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Emergency care for palliative patients in the emergency room: A literature review

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Abstract

Background: A lot of research has been done on the treatment of palliative patients who come to the emergency department. Although there are several models, it is still difficult to integrate palliative care into the ED.
Purpose: To determine how emergency care for palliative patients is implemented in the emergency department.
Method: The PCC framework (Population: palliative patients, Concept: emergency care, Context: emergency department) was used to generate the article questions for this literature review. A search for articles was conducted during November and December, 2024. Pubmed, the ScientDirect database and other resources were used as data sources. “Palliative care" OR "palliative medicine" OR "hospice and palliative care nursing" AND "emergency treatment" OR "emergency medical services" AND "emergency room" OR "ER" were used as keywords.
Results: Emergency care for palliative patients in emergency room has been implemented with a focus on symptom management and reducing the patient's suffering, maintaining patient comfort and involving families in decision making, with effective communication being essential. However, there are still serious barriers and challenges such as lack of staff education, problems with current emergency department systems and processes.
Conclusion: The knowledge and skills of nurses and other health workers need to be improved and more in-depth studies need to be carried out so the implementation of palliative patient care in emergency cases can be optimized.

Keywords: Emergency; Palliative; Treatment.

INTRODUCTION

Palliative care is an interdisciplinary approach that addresses physical, emotional, spiritual, and socioeconomic factors (Prachanukool, George, Bowman, Ito, & Ouchi, 2023). Its goal is to minimize suffering for patients and their families with life-threatening illnesses while enhancing their quality of life as much as possible. Palliative care is a strategy that helps patients (adults and children) and their families deal with issues related to life-threatening diseases. Through early detection, appropriate evaluation, and treatment of pain and other physical, psychological, and spiritual issues, it avoids and lessens suffering (World Health Organization, 2020). Palliative care is an effective approach for patients whose disease cannot be cured, aiming to alleviate suffering and improve patients' and their families' quality of life by anticipating problems that may arise and minimizing the impact of disease progressivity so that patients can function as much as possible according to their condition before finally dying (Witjaksono, 2021).

Based on data from the WHO, Chronic conditions include cardiovascular illness (38.5%), cancer (34%), chronic respiratory disease (10.3%), AIDS (5.7%), and diabetes (4.6%), are majority of adult who need palliative care. An estimated 56.8 million

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people require palliative care each year; the majority of these individuals are in low- and middle-income nations. In Indonesia, palliative care has been incorporated into the national health system, with "palliative care policy" Minister of Health Decree No. 812/Menkes/SK/VII/2007. However, its implementation faces numerous challenges, resulting in significantly slower development compared to other countries in southeast Asia (Witjaksono, 2021). Primary palliative care and specialized palliative care are two widely accepted approaches of providing palliative care. In order to improve the overall quality of care for patients, primary palliative care refers to the fundamental palliative care skills that can be used in any kind of care setting, including emergency situations. Primary palliative care helps patients establish their values and goals for treatment and results by addressing their suffering or distress and offering support and shared medical decision-making (Prachanukool et al., 2023).

Palliative patients often experience physical or psychosocial distress that might lead to visit an emergency department. A research of patients older than 65 years by smith et al, found that 75% visited the ed in last 6 months of their life and 51% in the last month, many of them made readmissions (Mierendorf & Gidvani, 2014). The most frequent reason adult patients visit the emergency department is pain, which is particularly common among palliative patients (Verhoef, De Nijs, Fiocco, Heringhaus, Horeweg, & Van Der Linden, 2020). Pain is a complicated phenomenon with physical, psychological, social, and spiritual components that each patient experiences individually (Prachanukool et al., 2023). In addition to pain dyspnea also often causes palliative patients to enter the emergency room. Dyspnoea is a subjective feeling of difficulty breathing that grows more frequently and severe in the last few weeks of palliative patients (Prachanukool et al., 2023). Additional symptoms that often cause palliative patients to come to the emergency room are nausea/vomiting, constipation, depression, anxiety, and delirium. Many people who are nearing the end of their lives have nausea or vomiting; the prevalence varies from 16% to 68%, depending on the illness process. Advanced illness, drug side effects, infection, bowel blockage, constipation, cerebral processes, metabolic abnormalities, or psychological stress are a few of the typical reasons of nausea and vomiting. Unbearable nausea or vomiting might not only cause immediate pain but also interfere with a patient's ability to take other oral drugs, drink water, and eat (Prachanukool et al., 2023).

Numerous studies have examined how medical professionals view the delivery of palliative care in the emergency room, and a great deal of work has been done to examine how patients with advanced chronic or palliative illness and their families are treated when they arrive at the emergency room. Although there are several models, it is still difficult to integrate palliative care into the emergency room. Major obstacles to addressing palliative care needs include the fact that national health policies and systems frequently exclude palliative care, that healthcare professionals' training in palliative care is frequently restricted to triage to ed management, and that while there are best practices in palliative and end-of-life care for terminally ill patients, some areas still need more research and there is a paucity of review literature on how to implement palliative patient care in emergency cases.

According to the description given above, it is critical to understand how palliative care is implemented in the emergency room for palliative patients who encounter emergency situations based on the findings of earlier research. It is anticipated that the outcomes of this literature review will give a summary of the work that has been done and the difficulties and problems associated with palliative care in emergency situations. In addition, the importance of this literature review is expected to be a source of reference for similar studies.

RESEARCH METHOD

The article questions for this literature review were developed using the PCC framework (Population: palliative patients, Concept: emergency care, Context: emergency department). The article search conducted during November and December 2024. This study used secondary data, which was gathered from earlier research rather than direct observation. Secondary data sources were international publications with specified themes. As indicated in table 1 below, PubMed and Scient Direct were the data sources used, along with additional literature sources that used key words and mesh keywords.

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Search terms and algorithm for a terminology database with mesh terms. The syntactic search strategy was (("palliative care" OR "palliative medicine" OR "hospice and palliative care nursing" AND ("emergency treatment" OR "emergency medical services")) AND ("emergency room" OR "ER").

Eligible studies were selected according to the eligibility criteria based on the criteria of articles discussing the application of emergency palliative care, articles discussing nurse skills related to handling emergency cases in palliative patients, articles published in English and the publication year of the articles used ranged from 2014-2024, and articles available in the form of full-text articles. These criteria were used to include this article source in the literature. Articles in the form of scooping review, literature review or meta-analysis were not included in the discussion.

RESEARCH RESULTS

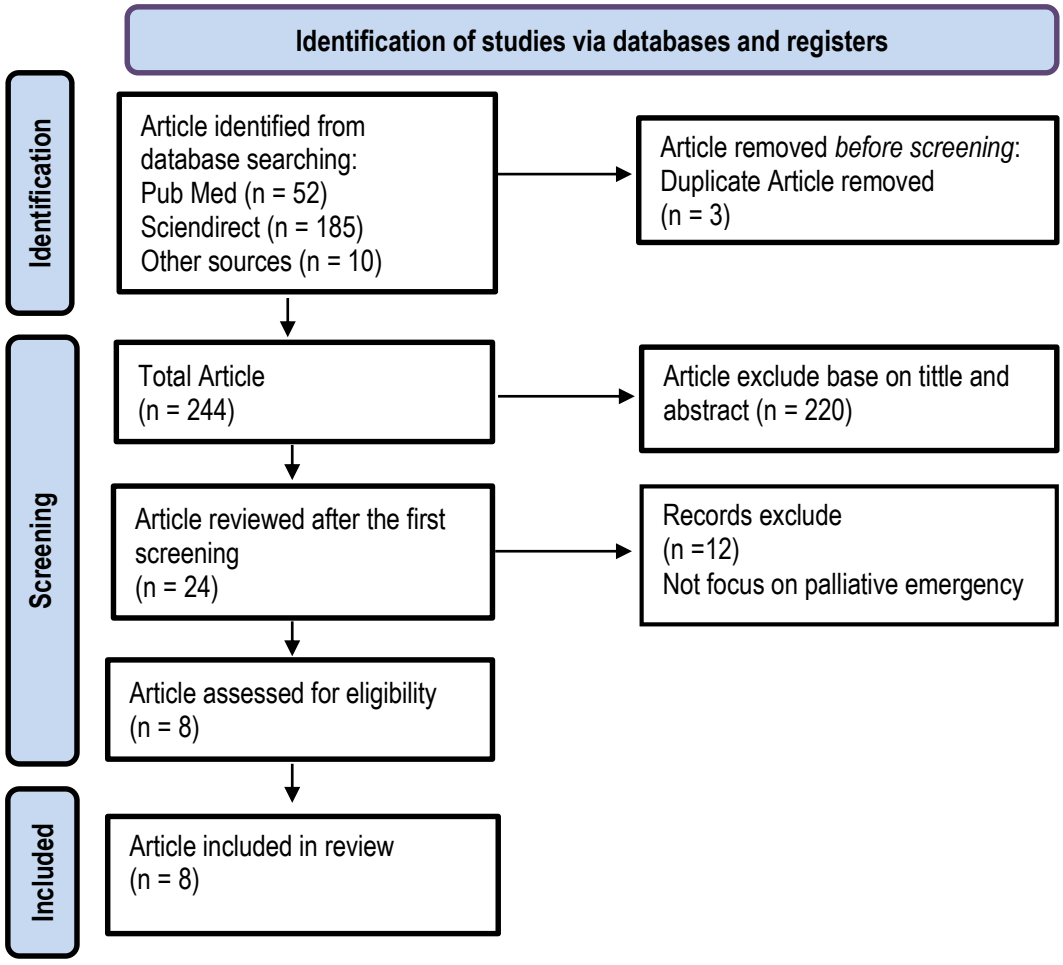


Figure Prism Flowchart

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In the first phase of the search (identification), 247 papers were found utilizing two databases and additional sources: 185 from Science Direct, 52 from the PubMed database, and 10 from other sources. Additionally, during the screening phase, three articles were discovered to be duplicates, which required their removal. There were 244 items left after removing the duplicates. The next step involved reviewing the article titles; those that didn't fit the requirements were eliminated. A comprehensive assessment was carried out following selection based on the abstract to see whether the abstract genuinely existed and whether its substance was appropriate. After examining the titles and abstracts, it was discovered that just 24 of the 244 papers satisfied the requirements. The findings of the full-text review were used to establish the publications' eligibility at a later stage (Eligibility). Twelve publications were eliminated because they were scooping reviews, systematic literature reviews, or meta-analyses out of the 20 full-text articles that were discovered at that point. The fact that these papers did not address palliative care in emergencies was another factor in their exclusion. Eight publications were reviewed for this literature review after being screened using the inclusion and exclusion criteria.

The eight articles reviewed consisted of various research designs, one article using a mixed methods design, three quantitative (cross-sectional and cohort) and four qualitative. The detailed findings of the articles are described in the table below. Some important points in the findings are:

The focus of palliative care in emergency cases, palliative care in emergency cases is a holistic approach to care, which focuses on managing symptoms and alleviating the suffering of patients with chronic diseases and defines hospice care as end-of-life care that focuses on maintaining patient comfort and involving families in decision making. Communication and information sharing between doctors, patients, and family caregivers is the most important priority identified including communication about treatment plans and prognosis so that optimal care is achieved. When providing end-of-life care in the emergency room, nurses use their artistic and personal knowledge to treat patients with dignity and respect. The development of empirical information about aging and supportive medical care, as well as ethical understanding to facilitate the transition from resuscitation to end-of-life care, is suggested by a dignified approach to dying care in the emergency department. Palliative care patients are more frail, more seriously ill, and have higher in-hospital mortality rates than other acute patients. More opioids, more frequent endotracheal extubations, and less epinephrine were administered to palliative care patients. The palliative care group did not vary from the conventional care group in terms of hospital expenses or length of stay.

Barriers and challenges in palliative patient care in the ED, barriers found in palliative care in the ED based on the results of the review of several articles are, lack of access to palliative services, lack of nursing staff in palliative patient care, lack of education about palliative care. Different perspectives on when specialist palliative care is needed in palliative patients undergoing emergency cases. In another study, respondents identified various problems with current emergency department systems and processes, including a mismatch between the needs of palliative care patients and the traditional emergency department model of care. Changes in participants' expectations, both at a personal and system level, are an important consideration, as emergency departments are not always prepared to meet the needs of older adults with palliative care. Paramedics recognized the palliative care status of patients in only about half of all patients and did not recognize it at all in almost a third of cases. The majority of palliative care patients are transported to the emergency department, which is not in line with palliative care principles. Health care professionals feel they do not have the necessary skills and training to properly manage palliative care patients. The Emergency Department environment is considered inadequate to provide proper palliative care, lacking privacy and time to communicate. More details can be seen in the table below.

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Table Summary of Selected Articles

(Author, Year) (Country)	Design	Subject/Purpose	Results
(Saucier, 2018) (California)	Mixed method	Qualitative component: Grounded theory approach with structured interviews of 8 participants (emergency physician, hospital administrator, nurse practitioner, clinical nurse specialist, and case manager) at a hospital in Southern California. Quantitative component: 35 emergency nurse practitioners who are members of the American Academy of Emergency Nurse Practitioners (AAENP) obtained an online survey.	Participants described palliative care as a comprehensive method of treatment that aims to manage symptoms and reduce the suffering of people with long-term conditions. According to the participants, hospice care is end-of-life treatment that emphasizes patient comfort and family participation in decision-making. Participants noted several obstacles to utilizing palliative care services in the emergency department, such as limited staff availability, lack of knowledge about palliative care, and lack of access.
(Tenge et al., 2024) (Germany)	Qualitative study	Explore the perceptions of specialists in emergency departments (EDs) and intensive care units (ICUs) regarding the need for specialist palliative care (SPC) involvement during and after cardiopulmonary resuscitation (CPR).	A person's role, area of practice, and level of SPC knowledge all influence how necessary they believe SPC should be during and after CPR. Clinicians have varying perspectives on when SPC should be involved in CPR, with some considering CPR itself as a trigger while others identify other patient factors as more relevant triggers. Clinicians have diverse opinions on how SPC should be implemented, with the focus of emphasis on the communication skills of the SPC team.
(Wright et al., 2021) (United Kingdom)	Qualitative study	Participants included four family caregivers and six patients aged 65 and over who required palliative care. Interviews that were narrated, captured on video, or recorded on audio to determine their experiences	Communication and information sharing between doctors, patients, and family caregivers was the most important priority identified by participants Participants identified various problems with current emergency department systems and processes, including a mismatch between the needs of palliative care patients and the traditional emergency

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(Author, Year) (Country)	Design	Subject/Purpose	Results
			department model of care. Changes in participants' expectations, both at the personal level and the system level. Emergency departments are not always prepared to meet the needs of older adults with palliative care.
(Burnitt et al., 2024) (Australia)	Qualitative:	The purpose of this study is to better understand the lived experiences of nurses who offer end-of-life care to elderly patients (65 years of age and over) in the emergency room using a hermeneutic phenomenological method.	In order to present the dying patient as a human being, emergency department nurses who provide end-of-life care draw on their aesthetic and personal expertise. Given how death is conceptualized in the emergency room, it is necessary to acquire empirical knowledge about aging and supportive medical treatment in addition to ethical understanding to facilitate the transition from resuscitation to end-of-life care.
(Waller et al., 2023) (Australia)	Cross-sectional descriptive survey	Outpatient clinics at a major regional hospital in Australia served as the recruitment site for the participants. 181 individuals (60% of eligible participants) in all filled out a survey that asked them about their sociodemographic details and their opinions on the best care for patients with brain cancer who arrive at the emergency room.	Participants considered effective symptom management, clear communication of the treatment plan and prognosis, and involving surrogate decision-makers as the most important components of optimal care for brain cancer patients in the emergency department.

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(Author, Year) (Country)	Design	Subject/Purpose	Results
(Pesonen et al., 2024) (Finland)	Retrospective cohort	The study population was chosen based on patients who received a palliative care diagnosis (ICD-10 code Z51.5) between August and December 2021 and passed away before April 2022. The study was focused on the Tampere University Hospital area in Finland between August 2021 and April 2022. Information was gathered from patient electronic records during the four weeks prior to the palliative care diagnosis until the patient's passing.	Paramedics frequently overlook the fact that patients receiving palliative care are less of a burden on emergency medical services. Paramedics recognized the patient's palliative care status in only about half of the calls, and did not recognize it at all in almost a third of cases. The majority of palliative care patients are transported to the emergency department, which is not in line with the principles of palliative care.
(Di Leo et al., 2019) (Italy)	Qualitative	Twenty-one emergency department personnel (nurses, doctors, and nursing assistants) participated in focus groups. Semi-structured interviews with 6 patients and 5 relatives who had visited the Emergency Department	In the emergency room, the priorities of patients and their families diverge from those of healthcare providers. While communication and emotional aspects are viewed as less significant, medical experts concentrate more on treating physical problems. Healthcare professionals feel they lack the necessary skills and training to properly manage palliative care patients, especially when it comes to pain management and delivering bad news. The Emergency Department environment was deemed inadequate to provide appropriate palliative care, lacking privacy and time to communicate.
(Chang et al., 2021) (Taiwan)	retrospective observational .	Conducted in Taiwan in a tertiary medical facility. In this study, 1273 patients in acute critical illness were assessed for unmet palliative care needs; 685 of these patients received palliative treatment, whereas 588 received standard care.	Palliative care recipients are more likely to be weaker, more seriously ill, and have higher in-hospital mortality rates. They also receive more opioids, more frequent endotracheal extubations, and less epinephrine. The palliative care group and the normal care group did not differ in terms of hospital expenses or duration of stay.

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DISCUSSION

Palliative care is an interdisciplinary approach that addresses physical, emotional, spiritual, and socioeconomic factors. Its goal is to minimize suffering for patients and their families with life-threatening illnesses while enhancing their quality of life as much as possible (Prachanukool et al., 2023; Ferre, Demario, & Ho, 2022). The role of nurses or health workers is very important in providing care to palliative patients. Patients with palliative conditions experience suffering that requires an integrated approach of various disciplines so that patients have a good quality of life and ultimately die with dignity. There are two widely accepted types of palliative care: specialized palliative care and primary palliative care. In order to improve the overall quality of care for the patient, primary palliative care refers to the fundamental palliative care abilities that can be applied in any type of care setting, including emergency care. By addressing suffering or distress and offering support and collaborative medical decision-making, primary palliative care assists patients in establishing their values and goals for treatment and results (Prachanukool et al., 2023).

Communication between doctors and other health workers with patients and families and between patients and families is important in palliative care (Carey, Zucca, Freund, Bryant, Herrmann, & Roberts, 2019). Patients are individuals who must be respected for their right to know or not know the condition of their illness. Patients are also individuals who have the right to determine the actions that will be taken against them if the patient still has the competence to make decisions. At the end of life many patients are no longer able to make decisions, so conversations about what will or will not be done should be decided when the patient is still fully conscious. However, the family can still be involved in decision making (Ministry of Health of the Republic of Indonesia, 2024). In this literature review, there are also results that mention communication and information sharing between doctors, patients, and family caregivers is the most important priority identified including communication about treatment plans and prognosis so that optimal care is achieved (Wright, Lowton, Hanson, & Grocott, 2021; Waller, Hullick, Sanson-Fisher, & Herrmann-Johns, 2023). This is important because palliative patients and families will feel more dignified when in every action, good and bad conditions are always communicated to them. Communication is a decision-making tool and discussion protocol that can be very helpful for providers to guide palliative patient care plans (Ferre et al., 2022). In addition, communication must also be carried out in an integrated manner between professions that handle emergency cases so that when the involvement of palliative care specialists (SPC) is needed, it can be implemented immediately. The review found that providers still have different perceptions in determining when a palliative care specialist is needed, especially for palliative patients undergoing cardiopulmonary resuscitation (Tenge, Schallenburger, Batzler, Roth, Mpembele, Stroda, Böhm, Bernhard, Jung, Meier, Kindgen-Milles, Kienbaum, Schwartz, & Neukirchen, 2024). In addition, it was found that there was a mismatch between the needs of palliative care patients and the traditional emergency department care model, meaning that communication between providers, in this case nurses and doctors, with palliative patients and families is vital so that what patients need can be facilitated (Wright et al., 2021).

In the implementation of palliative patient care in emergency cases must pay attention to the focus of palliative patient care, namely on managing symptoms and alleviating the suffering of patients with chronic diseases as well as efforts to maintain patient comfort and involve families in decision making. Nurses in this case are the service providers who are most often in contact with patients must always pay attention to the focus of palliative care in this emergency case. Nurses must provide care that makes patients comfortable and dignified as part of palliative patient care (Agustini, Satriani, Dewi, Yulistina, Dewi, Putra, Wijayanatha, & Yudha, 2023). Based on the results of the review, nurses in providing end-of-life care in the emergency department can utilize their personal and artistic knowledge to care for dying patients as a human being with dignity (Burnitt, Grealish, Crilly, May, & Ranse, 2024). However, how to care for death with dignity in the context of the emergency department shows the need to develop empirical knowledge about aging and supportive medical care, as well as ethical knowledge to assist the transition from resuscitation to end-of-life care.

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There are several barriers found in the review including, lack of access to palliative care, lack of nursing staff in palliative patient care, lack of education about palliative care (Saucier, 2018). This suggests that more organization is needed regarding access, and an increase in the number of personnel who have knowledge of palliative care in emergency cases. To increase the knowledge of the nurse in palliative care can be used TLT based palliative learning model as the result of the previous research (Agustini, Nursalam, & Sukartini, 2023). The integration of palliative care services into primary care needs to be utilized to improve access to early palliative care health services and further improve symptom control, medication adherence, quality of life, and overall satisfaction (Alshammary, Duraisamy, Salem, & Altamimi, 2020). In the review, it was also found that paramedics recognized the palliative care status of patients in only about half of all patients, meaning that palliative patients in the emergency department are not always recognized that they come with complaints as palliative patients so there is a need for further structuring the triage of emergency palliative patients and increasing knowledge and skills in the care of palliative patients in emergency cases. Recognition of palliative patients at the time of triage is very important to provide palliative care according to the focus of care interventions (Goett, Isaacs, Chan, Wang, Aberger, Pearl, Rosenberg, Loffredo, & Lamba, 2023). In another study, it was also said that health care professionals felt they did not have the necessary skills and training to properly manage palliative care patients. Another barrier found in the review was that the Emergency Department environment was considered inadequate to provide appropriate palliative care, lack of privacy and time to communicate (Saucier, 2018). In accordance with the focus of emergency care for palliative patients, nurses must provide care by prioritizing patient comfort and the importance of communication, of course this is contrary to what was found in the review, so the arrangement and management of the room is also very necessary.

Palliative patient care in emergency cases requires special arrangements in the emergency room because the focus of their treatment is different from acute patient emergencies, according to the review obtained that the difference is that emergency palliative patients are handled on reducing symptoms and providing comfort and maintaining patient dignity and the importance of communication between patients, providers and families while in acute emergency cases the focus is on physical symptoms without eliminating other foci but prioritizing physical symptoms. Another distinction is that compared to acute emergency patients, acute critically ill patients getting palliative care are weaker, more critical, and have a greater in-hospital mortality rate (Wilson, English, Owyang, Chimelski, Grudzen, Wong, Aslakson, Aslakson, & Vickey, 2020). The palliative care group did not differ from the usual care group in terms of length of hospital stay or hospital expenses, although palliative care patients received more opioids, more frequent endotracheal extubations, and less epinephrine than acute emergency patients.

CONCLUSIONS

Emergency care for palliative patients in emergency room has been implemented with a focus on symptom management and reducing the patient's suffering, maintaining patient comfort and involving families in decision making, with effective communication being essential. However, there are still barriers and serious challenges such as the lack of education or knowledge of emergency staff about palliative patient care in emergency cases, differences in perspective between staff and problems with current emergency department systems and processes, including a mismatch between the needs of palliative care patients and the existing emergency department care model.

SUGGESTIONS

The knowledge and skills of nurses and other health workers who handle palliative patients in emergency cases need to be improved and more in-depth studies need to be carried out so that the implementation of palliative patient care in emergency cases can be optimized.

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