/psycho-oncologist in a palliative care setting), palliative care setting, and further training in palliative care for psychologists influence the use of specific interventions of psychologists. Conclusion(s): Despite ample evidence and recommendations, the majority of practitioners seem unaware of meaning, dignity and existential interventions or believe them to be unsuitable in palliative care. Targeted further training and a binding framework concept for palliative psychological care is needed.

Sinanovic S.Z., et al. (2026) **'Palliative Care during COVID-19 Pandemic: Practical Recommendations from Literature Evidence.'** ***Experimental and Applied Biomedical Research (EABR)*** **2026.**
COVID-19 patient's incidence rate is constantly expanding worldwide and the risk of mortality is extremely high among elderly population and those with acute or cronic disease and comorbidities. The pandemic caused by the SARS-CoV-2 virus has strongly affected the functioning of healthcare networks around the world and changed many palliative care units in healthcare institutions into covid patients treatment units. Palliative care in many countries has insufficient number of resources and suitable legal and regulatory frameworks in order to guarantee the integration in the system in pandemic.

Stober S., et al. (2026) **'Integration of Pediatric Palliative Care in Oncology: A Scoping Review.'** ***Journal of Pediatrics: Clinical Practice 20*****(pagination), Article Number: 200205. 01 Jun 2026.**
Objective: Paediatric palliative care (PPC) enhances quality of life for children with cancer and their families, yet its systematic integration into oncology practice remains limited, particularly in hospital-based care. This scoping review aimed to map and synthesize international evidence on how PPC is designed, implemented, and evaluated in paediatric oncology inpatient settings, and to identify key barriers and facilitators to its clinical integration. Conclusion(s): These findings highlight a global need to integrate early, family-centred PPC within paediatric oncology inpatient care. Health systems should prioritize staff training, establish adaptable interdisciplinary models, and implement structured evaluation strategies to strengthen the quality and consistency of PPC delivery.

Tavares T., et al. (2026) **'Distress in Family Members of Patients with Delirium in an Acute Palliative Care Unit - A Cross-Sectional Survey Study.'** ***The American Journal of Hospice & Palliative Care.***
Background: Delirium is prevalent in Palliative Care patients and often induces distress in family members. Improving knowledge in this field will enable a more efficient approach to this problem, thereby helping patients and their families. Aim: To evaluate the distress in family members of patients with delirium hospitalized in an Acute Palliative Care Unit (APCU). Conclusion: The severe distress experienced by caregivers underscores the need for a family-centred approach to prevent and support their suffering. Our results highlight the role of family in the recognition of delirium, working alongside the therapeutic team. Future research should provide longer follow-up of carers' distress, compare family members of patients with and without delirium and similar survival rates, and evaluate the impact of communication on the distress experienced by these families.

Taylor P., et al. (2026) **'Data-Based Research in UK Palliative Care: Guidance, Challenges, Opportunities.'** ***BMJ Supportive & Palliative Care*****11 Apr 2026.**
Routinely collected healthcare data has the potential to transform healthcare. Initiatives such as the Born in Bradford study and the UK's COVID-19 response show how routine data research can improve and save lives. Within palliative care, there is scope for such research to improve understanding of care provision, avoid unnecessary service use and reduce inequalities, while minimising burden on research participants.

Tian L., et al. (2026) **'Exploring Strategies and Approaches to Improve End-of-Life Care Services for People Experiencing Homelessness: A Systematic**

Review and Meta-Synthesis of Qualitative Studies.' ***BMC Palliative Care 25*(1)13 Apr 2026.**

This study synthesizes published qualitative research to explore the expectations and needs of people experiencing homelessness in EOL care, as well as the perspectives of service providers. Its aim is to identify effective strategies and approaches to improve EOL care services for this population, ultimately promoting more targeted and higher-quality care.

Tolboom L., et al. (2026) 'Homecare Workers' Experiences of Providing Transpersonal Palliative Care: A Qualitative, Arts-Based Explorative Study.' ***Death Studies* , 1–14.**
The global population is rapidly aging, increasing the demand for palliative home care, which is largely provided by homecare workers, operating with minimal resources and significant personal involvement. Task-oriented caring limit opportunities for ethical, holistic, and sustainable care. We explored how homecare workers experience transpersonal palliative care and how they perceive its depth, intensity, and complexity. While homecare workers strove to provide holistic palliative care, limited self-care opportunities and insufficient institutional support challenged the full realization of transpersonal caring in everyday practice.

Vergano M., et al. (2026) 'Sliding Doors at the Bedside: Conditional Outcomes and Moral Judgments in End-of-Life Care.' ***Critical Care (London, England)*11 Apr 2026.**

Intensive care medicine has increasingly embraced shared decision-making and advance care planning as core components of good clinical practice. Nonetheless, clinical reasoning is sometimes implicitly framed as a linear, biologically driven process. In contexts of prognostic uncertainty, this framing risks obscuring a structural feature of decision-making: the constitutive role of value-based judgments in shaping prognosis and outcomes.

Volandes A.E., et al. (2026) 'Effect of Emergency Department-Initiated Video-Enhanced Advance Care Planning on Documentation and Goal-Concordant Care: A Randomized Clinical Trial.' ***Journal of General Internal Medicine* 2026.**
Background: Advance care planning (ACP) is widely promoted; however, it remains unclear if documentation translates to goal-concordant care aligned with patient values.Objective(s): To determine whether emergency department-initiated video-enhanced ACP increases documentation and improves goal-concordant care among decedents. Conclusion(s): Video-enhanced ACP increased documentation rates. Among decedents, goal-concordance was higher in the intervention group, suggesting ED-initiated ACP may help align care with patient preferences.

Weisser A., et al. (2026) 'New Technology must Support, Not Restrict Humaneness: A Qualitative Interview Study on the Potential Influences of a New Digital System on Specialist Palliative Home Care.' ***BMC Palliative Care 25*(1)Article Number: 87. 01 Dec 2026.**
This study aims to gather perceptions and expectations regarding digital technologies in specialist palliative home care, exemplified by a proposed system. Conclusion(s): Despite its conceptual nature, the TEAM-X system elicited valuable user insights, identifying both benefits and critical requirements for successful implementation. Meeting the concrete and realizable derived requirements

thoroughly, such as enhancing data security, maintaining human interaction, and ensuring user-friendliness, could enable the system to support specialist palliative home care effectively.

West E., et al. (2026) **'Determining Six-Month Prognosis among People with Dementia Living in Care Homes: A Systematic Review of Prognostic Tools.'** ***Age and Ageing 55*****(4)01 Apr 2026.**
Background: Dementia is a leading cause of death among residents in care home settings internationally. Proactive identification of those approaching end-of-life can support future care planning, respecting preferences. Conclusion(s): While identified predictors have clinical congruence, there is significant variability in how these are assessed and operationalised and in the application of prognostic tools. Specific prediction of mortality remains challenging and would benefit from further research to adapt and validate dynamic prognostic tools for use in practice.

Williams E., et al. (2026) **'An Optimisation Framework for Resource Allocation in Palliative and End-of-Life Care.'** ***Scientific Reports*** **15 Apr 2026.**
End-of-life care for frail and elderly patients is frequently characterised by high healthcare utilisation, fragmented service delivery, and limited coordination, resulting in variable quality and excess cost. This study presents a proof-of-concept framework, tested using synthetic data to illustrate potential applications in strategic planning. The modelling framework demonstrates the feasibility of applying optimisation to anticipatory planning, enabling comparison of service configurations and supporting more coordinated, efficient, and patient-centred end-of-life care.

Xu Y., et al. (2026) **'Moral Injury and Influencing Factors among Palliative Care Nurses : A Cross-Sectional Study.'** ***BMC Palliative Care*** **15 Apr 2026.**

Moral injury has emerged as an important ethical and psychosocial concern in healthcare. Palliative care nurses frequently encounter ethically challenging situations and sustained emotional demands, yet evidence on the extent of moral injury and its associated factors remains limited.

Yan C., et al. (2026) **'"Family-as-Root" and "Family-Centeredness" in Hospice Care: A Concept Analysis and Implications for Nursing Practice.'** ***BMC Palliative Care*** **10 Apr 2026.**

This study conceptualizes and clarifies “Family-as-Root” - a culturally grounded, ontological-axiological orientation to family that is widely recognizable in Chinese contexts but remains under-theorized in international hospice literature - and distinguishes it from, while relating it to, “Family-Centeredness” in hospice care.

Yoshida M., et al. (2026) **'Effective Practices and Transdisciplinary Team-Based Approaches in Home Palliative Care for Terminal Cancer Patients: A Qualitative Descriptive Study.'** ***BMC Palliative Care*****17 Apr 2026.**

We aimed to qualitatively identify key practices in home-based palliative care that should be shared among professionals within a transdisciplinary team approach, which may offer solutions to these challenges.

Young, J. (2026) **'Palliative Care: Navigating the Nurse's Evolving Role.'** ***Nursing Standard.*** **13 Apr 2026.**
Palliative care is undergoing a significant transformation, driven by a global ageing

population, a corresponding rise in chronic conditions and a growing need for integration across health and social care settings. Nurses are considered the primary providers of palliative care, supporting people with life-limiting illnesses in the home, hospital, care home and hospice environments. This article explores two domains that support a person-centred approach to palliative care: developing knowledge and skills; and leading and influencing care.

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