

Title	Palliative Care Services
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Reference	Technology Review Report - 006/2018; online: http://www.moh.gov.my/index.php/database_stores/store_view_page/30/333

Aim

To assess the effectiveness, safety, economic implication as well as the organizational, ethical issues in palliative care interventions in improving QOL and symptoms control among patients with chronic life-limiting illness.

Conclusions and results:**Effectiveness****Quality of life**

Sufficient, good level of retrievable evidence to suggest that specialised palliative care in hospital-based, community-based and home-based settings, direct and comprehensive team model as well as early integration of PC multidisciplinary team improved QOL in patients with life-threatening diseases. Home-based paediatric palliative care also improved QOL of patients and their caregivers.

Physical well-being

Sufficient fair to good level of retrievable evidence that suggest palliative care improved physical symptoms, specifically on pain and oral morphine was an effective analgesic for cancer pain, with similar efficacy to other opioids. No conclusions can be drawn about efficacy or harm in the use of opioids to treat cancer among paediatric patients. Insufficient evidence retrieved on fatigue, weight loss and palliative pharmacological sedation on QOL or symptom control.

Psychosocial well-being

There was fair to good quality of retrievable evidence that suggest psychosocial interventions improve QOL and emotional wellbeing.

Spiritual well-being

There was fair level of retrievable evidence that suggest spiritual interventions had a moderate beneficial effect in terms of improving QOL of cancer patients

Traditional and Complementary Medicine

There was good quality of retrievable evidence that suggest combined Chinese Herbal Medicine and conventional treatment significantly reduced pain and constipation.

Safety

Most people will experience tolerable adverse events from using various types of opioids. No direct evidence that opioids affected patient consciousness, appetite or thirst when used to treat cancer pain.

Economic evaluation

There was sufficient retrievable evidence that suggest palliative care unit was cost saving; lower hospital cost when patients seen by a palliative care consultation team than for patients who not did not receive this care. Community-based specialist, outpatient palliative care associated with a reduction of health care costs among patients with terminal or advanced and complex illness. Home-based palliative care for paediatric patients was cost-saving although results were somewhat mixed in the adults.

Organizational issues

Community-based specialist palliative care teams were effective at reducing acute care use and hospital deaths at the end of life.

Ethical and cultural considerations

Individuals have three primary goals with respect to making treatment decisions for them during periods of incapacity: involve their family, treat them consistently with their own treatment preferences, and reduce the burden on their family.

Suggested Recommendation

Specialised, hospital-based, community-based & home-based palliative care services involving comprehensive, multidisciplinary team are recommended for patients with life-limiting diseases. Early and systematic integration of palliative care into patient overall treatment plan is recommended. Oral morphine is standard analgesia for moderate to severe cancer pain, however more research in warranted for its use in children and adolescents.

Methods

Electronic databases were searched through the Ovid interface: Ovid MEDLINE® In-process and other Non-indexed citations and Ovid MEDLINE® 1946 to present, EBM Reviews - Cochrane Central Register of Controlled Trials, EBM Reviews - Cochrane Database of Systematic, EBM Reviews - Health Technology Assessment, EBM Reviews - Database of Abstracts of Reviews of Effects, EBM Reviews - NHS Economic Evaluation Database, as well as Embase and PubMed. Last search was conducted on 25 August 2018.

Further research/reviews required

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Written by

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