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Palliative care of geriatrics-nursing care plans: An updated review

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Abstract--Background: The increasing life expectancy in aging populations has highlighted the growing need for specialized care in managing chronic, life-limiting conditions. With the rising prevalence of multimorbidity, frailty, and cognitive decline in elderly populations, geriatric palliative care (GPC) has emerged as a necessary field of practice. This paper discusses the integration of geriatrics and palliative care, emphasizing the role of nursing care plans in managing the complex healthcare needs of the elderly, particularly those with chronic illnesses. **Aim:** To explore the role of geriatric palliative care in managing complex geriatric conditions and to identify key challenges and strategies for improving care delivery, with a focus on nursing care plans and multidisciplinary approaches.

Methods: The review synthesizes current literature and evidence on geriatric palliative care, examining the intersection between geriatrics and palliative care. Theoretical foundations, ethical frameworks, and challenges within the field are discussed. Strategies for improving care coordination, patient autonomy, and research efforts are also explored. **Results:** The paper identifies several key geriatric conditions, such as chronic heart disease, chronic obstructive pulmonary disease (COPD), and dementia, which often require palliative care interventions. It highlights the challenges in providing comprehensive care, including decision-making difficulties, care coordination, and research gaps. Strategies for enhancing patient-centered care through collaboration, advance care planning, and improved care transitions are proposed. **Conclusion:** Geriatric palliative care plays a crucial role in enhancing the quality of life for older adults with life-limiting conditions. Addressing the challenges of care coordination, ethical decision-making, and the development of evidence-based interventions is essential for optimizing care for the elderly. Further research and education are needed to advance the field and provide holistic, individualized care.

Keywords---Geriatric palliative care, chronic illness, nursing care plans, care coordination, elderly, end-of-life care, ethical decision-making, quality of life, multimorbidity, advanced care planning.

Introduction

The increasing life expectancy, coupled with shifts in end-of-life morbidity, presents significant challenges to healthcare systems [1]. In Europe, individuals aged 50 can expect to live an additional 34 years for women and 29 years for men. However, the expected duration of life free from morbidity is significantly lower—only 10 and 9 years, respectively [2]. This means that the final two decades of life for most people are marked by a rising incidence of chronic multimorbidity, functional dependence, frailty, and often cognitive decline, necessitating a specialized geriatric approach to care [3]. Simultaneously, the causes of death and the nature of the dying process are evolving, with an extended dying phase characterized by complex treatment decisions, challenging symptom management, numerous psychosocial issues, and frequently overlooked spiritual distress. This underscores the necessity for hospice and palliative care tailored to the elderly and very elderly population [4], particularly given the growing number of individuals residing in residential care homes or assisted living facilities [5, 6]. Despite its recent emergence, the field of geriatric palliative care (GPC) lacks a comprehensive evidence base and requires a universally accepted definition and a solid conceptual foundation. This article aims to foster global reflection and discussion regarding the evolution of GPC in the coming years. Drawing from local efforts to consolidate expertise in GPC, this paper contributes to the discourse by defining the theoretical core concept of GPC, discussing its ethical principles, identifying major challenges, and proposing strategies to address them. Addressing these issues is crucial for healthcare

providers and policymakers in guiding the development of GPC in the appropriate direction.

Theoretical Foundations and Concept of GPC

To clarify the concept of GPC, we first define its three main components, followed by a working definition of GPC.

Geriatric Medicine

Geriatric medicine is a medical specialty focused on the healthcare of older adults, developed in response to the increasing prevalence of multimorbidity in the aging population. This specialty emphasizes the prevention, assessment, and management of health issues specific to elderly individuals across various disease trajectories. It encompasses the physical, mental, social, and spiritual dimensions of health. The hallmark of geriatric medicine is its focus on health complexity [8], with the primary goals of maintaining and restoring functional capabilities to enhance quality of life and facilitate social participation.

Palliative Care

In contrast to geriatrics, palliative care is a specialty applicable to individuals of all ages, specifically addressing the needs of patients facing life-limiting conditions. Modern palliative care, which also includes hospice care, emerged over the past 50 years from three primary sources: (1) the societal climate of the 1960s that challenged the taboo surrounding death and dying [11]; (2) a healthcare reform movement that critiqued the technological focus of medicine, which often overlooked the dying and terminally ill [12]; and (3) a religiously influenced emphasis on virtues such as caring, compassion, and empathy [11]. Similar to geriatrics, palliative care is founded on a holistic understanding of human beings, integrating physical, psychological, social, and spiritual dimensions. This approach is mirrored in the multiprofessional team model of care. Palliative care aims to improve the quality of life and alleviate suffering by focusing on symptom management rather than disease treatment. A key feature of palliative care is the concept of the "unit of care," which includes not only the patient but also their significant others, who are recognized as both caregivers and individuals requiring support.

Ethics of Care

For elderly patients with palliative care needs, the ethics of care presents a particularly relevant ethical framework. This approach complements traditional normative ethics, which is typically grounded in principles of action and individual autonomy. The ethics of care emphasizes the patient's vulnerability as a context-sensitive foundation for prudent judgment and care. Vulnerability is viewed not just as a lack of autonomy but as a call for healthcare professionals to empower patients by enhancing their capabilities. Autonomy, within this framework, is seen as relational autonomy, shaped and enriched by interpersonal relationships. When caring for older, frail individuals who are seriously ill or dying, healthcare professionals are tasked with facilitating dialogue, considering the narratives of patients and their loved ones [13]. This approach fosters trust

and allows patients to continually redefine their identity, formulate life plans, and establish care goals, which is particularly important in contexts of restricted autonomy, dependence on others for daily activities, social isolation, cognitive decline, chronic suffering, or impending death.

Geriatric Palliative Care

Geriatric palliative care (GPC) integrates the complementary fields of geriatrics and palliative care to provide comprehensive care for older patients facing life-threatening illnesses in the later stages of their lives. Unlike geriatrics, which is defined by the age of the patient population, and palliative care, which is defined by its goals of care, GPC is an interdisciplinary approach that bridges both specialties. It is not a new specialty nor a subspecialty, but rather an inter-specialty collaboration at the intersection of geriatrics and palliative care. Geriatrics and palliative care are distinct yet closely intertwined medical specialties [14, 15]. Both fields are characterized by a strong emphasis on multiprofessional and interdisciplinary collaboration, with a focus on patient- and family-centered care aimed at enhancing quality of life, individual capabilities, and social participation [16]. The synergies resulting from integrating these related specialties could serve as a model for fostering inter-specialty collaboration in healthcare. In an era of highly specialized and fragmented medicine, there is a pressing need for a more holistic approach that considers the broader context of a patient's life circumstances. While integrated care and continuity of care models are essential at the provider level [17, 18], fostering closer cooperation between geriatrics and palliative care, such as through inter-specialty continued education, is equally important. The GPC field has the potential to offer profoundly integrated care that balances various care goals while facilitating a seamless transition from functional recovery objectives to comfort-oriented priorities [19].

Major Challenges in GPC

An exhaustive review of the current landscape of GPC is beyond the scope of this article. However, among the numerous challenges in this field, three critical issues warrant attention [20]. The first challenge lies in conducting methodologically rigorous and ethically sound research to generate evidence-based interventions for care and training. Pharmacological trials often exclude elderly multimorbid patients, limiting the applicability of their findings to this demographic. Severely ill older adults are entitled to inclusion in research, but challenges such as cognitive impairments (which complicate informed consent), gatekeeper effects, and high dropout rates, due to limited life expectancy, hinder the design of such studies. A second major challenge involves making healthcare decisions for the critically ill elderly, both at the end of life and in preparation for it. Approximately 70% of individuals over 60 years of age who face end-of-life decisions lack full decisional capacity [21]. The decision-making process is complicated by a range of factors, including communication barriers, cognitive and recall deficits that necessitate the reconstruction of the patient's narrative and personal values, the tension between patient and proxy interests, and the challenge of interpreting non-verbal cues from patients who lack decision-making capacity [22]. Caregivers making decisions on behalf of patients must exercise

prudential judgment, avoiding both ageist undertreatment and futile overtreatment. Existing tools, such as traditional advance directives, have proven less effective than anticipated, and surrogate decision makers often struggle to provide an accurate substituted judgment [23]. A third challenge relates to coordinating care for older patients, whose care trajectories are typically lengthy and involve multiple transitions between healthcare settings. Lack of coordination is a significant source of resource wastage, undermining the healthcare system and diminishing the quality of care [24]. An increasing imbalance between the proliferation of specialists and the absence of care continuity exacerbates this issue. Excessive polypharmacy and conflicting recommendations can sometimes jeopardize patient safety more than the disease itself [25]. Extensive evidence highlights the inefficiencies in care coordination, particularly with regard to burdensome interventions, hospitalizations, and emergency department visits during the final months of life [26, 27, 28]. In many regions, the underdevelopment of home-based palliative care has led to a shift toward inpatient care during the end-of-life phase [29, 30].

Exemplary Strategies in GPC

The challenges outlined above can best be addressed through a collaborative effort. To stimulate clinical research in GPC, public recognition through targeted funding programs, academic initiatives, and public knowledge dissemination is essential. Patient registries could be employed to study the natural progression of the end-of-life phase in older adults and the associated needs of patients and their families. Engaging patients while they still possess decisional capacity may enable the use of anticipatory research consent or empower them to designate proxy decision makers, thereby facilitating well-informed consent in the future. The palliative care needs of older patients differ significantly from those of younger individuals [5], necessitating the development of specific intervention studies to address these needs. However, there remains a dearth of high-quality effectiveness studies in GPC [31, 32]. Cluster randomized controlled trials are currently underway [33] with the aim of demonstrating effectiveness similar to that already established for palliative care in general [34]. Concurrently, further research is required to identify appropriate quality-of-care measures tailored to the unique needs of this population [29]. Healthcare decision-making challenges can be mitigated through the use of effective decision aids and advance care planning (ACP), a comprehensive communication approach that ensures the accurate documentation and execution of patient preferences [35]. Programs like “Respecting Patient Choices” in Australia have demonstrated the potential to enhance patient-centered care, alleviate distress for patients and families, and improve the quality of end-of-life care [36, 37]. In applying ACP to the GPC population, it may be necessary to develop programs specifically tailored to the needs of patients with progressive cognitive decline. For those patients who have already lost decisional capacity, it becomes the responsibility of their proxies to engage in ACP discussions with healthcare providers, focusing exclusively on the patients' preferences (referred to as “ACP by proxy”) [38]. Finally, poor care coordination should be addressed at multiple levels. This includes organizing inpatient care for seriously ill older adults [39, 40], ensuring effective discharge planning, providing liaison services, and implementing care transition programs, alongside community-based palliative care coordination for the elderly in nursing

homes and at home [30, 41]. New technologies, such as electronic documentation and telemedicine, could play a pivotal role in improving information sharing among healthcare providers. Moreover, fostering an interprofessional culture in healthcare, particularly within GPC, should begin during professional training. Additionally, the involvement of key integrators, such as general practitioners, nurse practitioners, and case managers, who follow patients over extended periods, is crucial for managing and integrating various aspects of care. These individuals could also facilitate the critical ACP process. Evidence demonstrates that enhanced care coordination improves quality of life, minimizes treatment-related harm, and reduces unnecessary costs, enabling the reallocation of resources for the true benefit of patients [42].

Geriatric Conditions Requiring Palliative Care

As the global population continues to age, there is an increasing recognition of the need for specialized care for elderly individuals experiencing chronic illnesses, multimorbidity, and end-of-life issues. Among the range of medical disciplines available, palliative care plays a critical role in improving the quality of life for older adults who are facing life-limiting conditions. Geriatrics, a medical specialty dedicated to the health and care of older adults, frequently overlaps with palliative care in managing complex and progressive conditions that affect the elderly. This paper explores the various geriatric conditions that often require palliative care, emphasizing the importance of a multidisciplinary and patient-centered approach to improve symptom management, quality of life, and family support.

Chronic Heart Disease

Cardiovascular diseases are among the leading causes of morbidity and mortality in older adults. Conditions such as congestive heart failure (CHF), coronary artery disease, and arrhythmias often necessitate palliative care due to their progressive nature and the high burden of symptoms. In CHF, the heart's ability to pump blood effectively declines, leading to symptoms like breathlessness, fatigue, and fluid retention, which worsen over time. For older patients, these symptoms can significantly impair physical functioning, contributing to a decline in quality of life. Palliative care for these patients focuses on alleviating symptoms, optimizing medication management, providing emotional and psychological support, and preparing for end-of-life decisions, such as advance care planning and hospice care. Patients with end-stage heart failure may also experience frequent hospitalizations, necessitating close coordination between healthcare providers to manage symptoms, prevent unnecessary admissions, and facilitate care transitions, making palliative care an essential part of the management plan.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) is another prevalent condition in geriatrics that often leads to severe functional impairment and the need for palliative care. COPD, which includes emphysema and chronic bronchitis, is characterized by airflow limitation and chronic respiratory symptoms such as shortness of breath, coughing, and fatigue. In the later stages of COPD, patients experience significant respiratory distress, which can be refractory to standard

treatments, leading to a poor prognosis. Palliative care in COPD aims to improve breathlessness, manage anxiety, and provide support to patients and their families in coping with the progressive loss of independence. Symptom control, particularly for dyspnea, using medications such as opioids or corticosteroids, along with psychological interventions and end-of-life discussions, are central components of palliative care. The multidisciplinary nature of palliative care ensures that not only physical symptoms are addressed, but also the emotional and spiritual needs of patients facing a debilitating and progressive condition.

Cancer and Metastatic Diseases

Cancer, particularly in the elderly, is one of the most common conditions requiring palliative care. Many older adults with cancer present with advanced disease at the time of diagnosis, often due to delayed detection and the complexity of comorbid conditions. For these patients, the focus shifts from curative to palliative treatment as the disease progresses and treatment options become limited. Palliative care in cancer management emphasizes pain control, symptom relief, and emotional and psychosocial support. Cancer pain, whether from tumor growth or as a side effect of treatment, can be severe and difficult to manage in advanced stages. Palliative care specialists use a variety of pharmacological and non-pharmacological interventions to manage pain, nausea, fatigue, and other distressing symptoms. Moreover, advanced cancer often brings about significant existential issues, such as fear of death and anxiety, which palliative care teams address by providing counseling, spiritual care, and family support, guiding patients and their families through the end-of-life journey.

Dementia and Alzheimer's Disease

Dementia, including Alzheimer's disease, is a progressive neurodegenerative condition that is increasingly common in the aging population. The gradual decline in cognitive function, memory, and executive abilities significantly impacts daily living, making dementia one of the conditions most frequently requiring palliative care in geriatrics. As dementia progresses, patients lose their ability to communicate and may also develop behavioral and psychological symptoms such as agitation, aggression, and hallucinations, which can be distressing for both patients and caregivers. Palliative care for dementia patients is focused on ensuring comfort and quality of life as cognitive decline advances, with an emphasis on managing pain, minimizing distressing behaviors, and providing support to caregivers. Effective symptom management, including the use of antipsychotic medications for agitation or antidepressants for depression, along with non-pharmacological approaches such as music therapy and environmental modifications, are integral to palliative care. End-of-life planning, advanced directives, and decision-making regarding the use of feeding tubes or hospitalization are also crucial aspects of palliative care for patients with advanced dementia.

Renal Failure

Chronic kidney disease (CKD), particularly in its end-stage form, is another common geriatric condition that may require palliative care. As kidney function

declines, patients experience a buildup of waste products in the blood, leading to symptoms such as fatigue, nausea, pruritus, and electrolyte imbalances. For older patients with multiple comorbidities, dialysis may not be appropriate or beneficial, and the decision may be made to focus on symptom management and comfort care instead of aggressive interventions. Palliative care in renal failure aims to alleviate symptoms associated with uremia, optimize nutrition, and address fluid balance issues while ensuring the patient's dignity and comfort. The interdisciplinary team in palliative care also plays a critical role in helping patients and families navigate difficult decisions regarding the continuation of dialysis, considering the patient's quality of life and prognosis.

Stroke and Neurological Conditions

Stroke, a leading cause of disability and death among the elderly, often results in significant physical and cognitive impairments that require palliative care. In the aftermath of a stroke, elderly patients may experience severe motor deficits, difficulty swallowing, and cognitive decline, which can substantially affect their independence and quality of life. For patients with severe disability after stroke, palliative care provides an essential focus on symptom control, pain management, and support for both patients and their families. Similarly, other neurological conditions such as Parkinson's disease and amyotrophic lateral sclerosis (ALS) can necessitate palliative care due to the progressive nature of motor and respiratory decline. In these cases, palliative care interventions address symptoms such as tremors, rigidity, dyspnea, and swallowing difficulties, providing comfort and improving overall quality of life.

Multimorbidity and Frailty

A hallmark of geriatric care is multimorbidity—where elderly individuals suffer from multiple chronic conditions that often interact in complex ways. Frailty, a clinical syndrome characterized by decreased strength, endurance, and physiological function, is closely associated with multimorbidity and represents another key condition requiring palliative care. Frailty is often linked to poor outcomes, including disability, hospitalization, and increased mortality, and frail patients frequently require palliative care to manage symptoms such as fatigue, pain, and difficulty with daily activities. Palliative care for frail individuals focuses on maximizing functional independence, alleviating symptoms, and providing psychological support to patients and their families, ensuring a dignified and comfortable end-of-life process when appropriate. Palliative care plays a critical role in managing the complex and progressive conditions that are commonly seen in geriatric populations. Conditions such as chronic heart disease, COPD, cancer, dementia, renal failure, stroke, and multimorbidity often lead to significant symptom burden, functional decline, and a need for comfort-oriented care. The primary goal of palliative care in geriatrics is to improve the quality of life of patients by addressing not only physical symptoms but also emotional, psychological, and social needs. As the global population ages, the importance of palliative care in geriatrics will continue to grow, highlighting the need for an integrated and multidisciplinary approach to address the complex needs of elderly patients facing life-limiting illnesses.

Conclusion

As the global population ages, geriatric palliative care (GPC) has emerged as a critical component of healthcare, particularly in managing elderly patients with chronic, life-limiting conditions. This interdisciplinary approach bridges geriatrics and palliative care, focusing on symptom management, quality of life, and psychosocial and spiritual support. GPC is essential for addressing the complex healthcare needs of older adults who often face multimorbidity, frailty, and cognitive decline. The integration of geriatrics and palliative care provides a holistic, patient-centered model that emphasizes not only physical health but also mental, emotional, and social well-being. Chronic conditions such as heart disease, chronic obstructive pulmonary disease (COPD), and dementia frequently require palliative care due to their progressive nature and the significant impact they have on the patient's quality of life. In particular, patients with congestive heart failure (CHF) and end-stage heart failure experience debilitating symptoms such as breathlessness, fatigue, and fluid retention, which are alleviated through palliative care interventions. COPD patients also face severe respiratory distress, necessitating a focus on symptom management and emotional support. Dementia, with its cognitive decline and behavioral symptoms, further complicates care needs, underscoring the importance of integrating palliative care to manage pain and provide emotional and psychological support. The challenges in geriatric palliative care are multifaceted. Ethical decision-making is a primary concern, as many older adults lack the decisional capacity to participate in end-of-life decisions. This issue is compounded by the frequent communication barriers that exist between patients, families, and healthcare providers. Moreover, the lack of coordination across healthcare settings, especially in complex cases involving multiple healthcare providers, often leads to fragmented care. The absence of comprehensive, patient-centered strategies can result in unnecessary hospitalizations, polypharmacy, and interventions that do not align with the patient's wishes or best interests. Improving geriatric palliative care involves several key strategies. First, enhancing the education and training of healthcare providers in geriatrics and palliative care is crucial for fostering a more integrated and collaborative approach. Second, improving decision-making tools, such as advance care planning (ACP), helps ensure that patient preferences are respected, and that care is aligned with the patient's goals. Additionally, better care coordination across healthcare settings, facilitated by interprofessional collaboration, can reduce hospital admissions and ensure continuity of care. Finally, further research into the effectiveness of palliative care interventions for older adults with chronic conditions is necessary to develop evidence-based practices that can be widely implemented. Ultimately, geriatric palliative care represents a vital aspect of healthcare for older adults facing life-limiting conditions. By focusing on comprehensive care that addresses physical, psychological, and spiritual needs, healthcare providers can significantly improve the quality of life for elderly patients. Addressing the challenges in this field and advancing research will be essential in ensuring that palliative care becomes an integral part of geriatric healthcare, offering a compassionate and holistic approach to care at the end of life.

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الرعاية التلطيفية للمسنين - خطط رعاية التمريض: مراجعة محدثة

الملخص:

الخلفية: إن الزيادة في متوسط العمر المتوقع في السكان المتقدمين في السن قد أبرزت الحاجة المتزايدة للرعاية المتخصصة في إدارة الحالات المزمنة والمحدودة للحياة. ومع تزايد انتشار الأمراض المتعددة، والضعف، وتدهور القدرات الإدراكية في الفئات العمرية الأكبر سناً، أصبحت الرعاية التلطيفية للمسنين (GPC) مجالاً ضرورياً في الرعاية الصحية. تناقش هذه الورقة تكامل رعاية المسنين والرعاية التلطيفية، مع التركيز على دور خطط رعاية التمريض في إدارة احتياجات الرعاية الصحية المعقدة للمسنين، ولا سيما أولئك الذين يعانون من أمراض مزمنة .

الهدف: استكشاف دور الرعاية التلطيفية للمسنين في إدارة الحالات المسنة المعقدة وتحديد التحديات الرئيسية والاستراتيجيات لتحسين تقديم الرعاية، مع التركيز على خطط رعاية التمريض والأساليب متعددة التخصصات.

الطرق: تراجع هذه المراجعة الأدبيات الحالية والأدلة حول الرعاية التلطيفية للمسنين، مع دراسة التداخل بين رعاية المسنين والرعاية التلطيفية. يتم مناقشة الأسس النظرية، والأطر الأخلاقية، والتحديات داخل هذا المجال. كما تم استكشاف استراتيجيات لتحسين تنسيق الرعاية، واستقلالية المرضى، وجهود البحث.

النتائج: تحدد الورقة العديد من الحالات المسنة الرئيسية، مثل أمراض القلب المزمنة، مرض الانسداد الرئوي المزمن (COPD) ، والخرف، التي تتطلب غالباً تدخلات رعاية تلطيفية. كما تبرز التحديات في توفير رعاية شاملة، بما في ذلك صعوبة اتخاذ القرارات، وتنسيق الرعاية، والفجوات البحثية. تم اقتراح استراتيجيات لتعزيز الرعاية المتمحورة حول المريض من خلال التعاون، والتخطيط المسبق للرعاية، وتحسين انتقالات الرعاية.

الاستنتاج: تلعب الرعاية التلطيفية للمسنين دوراً حاسماً في تعزيز جودة الحياة للبالغين الأكبر سناً الذين يعانون من حالات محدودة للحياة. إن معالجة تحديات تنسيق الرعاية، واتخاذ القرارات الأخلاقية، وتطوير التدخلات المعتمدة على الأدلة أمر ضروري لتحسين الرعاية للمسنين. هناك حاجة إلى مزيد من البحث والتعليم لتطوير هذا المجال وتوفير رعاية شاملة وفردية .

الكلمات الرئيسية: الرعاية التلطيفية للمسنين، الأمراض المزمنة، خطط رعاية التمريض، تنسيق الرعاية، المسنون، رعاية نهاية الحياة، اتخاذ القرارات الأخلاقية، جودة الحياة، الأمراض المتعددة، التخطيط المتقدم للرعاية.