

# Hospital-based specialist palliative care compared with usual care for adults with advanced illness and their caregivers: a systematic review

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## Plain English summary

Hospital-based specialist palliative care vs. usual care

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## Plain English summary

**A**lthough most people prefer to die at home, most deaths still occur in hospital. Hospital-based specialist palliative care involves the provision of palliative care services by specialist palliative care providers to people while admitted as inpatients to acute care hospitals, as outpatients or as patients receiving care from hospital outreach teams at home. Usual care could be inpatient or outpatient hospital care without specialist palliative care input at the point of entry to the study, or community care or hospice care provided outside the hospital setting. Hospital-based specialist palliative care is a growing area. However, it is unclear what components and models of hospital-based specialist palliative care work best. The need for clarity on these important features, as well as effective use of resources, has been raised. Consequently, this systematic review was carried out to address these areas.

We identified and studied all the key data from relevant randomised controlled trials. We included 42 randomised controlled trials with 7779 participants (6678 patients and 1101 caregivers). Twenty-one studies involved patients with cancer, 14 studies involved patients with other advanced illness (non-cancer) and seven involved patients who had a combination of cancer and non-cancer diagnoses (mixed diagnoses).

Results showed that hospital-based specialist palliative care may improve patient health-related quality of life, symptom burden and depression, while improving satisfaction with care and helping patients die where they want (measured by home death). Interviews exploring views and experiences of hospital-based specialist palliative care suggest that hospital-based specialist palliative care may be beneficial because it ensures personalised and holistic care for patients and their families, while also fostering open communication and shared decision-making, with respectful and compassionate care. There was no evidence that hospital-based specialist palliative care caused serious harm or cost more than usual care.

Further research is needed to look at the effectiveness of hospital-based specialist palliative care for caregivers, those with non-cancer diagnoses and whether it is more economical than usual care.

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