

Is there evidence that palliative care teams alter end-of-life experiences of patients and their caregivers.

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Journal of Pain and Symptom Management

Volume 25, Issue 2, February 2003, Pages 150-168

Review articles

Is There Evidence That Palliative Care Teams Alter End-of-Life Experiences of Patients and Their Caregivers?

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[https://doi.org/10.1016/S0885-3924\(02\)00599-7](https://doi.org/10.1016/S0885-3924(02)00599-7)

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Abstract

Palliative care provision varies widely, and the effectiveness of palliative and hospice care teams (PCHCT) is unproven. To determine the effect of PCHCT, 10 electronic databases (to 2000), 4 relevant journals, associated reference lists, and the grey literature were searched. All PCHCT evaluations were included. Anecdotal and case reports were excluded. Forty-four studies evaluated PCHCT provision. Teams were home care (22), hospital-based (9), combined home/hospital care (4), inpatient units (3), and integrated teams (6). Studies were mostly Grade II or III quality. Funnel plots indicated slight publication bias. Meta-regression (26 studies) found slight positive effect, of approximately 0.1, of PCHCTs on patient outcomes, independent of team make-up, patient diagnosis, country, or study design. Meta-analysis (19 studies)

demonstrated small benefit on patients' pain (odds ratio [OR]: 0.38, 95% confidence interval [CI]: 0.23–0.64), other symptoms (OR: 0.51, CI: 0.30–0.88), and a non-significant trend towards benefits for satisfaction, and therapeutic interventions. Data regarding home deaths were equivocal. Meta-synthesis (all studies) found wide variations in the type of service delivered by each team; there was no discernible difference in outcomes between city, urban, and rural areas. Evidence of benefit was strongest for home care. Only one study provided full economic cost-benefit evaluation. This is the first study to quantitatively demonstrate benefit from PCHCTs. Such comparisons were limited by the quality of the research.



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Keywords

Palliative care; terminal care; systematic review; hospital; hospice; home care; end-of-life; evaluation; cost-effectiveness

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