

PALLIATIVE CARE: IMPACT OF ITS COMPONENTS ON PATIENTS OUTCOMES



Fjolla Asllanaj

Doctor of Medicine

Abstract

Palliative care is a specialized approach aimed at improving the quality of life for patients with life-limiting illnesses by managing symptoms, relieving pain, and providing psychosocial support. This article examines the impact of key components of palliative care—interdisciplinary teamwork, symptom management, psychological support, communication, and early integration—on patient outcomes. Evidence shows that early involvement in palliative care improves quality of life, reduces symptom severity, lowers depression, and may even extend survival. Early integration and effective communication also enhance decision-making and provide crucial support to patients and caregivers, improving the overall experience of serious illness.

Introduction

Palliative care represents a distinct medical subspecialty that has developed notably over the past 15 years, dedicated to offering comprehensive support to patients struggling with severe illnesses. It emphasizes symptom alleviation, pain management, and the reduction of psychosocial distress, irrespective of diagnosis or prognosis [1].

This form of care employs a team of specialized professionals to assist individuals affected by progressive diseases and their caregivers. The World Health Organization defines palliative care as care that “improves the quality of life of patients and their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social, or spiritual” [2].

The most common conditions requiring adult palliative care include cardiovascular diseases (38.5%), cancer (34%), chronic respiratory diseases (10.3%), AIDS (5.7%), and diabetes (4.6%). Other conditions include kidney failure,

chronic liver disease, autoimmune diseases, neurological disorders, dementia, and congenital anomalies [2].

The fundamental elements of an effective and comprehensive palliative care program include several key components that collectively enhance the quality of life for patients facing serious illnesses while providing essential support and resources to their families.

A well-rounded palliative care program is vital for improving outcomes, especially for patients with serious illnesses. It should include a coordinated team of professionals, effective symptom management, early involvement in care, and strong psychological and social support. Effective communication is also essential. When these elements come together, they can significantly enhance the quality of life for patients and their families.

1. Interdisciplinary Team Approach

Best practice in palliative care involves an interdisciplinary team that includes a doctor, nurse, social worker, and chaplain. Physical therapists, occupational therapists, psychologists, dietitians, acupuncturists, music therapists, and massage therapists may also participate or work closely with the core team.

Palliative care addresses all aspects of the patient’s and caregiver’s well-being, including physical, emotional, practical, and spiritual needs. Oncologists often believe that they adequately provide palliative care to their patients; however, while many can manage medical symptoms effectively, palliative care as a discipline focuses on pain and discomfort that are not purely somatic. It is delivered by an interdisciplinary team using diverse approaches to relieve suffering [1].

Palliative care teams prioritize building therapeutic relationships and maintaining rapport with patients and families over time, addressing symptoms, emotional needs, and functional abilities. Team members also provide education to patients and families about the nature of the illness and prognosis while clarifying care goals [4,5].

Integrative palliative care is best achieved through specialized interdisciplinary teams that maintain structured communication practices and routinely share relevant information. This framework ensures timely and adequate interventions to meet patients’ diverse needs [6].

2. Symptom Management

The most common symptoms encountered in palliative care are pain and difficulty breathing.

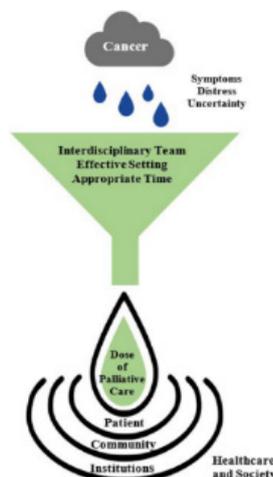


Figure 1. The dose and ripple effect of palliative care. (Milazzo S, Hansen E, Carozza D, Case AA. How Effective Is Palliative Care in Improving Patient Outcomes? *Curr Treat Options Oncol*. 2020 Feb 5;21(2):12. doi: 10.1007/s11864-020-0702-x. PMID: 32025964.)

Correspondence:
dr.fjollaasllanaj@gmail.com

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Aurora Polloshka

Doctor of Medicine

Opioids are essential for managing these symptoms. Palliative care focuses on improving quality of life, acknowledging that dying is a natural process and should neither be hastened nor delayed [3].

A Cochrane review of seven studies comparing early palliative care with conventional cancer treatment examined health-related quality of life, depressive symptoms, symptom relief, and survival outcomes. Five studies were randomized controlled trials, and two were cluster-randomized [7].

Temel et al. conducted a randomized controlled trial showing that early integration of palliative care alongside standard oncologic care for patients with non-small-cell lung cancer resulted in a survival increase of approximately two months and a clinically significant improvement in quality of life and mood [8].

Otis-Green et al. studied patients at various stages of non-small-cell lung cancer and found greater quality-of-life improvements among those receiving early rather than late-stage palliative care [9].

The ENABLE III trial by Bakitas et al. examined an outpatient nurse-led intervention among cancer patients and found improved patient education and empowerment. However, delayed initiation of palliative care (three months after diagnosis) resulted in minimal improvements in quality of life and symptom severity [10].

Maltoni et al. conducted a prospective randomized study in patients with metastatic or locally advanced pancreatic cancer and demonstrated reduced symptom intensity and improved overall quality of life in the early palliative care group [11].

Overall, these studies provide moderate evidence supporting improved survival, advance care planning, and resource use associated with early palliative care integration [7].

3. Psychological and Social Support

Psychological support is crucial in palliative care for improving the quality of life of patients and their families. It includes interventions addressing emotional distress, facilitating decision-making, and promoting coping strategies. Integrating psychological services into palliative care provides a holistic approach that enhances emotional and spiritual well-being while reducing anxiety, depression, and fear [1,12].

Palliative care also supports advance care planning and promotes patient autonomy, helping patients and caregivers manage the mental health challenges associated with chronic or terminal conditions.

While oncologists often focus on disease management, palliative care emphasizes quality of life—enabling patients to spend time with loved ones and engage in meaningful activities [13].

Greer et al. observed that early integration of palliative care provides higher levels of psychosocial support [14]. Temel et al. found that initiating palliative care early in advanced lung cancer treatment improved quality of life and reduced depressive symptoms [8].

In a 2018 study, Greer et al. reported that early palliative care fosters adaptive coping strategies, improving emotional well-being and reducing depressive symptoms [15].

Bakitas et al. also showed that nurse-led psychoeducational interventions via telephone

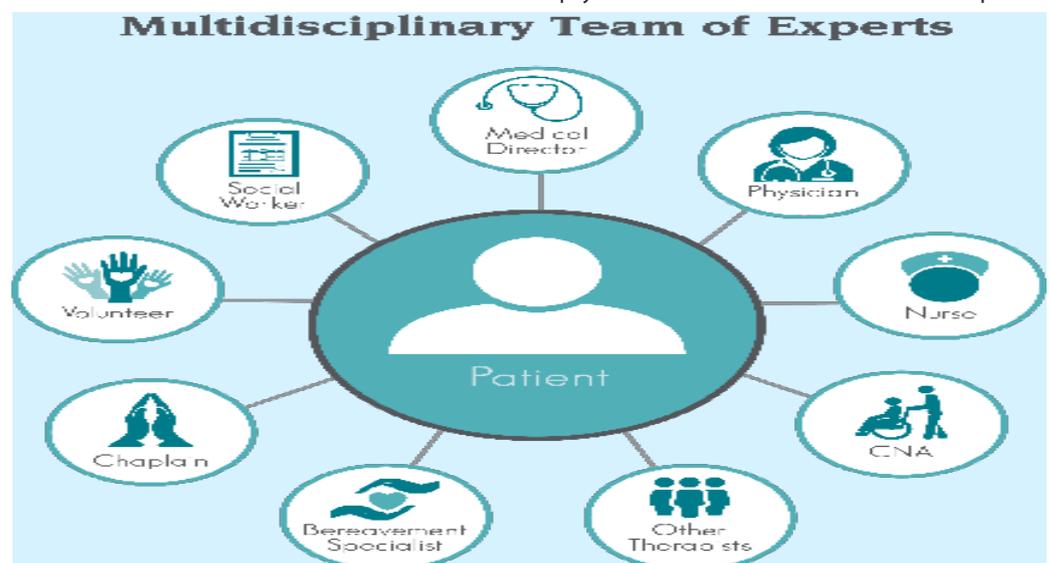


Figure 2. Multidisciplinary Team of Experts (Hospice And Palliative Medicine Palliative Care Health Care Nursing Care. Available from: https://favpng.com/png_view/hospice-and-palliative-medicine-palliative-care-health-care-nursing-care-png/PA3BZGSJ)

Correspondence:
aurapolloshka@gmail.com

enhanced quality of life and mood compared to usual oncology care [16].

4. Effective Communication

Communication is a key component of palliative care. Patients with chronic illnesses want to discuss treatment options and care goals with their oncologists. Given the complexity of these conditions, effective communication helps patients understand their diagnosis and the implications for future care [3].

Palliative care facilitates open discussions that allow patients and families to ask questions, express concerns, and share treatment preferences. Collaboration between palliative and oncology teams ensures clarity about prognosis and care goals, enabling informed decisions [14].

Research also shows that patients who accept their prognosis are less likely to experience depression, anxiety, or hopelessness [17].

5. Early Integration into Care

Early integration of palliative care into treatment plans—especially in oncology—has been shown to improve outcomes [1].

The American Society of Clinical Oncology (ASCO) recommends that patients with advanced cancer begin palliative care within the first eight weeks of diagnosis, integrated alongside active treatment [4].

This model promotes timely interventions, better symptom control, and improved satisfaction [6]. It also enhances quality of life while reducing dependence on hospital and emergency services [3].

Several studies demonstrate the benefits of early integration. Temel et al. showed reduced depression, improved quality of life, fewer hospital visits, and longer survival among metastatic NSCLC patients receiving early palliative care [8]. Bakitas et al. found that one-year survival was significantly higher among patients who received early palliative care [10]. Vanbutsele et al. reported improved quality of life among those receiving early integrated care compared with standard oncologic care [13].

Palliative care may improve survival indirectly by enhancing symptom control, alleviating depression, strengthening social support, and improving decision-making. While its primary goal is quality of life rather than longevity, evidence of survival benefit supports early integration [18].

Methods

A comprehensive literature review was conducted to examine the impact of palliative care and its components on patient outcomes among individuals with life-limiting and chronic illnesses, including cancer.

Relevant studies were identified through

systematic searches of PubMed, Scopus, Cochrane Library, Google Scholar, EMBASE, and ResearchGate using the following key terms: palliative care, early integration, quality of life, symptom management, psychosocial support, and multidisciplinary care.

Inclusion criteria: peer-reviewed studies focusing on palliative care interventions, quality of life, and related outcomes.

Exclusion criteria: studies limited to end-of-life care or lacking outcome data.

Results

1. Quality of life and symptom control significantly improved in patients receiving early palliative care.

2. Depressive symptoms and psychological distress were reduced, with better emotional well-being.

3. Survival rates improved modestly, especially in advanced cancer patients.

4. Hospitalizations and emergency visits decreased, indicating better care coordination.

5. Effective communication promoted patient autonomy and satisfaction.

6. Healthcare resources were used more efficiently, with fewer aggressive interventions.

Discussion and Conclusion

The literature review demonstrates that a comprehensive palliative care program—characterized by interdisciplinary teamwork, effective symptom management, psychological support, strong communication, and early integration—substantially enhances quality of life and clinical outcomes for patients with serious illnesses.

These findings underscore the importance of implementing structured palliative care strategies in clinical practice. Future research should focus on the optimal timing of palliative care integration and the influence of cultural, social, and economic factors on care effectiveness.

Healthcare professionals engaged in palliative care are dedicated to providing compassionate, holistic management that ensures quality of life, comfort, and dignity for individuals facing terminal illnesses.

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