

# 3.\_HIV\_nursing\_article.pdf

*by* A. Masyitha Irwan

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# Models and benefits of palliative care for the quality of life of people with HIV: a systematic review

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## Abstract

**Objectives:** This review aims to systematically describe and assess the models and benefits of palliative care for the quality of life of people with HIV.

**Methods:** Systematic literature searches were carried out on four databases: PubMed, Science Direct and ProQuest to identify studies reported in English published in the last 5 years on palliative care among people with HIV.

**Results:** Based on six studies that have been analysed, the model of palliative care can be carried out in inpatient, outpatient, nursing home, and community settings with a consultation team. Palliative care can enhance the quality of life of people with HIV in terms of physical, psychological, social and environmental aspects.

**Conclusion:** Palliative care can enhance the quality of life of people with HIV. However, there is no model of palliative care intervention specified for people with HIV. Furthermore, the absence of a specific instrument to evaluate the quality of life of people with HIV becomes the main consideration and suggestion for further research.

**Keywords:** palliative care, quality of life, people with HIV

## Introduction

Data show that almost 37.9 million people are living with HIV worldwide and it is estimated that 36.2 million of them are adults aged 15–49 years [1]. In addition, data in 2018 showed that there were 1.7 million new infections of HIV and around 770,000 people have died because of AIDS-related illnesses [1]. Globally, the highest percentage of HIV cases are found in Africa (69.93%), then South-East Asia (9.52%) then Americas (9.52%), followed by Europe (6.26%) and Western Pacific (4.08%) [2].

By definition, HIV is categorised as a chronic, progressive and serious illness [3] with high mortality and morbidity compared to other diseases [4]. Therefore, long term HIV treatment by optimising care, raising patients' and their family's awareness about the condition, and providing terminal care is required is crucially important, strengthening the case for palliative care [5]. In the past, HIV and palliative care were not provided by trained or certified nurses, however, in recent years palliative care has developed and not only focused on end-of-life care, but also in chronic diseases. In addition, now AIDS-related deaths account for less than half of all deaths in patients with HIV [6].

Palliative care is a holistic and comprehensive approach aimed to minimise and prevent suffering and maximise physical function and quality of life in patients with serious illness from the point of diagnosis to end of life, as well as offering a support system to help families cope during the patient's illness and after death through bereavement support [7]. Palliative care is essential in

patients with chronic diseases with high mortality rates such as HIV improving quality of life. To achieve this goal, it is important to avoid unwanted health care by paying attention to the values requested by patients and families [8,9].

Several articles have been conducted to evaluate palliative care in chronic conditions, especially cancer [10]. However, evidence to support benefits of this intervention in patients with HIV are still limited [5]. Hence, further research is needed to strengthen palliative care and integrated palliative approaches in primary care hospitals for people with HIV [11]. This systematic review aimed at summarising, evaluating and systematically describing the models and benefits of palliative care to improve the quality of life among people with HIV and to help nurses in constructing palliative care guidelines for patients with HIV with a terminal illness condition.

## Methods

This review uses a systematic and critical way of thinking in examining various studies using the PRISMA checklist-guideline [12,13] which is an evidence-based reporting guideline for systematic reviews and meta-analyses [12,13]. Furthermore, Critical Appraisal Skill Program (CASP) and Center for Evidence-Based Medicine (CEBM) tools are used in this review to assess the feasibility of articles to be included in the study [14,15]. In addition, the study quality was assessed based on the Cochrane Risk of Bias Tool to identify the risk of bias of this study [16].

Literature searching was conducted in PubMed, ScienceDirect, Scopus, and ProQuest. The research question was structured based on PICO (patient, intervention, comparison and outcome) [17,18]. PICO and keywords were based on the databases (Box 1). The search question was formulated as: 'What are the benefits and models of appropriate palliative care to improve the quality of life among people living with HIV?'

A total of 603 studies were identified from the four databases that had been filtered to only included studies published in the last 5 years, were written in English, and conducted on humans with HIV (Figure 1).

**Box 1. Description of PICO (patient, intervention, comparison and outcome) keywords.**

- P** HIV OR 'human immunodeficiency virus' OR 'human immunodeficiency virus 1' OR 'human immunodeficiency virus 2' OR 'HIV/AIDS' OR 'AIDS' OR acquired immunodeficiency syndrome'
- I** 'palliative' OR 'palliative care' OR 'palliative therapy' OR 'palliative treatment' OR 'palliative medicine' OR 'aids palliative care' OR 'end of life' OR 'end of life care'
- C** Comparisons were the control group or usual care, especially in the included RCT studies.
- O** 'quality of life' OR 'quality of health care' OR 'pain' OR 'patient outcomes' OR 'physical' OR 'psychological' OR 'psychosocial'

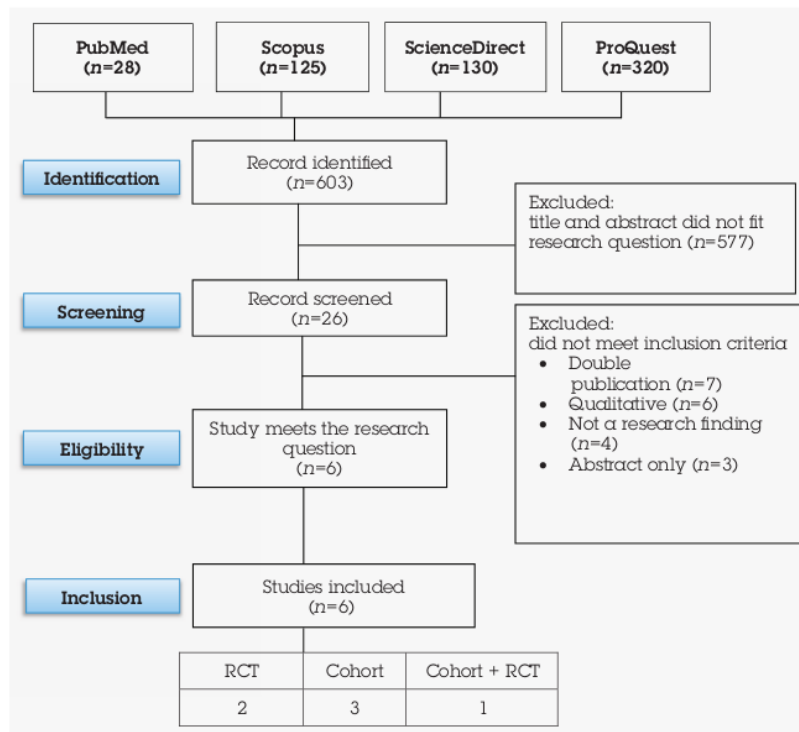
**Results**

We summarised six studies, which consisted of RCT and Cohort studies, that met the inclusion and exclusion criteria. Two RCT studies were conducted in Kenya's Mombasa City, two retrospective cohort studies were conducted in Brazil and the US, one article, a prospective cohort, was carried out in Cape Town, Africa, and one study that combined RCT and cohort was conducted in Washington DC.

**Samples**

The study carried out by Souza et al. (2016) implicated 109 participants and the majority of participants was male (67.9%), diagnosed with HIV for >5 years (66%), with CD4 cell counts <100 cells/mm<sup>3</sup> (76%) [8]. The study conducted by Gwyther et al. (2019) involved 79 people living with HIV [19]. Most participants were female (62%), having a CD4 cell count <200 cells/mm<sup>3</sup>, and were aged 30–39 years (43%). The study conducted by Lowther et al. (2015) involved 120 people, aged and 22–64 years, on antiretroviral therapy (ART), were randomly recruited using sequential random number tables and who had been diagnosed with HIV for >2 years [20]. Another study was conducted by Lowther et al. (2018) with 30 participants, divided into two groups, intervention (n=20) and control group (n=10) to allow in-depth exploration of the intervention [21].

In addition, the study by Rhodes et al. (2016) involved 367 patients with HIV who were identified electronically by ICD-9 where the majority of participants were, on



20 Figure 1: Flow diagram of study selection. RCT: randomised controlled trial

average, aged 72 years (76.0%), were men (57.0%), single (80.7%), with a CD4 cell count of 197 cells/mm<sup>3</sup> (60.8%) and had been prescribed ART (91.3%) [22]. The study by Kimmel et al. (2015) involved 288 women aged ≥21 years at enrolment, who were aware of their HIV diagnosis, receiving outpatient or inpatient care with advanced HIV levels, and having a detectable viral load (>200 copies/mL) and a 1-year CD4 cell count <200 cells/mm<sup>3</sup> in the last two measurements [23].

### 11 Model of palliative care for patients with HIV

The results from the six studies depicted several models of palliative care provided for people living with HIV. In the study conducted by Souza et al. an analysis of palliative care records was carried out through hospital records and Initial Evaluation Sheets for the Palliative Care Program (FAICP). Primary analyses were conducted on all patients with a request for palliative care consultation and involved therapeutic interventions for patients receiving terminal care by evaluating the pre and post-intervention data of patients with available records [8].

The study by Gwyther et al. showed that all patients with HIV were given questionnaires including Africa Palliative Outcome Scale (APCA), a palliative result scale, as a measure of care at the first visit and the palliative care was carried out by telephone follow-up once a month for 6 months [19]. The first study by Lowther et al. pointed out that palliative care interventions were given to 60 people in the intervention group provided with a minimum of seven multidimensional treatment sessions by nurses specialised in HIV who had been trained in a 5-month palliative care approach course [20].

The second study conducted by Lowther et al. showed a model of palliative care intervention given for a minimum of seven sessions (about 45 minutes/session) for 4 months integrated into HIV outpatient care provided by two HIV clinic officers who were experienced in dealing with pain management, nutritional problems, symptom management, psychosocial issues, spiritual care, ethical and legal issues, understanding of HIV and medication adherence and mourning [21].

In the study conducted by Rhodes et al. only 6.3 of participants received consultation on palliative care during hospitalisation or outpatient care [22]. From those, 54.6% were registered in nursing homes. Kimmel et al.'s study described the provision of family-centered care in the intervention group as a form of palliative care, consisting of two meeting sessions with a certified trained facilitator. Session 1 consisted of planning care and interviews and session 2 consisted of stage completion, of direction, or treatment.

### 12 Quality of life of patients with HIV receiving palliative care

The study conducted Souza et al. showed significant results ( $P>0.05$ ) such as the use of ART and antibiotics, vasoactive drugs, kidney replacement therapy and the

number of blood transfusion; and 23% of severely ill patients left the intensive care unit. Gwyther et al.'s study showed that most of the conditions for patients with HIV improved ( $P<0.05$ ); the pain, symptoms and anxiety levels were reduced. The spiritual, value of life and feelings of peace were increased. The first article by Lowther et al. pointed out that nurse-led palliative care was not effective in reducing pain ( $P=0.95$ ). However, this intervention showed improvement in the quality of life and mental health in the intervention group.

A similar study also conducted by Lowther et al. pointed out that the intervention group experienced increased self-image, increased access to social agents and resistance to HIV-related stigma. The study by Rhodes et al. showed that patients who received palliative care were able to afford enrolment in a nursing home, had a CD4 cell count of <25 cells/mm<sup>3</sup> and albumin <2.5g/dL. The final study carried out by Kimmel et al. showed that this intervention will increase patient-centered communication with substitute decision makers about the choice of end-of-life care and improve the quality of life of patients and reduce utilisation of health services.

### Instrument

There are several instruments used in the studies including assessing palliative care and quality of life. Four of the six studies used the APCA POS and MOS-10 Medical Outcomes Study instruments (MOS-HIV) to assess the quality of life among people with HIV [19–21,24]. The other two studies used hospital records to assess the palliative care intervention provision [8,22].

A study reviewed by Harding suggested that palliative care in terminally ill patients with HIV must be in accordance with the needs of patients to improve treatment outcomes as a part of optimal medical management. This is very relevant for various progressive and incurable comorbidities in patients with HIV [4].

### Discussion

This review finds that most evidence supports the benefits of palliative care intervention for the quality of life among people with HIV. This is consistent with the systematic review conducted in 2005 that suggested that palliative care is needed in patients with HIV [24].

The included studies consisted of two research designs: cohort and RCT. An RCT is the most suitable design for evaluating palliative care intervention because it is a planned experimental design to measure the effectiveness of an intervention [25].

The largest number of samples in the included studies were 200–300 people and the general characteristics were adult patients with HIV, with terminal condition and aged 21–50 years. This is inappropriate with previous data in which the highest percentage of HIV infection was in the adult age group of 25–49 years (69.6%) [1].

The outcomes of this review show that various kinds of conceptual models and clinical models for palliative care are available, for instance the palliative care in the reviewed studies was provided in hospitals, nursing homes, outpatient services or community setting with a consultation team consisting of trained or certified nurses with previous education that focused on patients with a terminal condition [26,27]. It is necessary to understand that the approach to the model of palliative care is crucial to overcoming the physical and psychological experiences of patients with HIV provided by certified staff in an integrated service [28,29]. It would be recommended for nurses and other health professionals to explore the science of palliative care in several models through education or training so that it can be applied well in various places without ignoring the values and culture of patients and families.

The general principle for all palliative care models is holistic and should cover physical, emotional, socio-cultural, and spiritual nursing assessments to improve health and quality of life through the quality of care by considering patients and families at the centre of care, and giving maximum attention to communication, and individualised care [30]. In accordance with the results of this study, quality of life in patients with HIV was improved, which showed from patient outcomes that were also increased.

On physical aspects, palliative care can reduce several symptoms,  $P < 0.05$ , such as reduction in the use of ART, antibiotics, vasoactive drugs and kidney replacement therapy and the number of transfusions. Besides that, some severely ill patients had left the ICU. In addition, the results of this review show significant decreases in pain and symptoms. However, previous studies showed that palliative care with nurse-led interventions were not significant in reducing pain. On psychological aspects, palliative care in patients with HIV can reduce anxiety levels, increase self-image and increase resistance to HIV-related stigma. On social and environmental aspects, palliative care can improve social relations, spiritual wellbeing, value of life and increase peaceful feelings. This is in line with the theory that it is necessary

to ensure terminal care at the end of patient life by providing palliative care that purposes to increase the quality of life of patients with serious illness through treatments of symptoms and side effects [31]. Palliative care also focuses on healing troublesome symptoms and increasing the end-of-life experiences of both patients and the families [32]. So nurses need to understand that palliative care does not only focus on quality of life and end of life but is holistic care to various other chronic illnesses.

This review found that the instrument often used in the included studies is APCA POS that evaluates the benefits of palliative care for the quality of life in patients with HIV. POS is now used in various countries and can be applied in future studies to adjust palliative care needs and quality of care in various patient contexts and groups [33].

## Conclusion

This systematic review provides an overview of palliative care models and benefits for the quality of life of patients with HIV. This is in line with the general principle of the palliative care model, which is a holistic model of nursing assessment including the physical, emotional, socio-cultural, and spiritual needs of patients. This principle improves the quality of life through the quality of care by considering patients and families at the centre of care, paying attention, communicating well, and providing individualised care. However, there is no detailed intervention model of palliative care for treatment of patients with HIV. Moreover, the absence of instruments in assessing the palliative care for the quality of life in patients with HIV becomes a main consideration and a suggestion for further research in order to strengthen the evidence, and to be optimally applied to all models of care.

## Funding

No funding was received for this study.

## Conflicts of interests

The authors declare no conflicts of interest.

Table 1: Grid synthesis description studies of palliative care for people with HIV

Author, country	Research Design	Objective	Participants	Intervention	Outcome measure	Results
Souza et al, 2016 Brazil [8]	Retrospective cohort study	To describe the characteristics of patients with HIV and compare therapies for palliative interventions and end-of-life care.	109 people with HIV treated from January 2006 to December 2012.	Analysis to describe the characteristics of the demographics and end-of-life care interventions before and after the evaluation by the palliative care team using data from available hospital records.	Hospital records and FAICP	Decrease in the use of highly activated ART (HAART), vasoactive drugs, kidney replacement therapy and the number of transfusions of blood products ( $P<0.0001$ ). 23% of patients were discharged from the intensive care unit.
Gwyther et al, 2018 South Africa [19]	Prospective cohort study	To describe the access of patients with chronic conditions to receive palliative care.	79 people with HIV.	All patients with HIV who use ART given treatment on a first visit and follow-up once a month through telephone for 6 months.	APCA POS	Most items were improved for patients with HIV ( $P<0.05$ ). The pain, symptoms and anxiety level were also reduced. Spiritual welfare, the value of life perception and feeling of peace also increased.
Lowther et al, 2015 Kenya [20]	RCT	To assess the effectiveness of the intervention: nurse-led treatment for palliative in patients with HIV.	120 patients with HIV on HAART, recruited randomly.	The intervention group ( $n=60$ ) was given at least seven sessions of multidimensional care by nurses experienced with HIV treatment who had been trained in the palliative care approach for 5 months. The control group ( $n=60$ ) was given usual care.	APCA POS	Results showed that palliative care led by nurses were not effective in reducing pain. ( $P=0.95$ ). However, it showed improvement in the quality of life and mental health in the intervention group.
Lowther et al, 2018 Kenya [21]	RCT	To assess resistance to the stigma associated with HIV.	30 patients with HIV with HIV on ART, randomly using a mixture of the sequence.	Palliative care was given in the intervention group for 4 months, at least seven treatment session (approximately 45 minutes/session), integrated into ambulatory care, provided by two clinical nurses experienced in HIV treatment.	APCA POS	The results of the assessment showed that the intervention group experienced an increase in self- image, access to social agents, and resistance to HIV-related stigma.
Rhodes et al, 2016 USA [22]	Retrospective cohort study	To determine the use of palliative care, completion of advanced instruction, and registration of patients with HIV at an urban safety-net hospital.	367 patients with HIV.	Control group received standard care, consisting of monthly appointments usually lasting 5–7 minutes/appointment. Only 6.3% of participants received palliative care consultation during inpatient hospitalisation and outpatient setting. Of those who received consultation, 54.6% were registered in nursing homes.	Analysis of available hospital records	Patients who receive palliative care and those who had a CD4 cell count of $<25$ cells/mm <sup>3</sup> (OR: 2.76) and albumin less than 2.5 g/dL (OR: 5.27) were more likely to be enrolled at a nursing home.
Kimmel et al, 2015 USA [23]	Prospective cohort RCT	To evaluate the Family-centred (FACE) as palliative treatment in adults with HIV against conformity in preferences of care, utilisation of health services, and quality of life.	288 women with HIV aged $>21$ years.	Family-centered on a group intervention as a form of palliative treatment which consists of two sessions of face-to-face consultation with a certified facilitator. The first session consisted of planning care and interviews and the second session was the completion of direction or treatment. The control group received standard care.	MOS-HIV and PCOS	The intervention increases patient-centered communication with decision-making shifting the choice of end-of-life care, improvement of quality of life of patients, and reduction in the use of the health service.

RCT: randomised controlled trial; FAICP: Initial Evaluation Sheets for the Palliative Care Team; APCA: POS: African Palliative Outcome Scale; OR: odds ratio; MOS-HIV: HIV Medical Outcomes Study Instruments; PCOS: Palliative Care Outcome Scale.

## References

1. UNAIDS. Fact sheet : global AIDS update 2019. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf) (accessed November 2019)
2. World Health Organization. Number of people (all ages) living with HIV estimated by WHO region. Available from: <https://www.who.int/hiv/data/en/>.
3. Loades ME, Kagee A. Exploring our understanding of fatigue among adolescents living with HIV: highlighting the unknown. *J Health Psychol* 2017; **24**(1): 125–136.
4. Harding R. Palliative care as an essential component of the HIV care continuum. *Lancet HIV* 2018; **5**(9): e524–e530.
5. Park S, Nam EJ, Chang YJ, Lee Y, et al. Factors related with utilizing hospice palliative care unit among terminal cancer patients in Korea between 2010 and 2014: a single institution study. *J Korean Med Sci* 2018; **33**(41): e263.
6. Merlin JS, Tucker RO, Saag MS, Selwyn PA. The role of palliative care in the current HIV treatment era in developed countries. *Top Antivir Med* 2013; **21**(1): 20–26.
7. UK Consortium on AIDS and International Development. Palliative care and HIV: Fact sheet. 2013. <https://stopaids.org.uk/wp-content/uploads/2017/06/Palliative-Care-and-HIV-fact-sheet.pdf> (accessed November 2019).
8. Souza PN, Miranda EJP De, Cruz R, Forte DN. Palliative care for patients with HIV/AIDS admitted to intensive care units. *Rev Bras Ter Intensiva* 2016; **28**(3): 301–9.
9. Mitchell MM, Hansen ED, Tseng TY, et al. Correlates of patterns of health values of African Americans living with HIV/AIDS: implications for advance care planning and HIV palliative care. *J Pain Symptom Manage* 2018; **56**(1): 53–62.
10. Yang GM, Neo SH-S, Lim SZZ, Krishna LKR. Effectiveness of hospital palliative care teams for cancer inpatients: a systematic review. *J Palliat Med* 2016; **19**(11): 1156–1165.
11. Gómez-Batiste X, Murray SA, Thomas K, et al. Comprehensive and integrated palliative care for people with advanced chronic conditions: an update from several European initiatives and recommendations for policy. *J Pain Symptom Manage* 2017; **53**(3): 509–517.
12. Polit DF, Beck CT. *Essentials of nursing research, appraising evidence for nursing practice*. Philadelphia: Wolters Kluwer Health, 2010.
13. Moher D, Leberati A, Tetzlaff J, et al. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA Statement. *PLoS Med* 2009; **6**(7): e1000097.
14. Critical Appraisal Skills Programme. *Checklist for critical appraisal of Studies*. CASP, 2018. <https://casp-uk.net/casp-tools-checklists/> (accessed November 2019).
15. Center for Evidence-Based Management. Critical appraisal of a case study appraisal questions. 2014. Available at: <https://www.cebma.org/wp-content/uploads/Critical-Appraisal-Questions-for-a-Controlled-Study-july-2014.pdf> (accessed November 2019).
16. Higgins JPT, Altman DG, Gøtzsche PC et al. The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. *BMJ* 2011; **343**: d5928.
17. Eriksen MB, Frandsen TF. The impact of PICO as a search strategy tool on literature search quality: a systematic review. *J Med Libr Assoc* 2018; **106**(4): 420–431.
18. da Costa Santos CM, de Mattos Pimenta CA, Nobre MR. The PICO strategy for the research question construction and evidence search. *Rev Lat Am Enfermagem* 2007; **15**(3): 508–511.
19. Gwyther L, Heap M, London L. Access to palliative care in HIV services in Cape Town. *AIDS Care* 2018; **30**(Suppl 2): 11–15.
20. Lowther K, Selman L, Simms V, et al. Nurse-led palliative care for HIV-positive patients taking antiretroviral therapy in Kenya: a randomised controlled trial. *Lancet HIV* 2015; **2**(8): e328–334.
21. Lowther K, Harding R, Simms V, et al. Effect of participation in a randomised controlled trial of an integrated palliative care intervention on HIV-associated stigma. *AIDS Care* 2018; **30**(9): 1180–1188.
22. Rhodes RL, Nazir F, Lopez S, et al. Use and predictors of end-of-life care among HIV patients in a safety net health system. *J Pain Symptom Manage* 2016; **51**(1): 120–125.
23. Kimmel AL, Wang J, Scott RK, et al. Family Centered (FACE) advance care planning: Study design and methods for a patient-centered communication and decision-making intervention for patients with HIV/AIDS and their surrogate decision-makers. *Contemp Clin Trials* 2015; **43**: 172–178.
24. Harding R, Karus D, Easterbrook P, Raveis VH, Higginson IJ, Marconi K. Does palliative care improve outcomes for patients with incurable illness? A review of the evidence. *J Support Oncol* 2005; **9**(3): 87–94.
25. Gray R. Randomized trials. Johns Hopkins University and Ron Gray, 2006. Available at: <http://ocw.jhsph.edu/courses/FundamentalsProgramEvaluation/PDFs/Lecture12.pdf> (accessed November 2019).
26. Morrison RS. Models of palliative care delivery in the United States. *Curr Opin Support Palliat Care* 2013; **7**(2): 201–206.
27. Hui D, Bruera E. Models of integration of oncology and palliative care. *Ann Palliat Med* 2015; **4**(3): 89–98.
28. Eyassu M. An evaluation of palliative care needs for HIV patients in the context of HAART at Philp Moyo Clinic, Gauteng province. University of Cape Town, 2018. <https://open.uct.ac.za/handle/11427/27902> (accessed November 2019).
29. Lockett T, Phillips J, Agar M, et al. Elements of effective palliative care models: a rapid review. *BMC Health Serv Res* 2014; **14**(1): 1–22. *BMC Health Serv Res* 2014; **14**: 136.
30. Cherny N, Fallon M, Kaasa S, et al. eds. *Oxford Textbook of Palliative Medicine*. Fifth edn. Oxford: OUP, 2015.
31. Zeng YS, Wang C, Ward KE, Hume AL. Complementary and Alternative Medicine in Hospice and Palliative Care: A Systematic Review. *J Pain Symptom Manage* 2018; **56**(5): 781–794.e4.
32. Brown JS, Halupa C. Improving Human Immunodeficiency Virus/AIDS Palliative Care in Critical Care. *Dimens Crit Care Nurs* 2015; **34**(4): 216–21.
33. Collins ES, Witt J, Bausewein C, Daveson BA, Higginson IJ, Murtagh FEM. A Systematic Review of the Use of the Palliative Care Outcome Scale and the Support Team Assessment Schedule in Palliative Care. *J Pain Symptom Manage* 2015; **50**(6): 842–53.

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#### PRIMARY SOURCES

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**1** [aidsconsortium.org.uk](http://aidsconsortium.org.uk) % **1**  
Internet Source

---

**2** Rocque, Gabrielle B., and James F. Cleary. "Palliative care reduces morbidity and mortality in cancer", Nature Reviews Clinical Oncology, 2012. % **1**  
Publication

---

**3** Submitted to University of Sydney % **1**  
Student Paper

---

**4** [www.iasusa.org](http://www.iasusa.org) % **1**  
Internet Source

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**5** [worldwidescience.org](http://worldwidescience.org) % **1**  
Internet Source

---

**6** [www.annualreviews.org](http://www.annualreviews.org) % **1**  
Internet Source

---

**7** Submitted to 7996 % **1**  
Student Paper

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**8** Liz Gwyther, Marion Heap, Leslie London. "Access to palliative care in HIV services in % **1**

# Cape Town", AIDS Care, 2018

Publication

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|---|--|-----|
| 9 | Submitted to Western Governors University<br>Student Paper | % 1 |
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| 10 | "Abstracts of the contributed papers", Quality of Life Research, 1995<br>Publication | % 1 |
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| 11 | moffitt.org<br>Internet Source | <% 1 |
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| 12 | Submitted to King's College<br>Student Paper | <% 1 |
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|----|--|------|
| 13 | "Fragility Fracture Nursing", Springer Science and Business Media LLC, 2018<br>Publication | <% 1 |
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| 14 | Submitted to The Robert Gordon University<br>Student Paper | <% 1 |
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| 15 | Submitted to University of Nottingham<br>Student Paper | <% 1 |
|----|--|------|
- 
- |    |   |      |
|----|---|------|
| 16 | M. A. Tostes, M. Chalub, N. J. Botega. "The quality of life of HIV-infected women is associated with psychiatric morbidity", AIDS Care, 2011<br>Publication | <% 1 |
|----|---|------|
- 
- |    |  |      |
|----|--|------|
| 17 | Paola Nóbrega Souza, Erique José Peixoto de Miranda, Ronaldo Cruz, Daniel Neves Forte. | <% 1 |
|----|--|------|

"Palliative care for patients with HIV/AIDS admitted to intensive care units", Revista Brasileira de Terapia Intensiva, 2016

Publication

18

Kristel Paque, Robert Vander Stichele, Monique Elseviers, Koen Pardon, Tinne Dilles, Luc Deliens, Thierry Christiaens. "Barriers and enablers to deprescribing in people with a life-limiting disease: A systematic review", Palliative Medicine, 2018

Publication

<% 1

19

[www.tandfonline.com](http://www.tandfonline.com)

Internet Source

<% 1

20

[bmjopen.bmj.com](http://bmjopen.bmj.com)

Internet Source

<% 1

21

Submitted to UK College of Business and Computing

Student Paper

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22

[www.crebp.net.au](http://www.crebp.net.au)

Internet Source

<% 1

23

[ewma.org](http://ewma.org)

Internet Source

<% 1

24

Collins, Emily S., Jana Witt, Claudia Bausewein, Barbara A. Daveson, Irene J. Higginson, and Fliss E.M. Murtagh. "A Systematic Review of the Use of the Palliative Care Outcome Scale and

<% 1

the Support Team Assessment Schedule in Palliative Care", Journal of Pain and Symptom Management, 2015.

Publication

25

[revistas.uis.edu.co](http://revistas.uis.edu.co)

Internet Source

<% 1

26

[hydra.hull.ac.uk](http://hydra.hull.ac.uk)

Internet Source

<% 1

27

[www.scielo.br](http://www.scielo.br)

Internet Source

<% 1

28

Hadi Hassankhani, Azad Rahmani, Fariba Taleghani, Zohreh Sanaat, Javad Dehghannezhad. "Palliative Care Models for Cancer Patients: Learning for Planning in Nursing (Review)", Journal of Cancer Education, 2019

Publication

<% 1

29

Bridget M. Johnston, Rachel McCauley, Regina McQuillan, Mary Rabbitte et al. "Effectiveness and cost-effectiveness of out-of-hours palliative care: a systematic review", HRB Open Research, 2020

Publication

<% 1

30

Elizabeth Halcomb, Elizabeth Smyth, Susan McInnes. "Job satisfaction and career intentions of registered nurses in primary health care: an

<% 1

# integrative review", BMC Family Practice, 2018

Publication

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31 [www.nejm.org](http://www.nejm.org) <% 1  
Internet Source

---

32 Submitted to A.T. Still University - Missouri <% 1  
Student Paper

---

33 Submitted to Thames Valley University <% 1  
Student Paper

---

34 [www.uicc.org](http://www.uicc.org) <% 1  
Internet Source

---

35 [rbti.org.br](http://rbti.org.br) <% 1  
Internet Source

---

36 Submitted to Universitas Hasanuddin <% 1  
Student Paper

---

37 [www.magonlinelibrary.com](http://www.magonlinelibrary.com) <% 1  
Internet Source

---

38 [www.redrivervalleyecho.com](http://www.redrivervalleyecho.com) <% 1  
Internet Source

---

39 [www.researchsquare.com](http://www.researchsquare.com) <% 1  
Internet Source

---

40 B. Leysen, B. Van den Eynden, A. Janssens, J. Wens. "Recruiting general practitioners for palliative care research in primary care: real-life barriers explained", BMC Family Practice, 2019 <% 1  
Publication

---

41

Submitted to University of Western Sydney

Student Paper

<% 1

---

42

ascopubs.org

Internet Source

<% 1

---

43

Submitted to Roehampton University

Student Paper

<% 1

---

44

Maryellen Potts, Kathleen B. Cartmell, Lynne Nemeth, Gautam Bhattacharjee, Suparna Qanungo. "A Systematic Review of Palliative Care Intervention Outcomes and Outcome Measures in Low-Resource Countries", Journal of Pain and Symptom Management, 2018

Publication

<% 1

---

45

Daisy J.A. Janssen, Miriam J. Johnson, Martijn A. Spruit. "Palliative care needs assessment in chronic heart failure", Current Opinion in Supportive and Palliative Care, 2018

Publication

<% 1

---

46

Submitted to University of Sunderland

Student Paper

<% 1

---

47

J Hislop, Z Quayyum, A Elders, C Fraser, D Jenkinson, G Mowatt, P Sharma, L Vale, R Petty. "Clinical effectiveness and cost-effectiveness of imatinib dose escalation for the treatment of unresectable and/or metastatic gastrointestinal stromal tumours that have

<% 1

progressed on treatment at a dose of 400 mg/day: a systematic review and economic evaluation", Health Technology Assessment, 2011

Publication

---

48

Irene J. Higginson. "End-of-Life Care: Lessons from Other Nations", Journal of Palliative Medicine, 02/2005

Publication

---

49

Kathleen E. Bickel, Cari Levy, Edward R. MacPhee, Keri Brenner, Jennifer S. Temel, Joanna Arch, Joseph A. Greer. "An Integrative Framework of Appraisal and Adaptation in Serious Medical Illness", Journal of Pain and Symptom Management, 2020

Publication

---

50

Louise Brereton, Joseph Clark, Christine Ingleton, Clare Gardiner, Louise Preston, Tony Ryan, Elizabeth Goyder. "What do we know about different models of providing palliative care? Findings from a systematic review of reviews", Palliative Medicine, 2017

Publication

---

51

Submitted to University of Technology, Sydney

Student Paper

---

<% 1

<% 1

<% 1

<% 1

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EXCLUDE QUOTES ON

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