

# Hospital-based specialist palliative care may slightly improve patient experience

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*A Cochrane Review* into the effectiveness of hospital-based specialist palliative care has found evidence that when compared to usual care, it may slightly improve patient satisfaction and depression, and increase the chances of patients dying in their preferred place (measured by home death).

The effectiveness and cost-effectiveness of hospital-based specialist palliative care for adults with advanced illness and their caregivers was produced by an international group of researchers led by Dr. Sabrina Bajwah from the Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation at King's College London and funded by the National Institute for Health Research (NIHR). A *Cochrane Review* is a study of all the best available evidence generated through research in [health care](#) and [health policy](#), which are published in the *Cochrane Database of Systematic Reviews*.

Most people die in hospital and although the numbers of hospital-based specialist palliative care teams are increasing in response to unmet palliative care needs, there is a lack of clarity around whether they are effective. An earlier *Cochrane Review* has provided valuable evidence on the effectiveness and cost-effectiveness of home palliative care services (Gomes 2013)<sup>1</sup>. However, there is no such available evidence for specialist palliative care in hospital.

Researchers looked at evidence from 42 randomized controlled trials involving 6,678 patients and 1101 caregivers/family members. The evidence was found to be low quality and therefore should be interpreted with caution. However, hospital-based specialist palliative care may offer small benefits for several patient-centered outcomes including health-related quality of life, symptom burden, depression and satisfaction with care. The review also showed that those receiving hospital-based specialist palliative care may have 1.63 higher odds of dying in their preferred place (measured by home death). The 1.63 higher odds translate to an increase of 22% in the likelihood of dying in the patient's preferred place (confidence intervals 8% to 39%). While the review found no evidence that hospital specialist palliative care causes serious harms, the evidence was insufficient to draw strong conclusions.

Dr. Sabrina Bajwah, Clinical Senior Lecturer at King's College London said: "Population-based projections have indicated that palliative care needs will increase in the future<sup>2</sup>. Whilst we should interpret the results with caution, our systematic [review](#) provides clinicians, policy makers and funders with some clarity on the benefits of hospital palliative care.

"This may help make informed decisions when looking to prioritize further commissioning of hospital-based specialist palliative care. It also provides patients and their care givers valuable information to inform treatment choices on how hospital palliative care may be able to help improve patient centered care and increase the chances of dying in their preferred place, which is often at home. The provision of palliative care is an ethical imperative for those unlikely to survive and may have the advantage of diverting dying people away from overburdened hospitals as well as providing the care that people want. These benefits may be especially clinically relevant during pandemics and at an advanced stage of disease."

**More information:** et al, The effectiveness and cost-effectiveness of hospital-based specialist palliative care for adults with advanced illness and their caregivers, *Cochrane Database of Systematic Reviews* (2020). [DOI: 10.1002/14651858.CD012780.pub2](https://doi.org/10.1002/14651858.CD012780.pub2)

Provided by King's College London

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