

" What do we know about different models of specialist palliative care? Findings from a review of reviews."

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Background

Expansion of palliative care services internationally means robust evidence is required to support policy and service commissioning decisions. The advantages and disadvantages of different models of palliative care need to be identified. Exploration of the most effective components of these models is also needed.

Aim

This review of reviews identifies the potential strengths and weaknesses of different models of palliative care and their relative appropriateness for various populations and patient groups.

Design

A review of reviews was completed. Comprehensive searches were conducted of 7 databases from 2000-2014 for English language systematic and narrative review level evidence about models of palliative care for any palliative care adult patient group (defined as people aged 18 and over) with life-limiting illnesses. Reference lists of included reviews were scrutinised to identify further reviews. Reviewers independently screened titles and abstracts for relevance using pre-determined inclusion criteria. Two reviewers independently extracted data for each included study. Methodological quality was assessed using the AMSTAR tool¹. Narrative synthesis was undertaken.

Results

From 17241 papers identified, a range of models of palliative care have been described and evaluated in 18 medium - high quality reviews of specialist palliative care³⁻²⁰. Most were narrative reviews based on non-randomised studies. Most of the available evidence appears to relate to home care. Although individual reviews highlighted a number of potential advantages but few disadvantages of models of palliative care, heterogeneity in descriptions of the models of palliative care and poor quality of reporting about the components of the models makes it difficult to draw any conclusions about which models / components of models are most appropriate for which patient groups under what circumstances. Indeed, the under-reporting about the components of both intervention and comparator model is a major barrier to the implementation of models of palliative care. Limited evidence exists about the cost-effectiveness of each model.

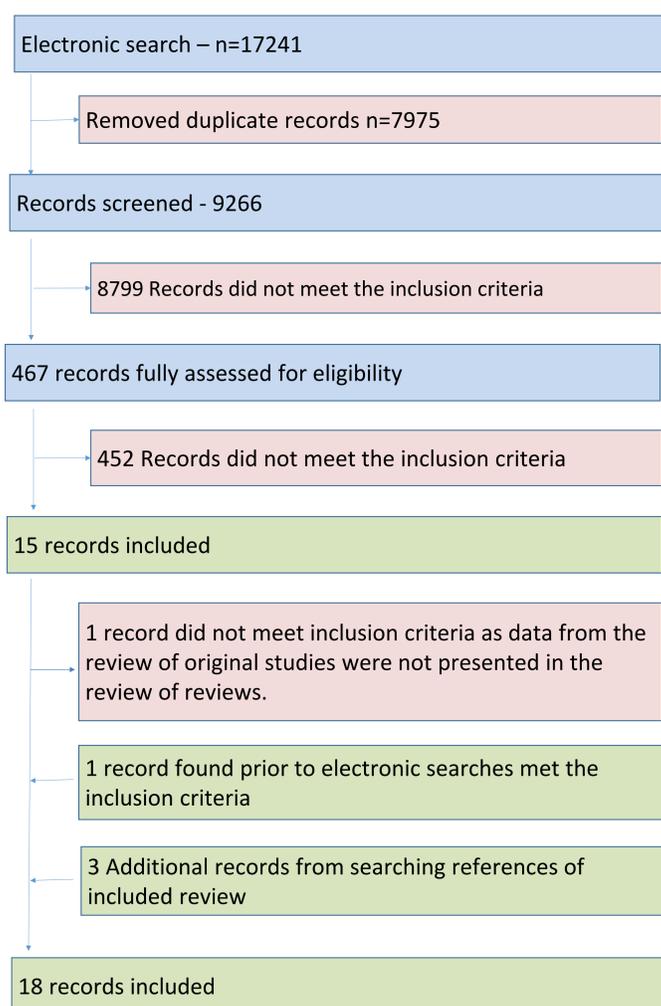
Conclusions

Better reporting of models of palliative care and further primary research is needed to identify beneficial models / components of models and their cost-effectiveness.

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Figure 1: PRISMA flow chart²



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