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The Literature Review of Palliative Care Interventions for Surgical Patients

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ABSTRACT

Background: The integration of palliative care into surgical settings has gained increasing attention in recent years, reflecting a growing recognition of the importance of addressing patients' holistic needs throughout the surgical continuum. **Literature Review:** The reviewed literature highlights a significant shift in professional beliefs regarding the implementation of palliative care alongside surgical interventions, suggesting that such integration can enhance patient outcomes and quality of life. The efficacy of preoperative psychological interventions is also examined, revealing short-term benefits but insufficient evidence regarding long-term outcomes. Finally, the prognostic determinants of health in cancer patients requiring emergency surgical consultation are investigated, emphasizing the role of early palliative care involvement in improving symptom management and potentially prolonging life. **Conclusion:** In conclusion, the integration of palliative care interventions within surgical contexts is essential for addressing the holistic needs of patients. The literature consistently advocates for early involvement of palliative care teams, the incorporation of spiritual and psychological support, and the establishment of structured protocols to enhance patient outcomes. These findings underscore the necessity of a paradigm shift in surgical practice that embraces palliative care as a core component of patient management.

Keyword: Palliative Care Interventions, Surgical Patients

INTRODUCTION

The integration of palliative care into surgical settings has gained increasing attention in recent years, reflecting a growing recognition of the importance of addressing patients' holistic needs throughout the surgical continuum. (Hahne et al., 2017) highlight a significant shift in professional beliefs surrounding palliative care within surgical departments, advocating for its implementation alongside other treatments regardless of prognosis. Their qualitative evaluation underscores the necessity of enhancing communication, decision-making, and the delivery of palliative care to improve patient outcomes and quality of life. They propose a combined approach that incorporates both consultation and integration strategies, facilitated by frameworks such as the PARiHS model, to foster collaboration between acute care and palliative care teams.

Building on this foundation, (Ngozi Ogbuji, 2019) emphasizes the critical role of spiritual care in preoperative nursing, asserting that nurses are pivotal in providing holistic, patient-centered care. The

systematic review presented in this article reveals a gap in research regarding the impact of spiritual care on patients' coping mechanisms during the surgical process. By establishing evidence-based guidelines for spiritual care, (Ngozi Ogbuji, 2019) aims to empower nurses to enhance patient comfort and well-being, thereby contributing to a more comprehensive approach to preoperative care.

(C. Ferre et al., 2022) further explore the intersection of palliative care and surgical intervention by focusing on trauma and emergency general surgery. Their narrative review articulates the goals of palliative care for acute care surgery patients and evaluates existing literature on the implementation of palliative programs. This analysis underscores the necessity of developing structured palliative care protocols within surgical contexts to address the unique challenges faced by this patient population.

(Hanalis-Miller et al., 2022) contribute to the discourse by examining the efficacy of preoperative psychological

interventions on various health indices in oncology patients. Their scoping review reveals that while these interventions can yield short-term benefits, evidence supporting long-term outcomes remains insufficient. The findings suggest a need for further research to ascertain the lasting impacts of psychological support in the surgical setting, particularly concerning survival rates and overall health.

Lastly, (Taqi et al., 2022) investigate the prognostic determinants of health in cancer patients requiring emergency surgical consultation. Their study highlights the role of early palliative care involvement in enhancing symptom management and potentially prolonging life. By employing the "palliative triangle" communication strategy, they illustrate how preoperative discussions around treatment goals can significantly influence surgical decisions and patient outcomes. Their findings reinforce the notion that goal-directed palliative care is a vital component of surgical planning, with implications for improving both survival rates and

quality of life for patients undergoing surgery.

Together, these articles illustrate a comprehensive landscape of palliative care interventions within surgical contexts, emphasizing the necessity of integrating holistic approaches to patient management that encompass physical, emotional, and spiritual dimensions.

LITERATURE REVIEW

The article "Changes in professionals' beliefs following a palliative care implementation programme at a surgical department: a qualitative evaluation" by (Hahne et al., 2017) presents a significant exploration into the integration of palliative care within surgical settings. The authors highlight a transformative shift in the approach to patient care, advocating for the provision of palliative care alongside curative treatments, regardless of the patient's prognosis. This perspective is particularly crucial in surgical contexts, where patients often face complex decision-making scenarios that affect their overall quality of life.

One of the key insights from the article is the emphasis on

communication, decision-making, and the delivery of palliative care as essential components that can enhance patient outcomes. The authors argue that healthcare professionals develop shared beliefs through their interactions with patients and families, which can significantly influence the implementation of palliative care practices. This underscores the necessity of fostering a culture that embraces palliative care principles, thereby enhancing the psychosocial and emotional support provided to patients undergoing surgical procedures.

The article distinguishes between two strategies for integrating palliative care: the consultation strategy and the integration strategy. The consultation strategy involves increasing the involvement of specialist palliative care teams, which can provide expert guidance and support. In contrast, the integration strategy seeks to embed palliative care principles into the daily routines of surgical practice. (Hahne et al., 2017) suggests that a combined approach, incorporating elements of

both strategies, may yield the most favorable outcomes for patients.

Moreover, the authors reference implementation science frameworks, particularly the PARiHS model, which identifies critical factors such as evidence, context, and facilitation in the successful integration of palliative care. This model serves as a valuable guide for healthcare institutions aiming to enhance their palliative care offerings. The authors advocate for a paradigm shift in the perception of death, challenging the prevalent belief that it signifies failure. Instead, they propose viewing death as a natural part of life, which could potentially alleviate the anxiety surrounding end-of-life discussions and improve the overall care experience for patients and families.

The article "Improving Spiritual Care in Preoperative Nursing" by (Ngozi Ogbuji, 2019) presents a systematic review aimed at enhancing the understanding and implementation of spiritual care in the preoperative context for surgical patients. (Ngozi Ogbuji, 2019) identifies a significant gap in the

existing literature regarding the impact of spiritual nursing care on patient coping mechanisms during both intraoperative and postoperative recovery phases. This gap underscores the necessity for a more holistic approach to patient care, particularly in surgical settings where stress and anxiety are prevalent.

(Ngozi Ogbuji, 2019) emphasizes the role of nurses as frontline caregivers who spend considerable time with patients and their families, thereby positioning them uniquely to address not only physical but also spiritual needs. The article references the definition of spiritual needs as articulated by Forouzi et al. (2017), which encompasses the quest for meaning, purpose, and value in life. This broader understanding of spirituality aligns with the World Health Organization's (2003) perspective that spiritual and religious dimensions should be integral to patient management. Such a framework advocates for a patient-centered approach that recognizes the diverse belief systems that influence patients' experiences and coping strategies.

The systematic review culminates in the proposal of evidence-based guidelines for spiritual care that aim to bolster nurses' confidence in providing this essential aspect of care. (Ngozi Ogbuji, 2019) argues that these guidelines can lead to improved patient outcomes, including enhanced comfort, reduced anxiety, and better postoperative recovery. The potential for positive social change is highlighted, as the integration of spiritual care practices into preoperative nursing could empower patients to engage in their spiritual rituals, thereby addressing their holistic needs.

Critically, while the article effectively outlines the importance of spiritual care, it could benefit from more robust empirical evidence demonstrating the direct impact of such interventions on surgical patients' recovery outcomes. The reliance on existing literature to form guidelines, while valuable, raises questions about the need for further research to establish a clearer causal relationship between spiritual care and patient recovery metrics. Moreover, the implementation of

these guidelines in diverse clinical settings may encounter challenges related to varying levels of nurse training and institutional support for spiritual care practices.

The article "Narrative review of palliative care in trauma and emergency general surgery" by (C. Ferre et al., 2022) provides a comprehensive examination of the integration of palliative care within the context of acute care surgery. The authors aim to elucidate the goals of palliative care specifically for surgical patients, emphasizing the necessity of such interventions in trauma and emergency settings.

One of the key insights presented in the article is the recognition that palliative care is not limited to end-of-life scenarios; rather, it is a holistic approach that can significantly enhance the quality of life for patients undergoing surgical procedures. The authors argue that palliative care should be considered an essential component of surgical care, particularly for those with complex medical needs or poor prognoses. This perspective challenges traditional views that often

segregate palliative care from curative treatment, advocating for a more integrated model that addresses both symptom management and psychosocial support.

The review systematically discusses various palliative care interventions, such as pain management, emotional support, and advanced care planning, tailored to the unique challenges faced by surgical patients. The authors highlight the importance of early involvement of palliative care teams, suggesting that timely interventions can lead to improved patient outcomes, including reduced anxiety, better pain control, and enhanced satisfaction with care. This assertion is supported by a growing body of literature that underscores the benefits of early palliative care engagement in surgical settings.

Moreover, the article critically evaluates the barriers to implementing palliative care programs in trauma and emergency surgery. The authors identify systemic issues, such as a lack of training among surgical staff regarding palliative principles and

insufficient institutional support, which hinder the integration of these services. By addressing these challenges, the authors call for a paradigm shift in surgical practice that embraces the principles of palliative care as an integral part of patient management.

The article titled "The Effect of Pre-operative Psychological Interventions on Psychological, Physiological, and Immunological Indices in Oncology Patients: A Scoping Review" by (Hanalis-Miller et al., 2022) provides a comprehensive overview of the impact of pre-operative psychological interventions on surgical patients, particularly within the oncology context. The review synthesizes findings from 21 studies, categorizing them into two main types of interventions: relaxation techniques and integrated therapeutic modalities.

One of the key insights from the review is the short-term effectiveness of pre-operative psychological interventions in reducing anxiety and distress among patients. The article highlights that while there are promising indications

that these interventions can enhance psychological well-being immediately before and after surgery, the evidence for long-term benefits remains inconclusive. For instance, the study by Burton et al. (1995) demonstrated a reduction in post-operative anxiety levels among breast cancer patients who received a personalized pre-operative intervention; however, it did not show a significant impact on recurrence rates within 1-2 years post-surgery. This raises questions about the sustainability of psychological benefits and their potential influence on long-term health outcomes.

Moreover, the review emphasizes the importance of integrated approaches that combine multiple intervention strategies. The authors reference a study by Kuchler et al. (2007), which implemented a comprehensive intervention that spanned the pre-operative period and continued through hospitalization and discharge. This study noted a difference in survival rates over a 10-year follow-up, suggesting that more extensive and sustained interventions might yield better long-term outcomes. However, the authors also

caution that the lack of consistent reporting on long-term cancer outcomes across studies limits the ability to draw definitive conclusions.

The article adeptly identifies a gap in the literature concerning the long-term effects of pre-operative psychological interventions, particularly in relation to survival and health measures. The authors argue that further research is necessary to explore the potential for these interventions to impact long-term cancer outcomes, especially in the context of integrated therapeutic approaches. This critical evaluation underlines the need for a more robust methodological framework in future studies to assess not only the immediate psychological benefits but also the enduring effects on patients' health and survival.

The article "Emergency surgical consultation for cancer patients: identifying the prognostic determinants of health" by (Taqi et al., 2022) provides an insightful examination of the role of palliative care in surgical settings for cancer patients. The authors assert that the integration of palliative care teams

can significantly enhance both the quality of life and longevity of patients undergoing surgical interventions. This assertion is supported by evidence indicating that surgical palliation consultations occur in a substantial proportion of cases, ranging from 18% to 40% at major surgical facilities.

A key concept introduced in the article is the "palliative triangle," which serves as a communication framework that facilitates discussions among patients, families, and healthcare providers regarding treatment goals, the anticipated durability of surgical procedures, and potential postoperative complications. This model emphasizes the importance of preoperative conversations that align treatment objectives with the patients' values and preferences, thereby fostering a more patient-centered approach to care.

The authors reference the ENABLE III trial, which highlighted that patients receiving early palliative care involvement had improved one-year survival rates compared to those who experienced delays in palliative

care integration. This finding underscores the critical timing of palliative interventions and their potential to optimize outcomes for surgical patients. Furthermore, the study reports that approximately 31.2% of surgeries performed were with palliative intent, indicating a significant intersection between surgical management and palliative care.

The article also discusses the favorable outcomes associated with goal-directed palliative surgical therapy, noting that patients who underwent such procedures exhibited lower 30-day mortality rates compared to nonsurgical counterparts. This correlation suggests that palliative surgical interventions can be a viable option for improving survival and quality of life, particularly when they are aligned with the patient's overall treatment goals.

Moreover, the authors emphasize the importance of facilitating adjuvant therapy postoperatively, as this has been associated with improved overall survival rates. The identification of

prognostic determinants, such as the timing of palliative care involvement and the nature of surgical interventions, is crucial for optimizing patient outcomes.

CONCLUSION

The integration of palliative care into surgical settings has emerged as a vital component of holistic patient management, addressing not only the physical aspects of care but also the emotional and spiritual needs of patients. The reviewed literature highlights a significant shift in professional beliefs regarding the implementation of palliative care alongside surgical interventions, suggesting that such integration can enhance patient outcomes and quality of life (Hahne et al., 2017). The necessity for improved communication, decision-making, and delivery of palliative care is underscored, advocating for a combined approach that leverages both consultation and integration strategies within surgical departments.

The role of spiritual care in preoperative settings is emphasized, indicating a gap in research regarding

its impact on patient coping mechanisms during the surgical process (Ngozi Ogbuji, 2019). By establishing evidence-based guidelines for spiritual care, the literature suggests that nurses can significantly contribute to enhancing patient comfort and well-being, thus fostering a more comprehensive approach to preoperative care.

Further exploration into trauma and emergency surgery reveals the critical need for structured palliative care protocols tailored to this unique patient population (C. Ferre et al., 2022). This narrative review articulates the goals of palliative care in acute surgical contexts, advocating for early involvement of palliative teams to improve symptom management and overall patient satisfaction.

The efficacy of preoperative psychological interventions is also examined, revealing short-term benefits but insufficient evidence regarding long-term outcomes (Hanalis-Miller et al., 2022). This highlights the need for further research to ascertain the lasting impacts of psychological support on

surgical patients, particularly concerning survival rates.

Finally, the prognostic determinants of health in cancer patients requiring emergency surgical consultation are investigated, emphasizing the role of early palliative care involvement in improving symptom management and potentially prolonging life (Taqi et al., 2022). The "palliative triangle" communication strategy is introduced as a means to align treatment goals with patient values, reinforcing the significance of goal-directed palliative care in surgical planning.

In conclusion, the integration of palliative care interventions within surgical contexts is essential for addressing the holistic needs of patients. The literature consistently advocates for early involvement of palliative care teams, the incorporation of spiritual and psychological support, and the establishment of structured protocols to enhance patient outcomes. These findings underscore the necessity of a paradigm shift in surgical practice that embraces palliative care as a core component of patient management.

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