

## REVIEW ARTICLE

## PALLIATIVE CARE IN OLD AGE

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**ABSTRACT:**

*Elderly care is an essential aspect of healthcare. Though care for seniors has traditionally been the responsibility of family members, in modern society, old people are mostly left alone at their homes or cared for in an elderly home. According to World Health Organisation "Health is a state of complete physical, mental and social wellbeing and not merely the absence of any disease or infirmity." A process of becoming older is aging. The body's development and maturation are natural aspects of this phenomena. The process of aging or becoming old involves several physical and psychological changes. Palliative care encompasses a variety of services provided to patients and their families by a variety of experts, all of whom have equally vital responsibilities to play. These professions include doctors, nurses, support workers, paramedics, pharmacists, physiotherapists, and volunteers. Patients with life-threatening illnesses whether they be psychological, social, physical, or spiritual—and their families who are dealing with these problems benefit from palliative care. Moreover, caregivers' quality of life increases. Studies demonstrating the frequency of various health issues may be found by conducting the following searches. Searches for potential research publications were conducted on PubMed, Google Scholar, PsycINFO, ResearchGate, and Taylor & Francis. This study aims to provide potential interventions that geriatric social workers may implement to assist older adults in managing their current health issues.*

**KEYWORDS:** Palliative Care, Old Age**INTRODUCTION:**

One of the most important aspects of aging is receiving healthcare. While an excellent healthcare facility can help with the aging process in certain ways, it can also have a significant negative impact on it. Age-related changes in older adults include social isolation, diminished

financial stability, deteriorating health, and a greater physical, emotional, and financial reliance on peers and children.

Palliative care is an important part of care that is included along with treatments to slow, stop, or cure the cancer. Palliative care can improve the quality of your life and help you feel more satisfied with the treatment (1).

For those with life-threatening illnesses like cancer or heart failure, palliative care refers to specialist medical care. In addition to treatment meant to cure their serious disease, patients in palliative care may also get medical care for their symptoms. Palliative care is designed to improve the quality of life that a patient and their family experience, in addition to their current medical treatment. Patients whose condition is not responding to curative treatment are actively treated for in palliative care. Initial consideration should be given to managing pain, physical symptoms, and social, psychological, and spiritual issues (2).

In order to meet the long-term care needs of the elderly and other people with physical and/or mental impairments, enhance their quality of life, and preserve their independence for as long as possible, geriatric care management—also referred to as "elder care management," "senior health care management," and "professional care management"—is the process of providing care. It comprises administering, providing, and referring different forms of health and social care services while collaborating with elderly people and their families.

Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification of the disease, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual (3).

Palliative medicine seeks to manage medical symptoms such as pain while incorporating social, psychological, and spiritual assistance. The ultimate aim is to assist patients in achieving the highest possible standard of living.

## **DEFINITIONS**

According to WHO "Palliative care is an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness (4)." Through the early detection, accurate diagnosis, and treatment of pain and other issues, whether they be psychological, spiritual, or physical, palliative care can avoid and reduces suffering. Of the 1.2 billion people living in India, less than 1% have access to palliative care.

**PALLIATIVE CARE** (WHO, 2002) is an approach that enhances the quality of life for patients and their families dealing with issues related to life-threatening illness by treating pain and other issues that are physical, psychological, and spiritual, as well as by preventing and relieving suffering through early detection and accurate assessment. Palliative care was born in India as the Shanti Avedna Sadan in Mumbai, a hospice in 1986 (5).

The International Federation of Social Worker defines social work as “a practice- based profession and an academic discipline that promotes social changes and development, social cohesion, and the empowerment and liberation of people.

Global definition of social work profession approved by IFSE general meeting and IASSW General assemble in July 2014 is as follows:

*“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels (6).”*

### **IMPORTANCE OF PALLIATIVE CARE**

The study and treatment of patients with active, far-reaching illness for whom there is little chance of recovery and where quality of life is the main goal of care is known as palliative care. Palliative care concepts are becoming more widely acknowledged as universal guidelines that should be used for a wide range of medical problems. Both geriatric and palliative medicine place a strong emphasis on holistic treatment, and they share a number of characteristics.

Enhancing the general well-being of patients with life-threatening diseases is the main goal of palliative care. It deals with the stress and discomfort of having a chronic illness. It could also entail providing care for family members or caretakers. Palliative care is a unique subset of medicine that concentrates on offering patients and their family’s consolation and support. The objective is to enhance the standard of living for those with severe medical illnesses by attending to their physical, emotional, social, spiritual, and practical requirements.

Palliative care is based on providing the relief to the individuals symptoms and pain they suffer due to the illness or disease. The plan for providing this end-of-life-care may include

- Reducing symptoms, including adverse drug reactions
- Enhancing knowledge of disease and how it progresses
- Finding and using extra resources to offer assistance
- Aiding in the adjustment of emotions and changes brought on by sickness
- Recognizing and meeting both material and spiritual needs
- Helping to comprehend available treatments, make decisions about treatments, and organize care
- Relieves pain and other uncomfortable experiences

Palliative care helps in relieving pain and other uncomfortable experiences, believes in life and accepts death as a natural process, provides a support network and incorporates the psychological and spiritual facets of patient care to enable patients to lead as active a life as possible until their demise. This type of care provides a network of support to help the family

deal with the patient's illness and their own loss. It also employs a team approach to meet the needs of patients and their families, offering bereavement counselling when necessary. All of these measures will improve the patient's quality of life and may even have a positive impact on the course of the illness.

Grief and bereavement support in palliative care is an essential component of palliative care, but there is a gap in practice since not all palliative care facilities provide it. Palliative care may be compared symbolically to a comfortable blanket that offers respite from pain and suffering that envelops the patient and their loved ones in an embrace, relieving their pain and suffering.

### **BENEFITS OF PALLIATIVE CARE**

Palliative care aims to help patients and their families while enhancing the quality of life for those with serious or terminal illnesses.

1. **Symptom management support** - According to a study by Haun, M *et al.* "Early palliative treatment may marginally improve the quality of life for cancer patients who have advanced disease. It could also somewhat lessen the severity of the symptoms (7)."
2. **Reduced risk of depression** - According to a study by Prescott, A *et al.* "In people who were diagnosed with terminal cancer, early palliative treatment is related with a decreased incidence of depression (8)."
3. **Improved quality of life** - According to a study by Benzi M. kluger *et al.* "Patients who received palliative care had a higher quality of life and a lower symptom load (9)."
4. **Improvement in the satisfaction level of the caregivers** - According to a study by Dio Kavalieratos "Palliative care was consistently linked to better advance care planning, higher patient and caregiver satisfaction, and reduced health-care usage (10)."
5. **Providing support and guidance in decision making** - Palliative care experts assist patients with serious illnesses and their families in making decisions regarding care, treatment for their sickness, and emotional coping with the diagnosis.
6. **Providing support to family members and care givers** - Palliative care may involve educational counselling and emotional support for family members caring for a loved one suffering from a terrible illness.
7. **Prolonged survival** - People with advanced cancer who get palliative care may have a greater life rate due to the possible correlation between depression and mortality.

### **TYPES OF PALLIATIVE CARE**

Providing person-centered care to patients with a restricted prognosis, palliative care aims to maximize the quality of life for both the patient and their loved ones by addressing physical, psychological, social, and existential suffering. Palliative care is an interdisciplinary approach to provide relief from physical, emotional, social, and spiritual suffering for patients and their families.

- **Basic palliative care** is the benchmark for palliative care that all medical practitioners, whether working in primary or secondary care, should adhere to while treating patients with life-limiting illnesses as part of their regular responsibilities.
- **Specialised palliative care** is the higher standard of palliative care at the expert level by a skilled multi-professional team that is required to keep up with the latest developments in their field in order to handle more complicated and enduring issues and to offer other non-specialized primary or secondary care team members specialized training and useful resources.

Another lense through which we can view palliative care is divided into two types-;

1. **Formal** - In formal palliative care, the elderly person is looked after by a paid professional. According to *Silmara Meneguín et al.* "The caregivers' comfort in the provision of palliative services was quite good, contrary to expectations that the stress placed on them would negatively influence their impression of the notion whereas the comfort proved to be related to challenges in home care (11)."
2. **Informal palliative care** - is not compensated for providing care, yet performs many of the same tasks and responsibility, frequently, more than a formal caregiver.

Patients whose condition is not responding to curative treatment are actively cared for in palliative care. Priority one should be given to managing pain, physical symptoms, and social, psychological, and spiritual issues. Any medical expert can administer it.

According to SD Block "People with life-threatening diseases often go through emotional discomfort and confront significant psychological obstacles. They understand the effects of mental illnesses including delirium, anxiety, and sadness on the latter stages of life" (12).

### **PALLIATIVE CARE AND QUALITY OF LIFE**

For many people facing terminal diseases, spirituality is extremely vital as it gives them meaning and hope. Of course, medical practitioners need to be aware that certain patients might not need spiritual treatment. It enables and encourages people to have better understanding and relationships with themselves and the unknown. It helps with deeper inner questioning and loss of meaning and purpose in life.

According to Cathy J Silloway *et al.* advocates that "Palliative care prioritizes patient and family-centered treatment (13)."

Palliative care is comprehensive treatment of the discomfort, symptoms, and stress of serious illness. It does not replace your primary treatment; palliative care works together with the primary treatment you're receiving. The goal is to prevent and ease suffering and improve your quality of life.

According to a study by Raymond S.K Lo MRCP *et.al* studied "the QOL of palliative care patients in the Last two weeks of life. The results showed that the assessment of quality of life (QOL) in

the terminal phase pinpoints critical areas that need to be improved in the final two weeks of life (14)."

Spiritual is derived from the Latin word "spiritus" which mean breath. It might refer to anything immaterial and holy that has the potential to be morally or intellectually grounded.

According to HYL Chan *et al.* in his study "spiritual concerns are significant palliative care needs among elderly patients with advanced Heart Failure, in addition to symptom management (15)"

#### **DIMENSIONS OF QUALITY OF LIFE IN PALLIATIVE CARE**

PROVIDER	Spiritual	Death	
	Psychological		
FAMILIES	Social		
	Spiritual		
	Psychological		
PATIENTS	Psychological		
	Social		
	Spiritual		
	Diagnosis		
	Illness		

#### **TYPES OF MANAGEMENT UNDER PALLIATIVE CARE SUPPORT SERVICES**

A palliative care team includes health care provider, nurses, professional social workers, nutritionists. Addressing the patient quality of life is one of the main aims of the palliative care support services. This indicates that providing of the psychological, spiritual and social issues and as well as the physical symptoms that the patient is experiencing. It is a kind of approach that addresses the person as a whole and not only their diseases.

#### **PHYSICAL MANAGEMENT / CLINICAL MANAGEMENT**

Palliative care is an essential part of healthcare that aims to treat and relieve a patient's symptoms, discomfort, and stress related to a serious disease. Pain relief, emotional support, and symptom management are examples of physical aspects of palliative care. Using drugs or therapies like nutrition therapy, symptoms such as nausea, exhaustion, trouble breathing or swallowing, and appetite loss are managed. For the purpose of lowering pain levels related to a serious disease, pain control measures include pharmaceuticals and alternative therapies like massage therapy.

Symptom management is the primary purpose of palliative care. It includes monitoring and treating symptoms that may include pain, nausea, fatigue, difficulty breathing, depression or anxiety. This type of care focuses on keeping the patient comfortable so they can enjoy a better quality of life.

According to Wijk H *et al.* “For half of the older patients, the most important requirement was to be free of physical discomfort. The occurrence of other essential needs (psychological, social, and spiritual) was rare until pain was reduced or completely gone (16).”

### **PSYCHOLOGICAL MANAGEMENT**

Palliative care is a medical specialty that assists in reducing the stress and symptoms of life-threatening diseases. Its goal is to make life better for the sufferer and their loved ones.

The goal of psychological palliative care is to support patients in managing the emotional strain that comes with their disease. This type of care involves controlling stress, helping people find meaning in their experiences, and offering emotional support and coping skill development. Individuals dealing with a severe disease or potentially fatal condition may find great solace and optimism from psychological palliative care. We may now investigate the spiritual palliative care options that are accessible to individuals in need, having established this foundation.

Patients and their families can better manage the stress that accompanies a serious illness when they get emotional support. This might be having a conversation with them about their emotions, assisting them in choosing a course of therapy, or offering them tools to help them deal with the healthcare system.

### **SPIRITUAL MANAGEMENT**

Palliative care that is spiritual in nature gives patients a safe space to explore their spirituality and beliefs. This can involve spiritual instruction, prayer, and meditation, or it could only involve using religious texts or rituals to console someone. Individuals who may not identify with any one faith but nevertheless want a deeper connection with themselves and their circumstances can benefit from spiritual palliative care.

Patients can find ways to cope with their illness and build resilience in facing whatever comes next in life. Instead of focusing solely on physical healing, they can embrace the spiritual journey of finding peace within themselves as they confront their health issues.

Spiritual care enables patients to rediscover meaningful areas of their lives and find purpose in their sickness. This frequently include talking about challenging issues like why this happened or how it may have been avoided, as well as analysing one's views and values.

### **ISSUES AND PROBLEMS FACED BY OLDER PEOPLE IN END-OF-LIFE CARE**

End of life care refers to the kind of healthcare given by family members, nurses, social workers, doctors, and other support personnel at home, in a hospital, or in a long-term care facility.

It refers to type of care provided in the time leading up to person's death and can be given at the final stages of a person's life and includes tending to their medical needs, spiritual requirements, mental and emotional needs, and practical duties.

Palliative care mostly accomplished by managing physical, psychological, and spiritual issues as well as preventing and relieving suffering via early detection, thorough assessment, and treatment.



According to a study by FKY Wong *et al.* “That patients receiving palliative care at home were in favourable social and environmental (17).”

### **BRIDGING THE GAP BETWEEN PALLIATIVE CARE SERVICES**

It is essential to assess the activities to bridge the gaps from the perspectives of people who support and will eventually execute such efforts, as well as any prospective opponents. The need to identify the key person (or group) with the decision-making authority over the plan, and then examine how that person (or group) can be engaged to implement the intended changes.

According to a study by Breen *et al.* “Bridging the policy and practice gaps in palliative care bereavement support necessitates acknowledging the challenges of medical and public health models, improving bereavement need assessment processes, enhancing the role of primary care providers, and expanding research to provide an evidence-base for interventions (18).”

### **ROLE OF SOCIAL WORKER IN PALLIATIVE CARE**

Dr. Clifford Manshardt an American missionary in 1936 started formal training in social work in India through Dorabji Tata Graduate School of Social Work. The first medical social worker was appointed in 1946 in J. J. Hospital, Bombay. In 1960's scope of medical social workers increased in India.

They deliver services like Counselling, Care Planning, Financial assistance, Psychosocial assessment. The important areas of medical social workers are in hospitals, drug rehabilitation centres, community health agencies, nursing homes mental health facilities and clinics. Most importantly, a medical social worker works to assure that the best interest of the patients is being met.

Palliative care is a method that enhances the quality of life for individuals and their families dealing with a life-threatening illness by preventing and relieving suffering through early detection, accurate assessment, and treatment of pain and other issues related to the body, mind, and spirit.

Palliative care social worker (PCSW) has emerged mainly as a specialty health-related type of clinical social work and is acknowledged and advised as an essential and suitable component of PC. Improving the general quality of life for those experiencing any form of issue is the same objective shared by social work and PC.

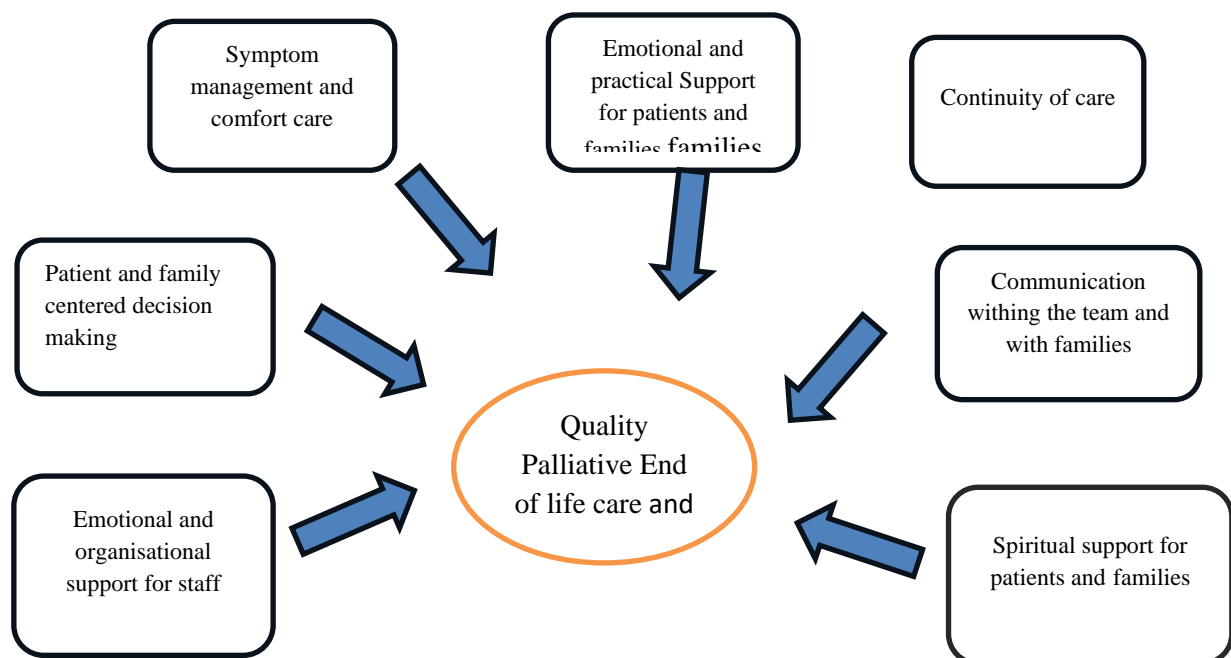
According to a study by G Ragesh titled “Palliative care social work in India: Current status and future direction” states that “Palliative care and social work share the objective of improving the overall quality of life for individuals with end-of-life concerns (19).”

The integrated palliative care team (IDT) relies heavily on social workers to help patients and their families as they address the psychological and social needs of those with severe illnesses. Social workers communicate with patients and families and are an essential member of the team because of their specific training.



Grace H, *et.al* (2008) in the study “Advancing Social work practices in End-of-Life care” concludes that Insufficient training of health professionals has often been cited as a major barrier to improving the system of care for dying patients and for the bereaved. Although specific problems have been identified for physicians and nurses, the problems of social work in this substantive area have only recently been explored (20).

This study primarily focuses on the essential existence of the social worker working in palliative care, and to identify the role and intervention that are required to be made by the practitioners in the area of palliative care. Their engagement in this area is important as this practice is still lacking behind as compared to various other areas of social work practice like social welfare, rehabilitation and community medicine. The present research proposal will try to focus on the importance of these roles and the intervention made by them.



In addition to helping patients, families, and caregivers with psychosocial assessment and services, a hospice and palliative social worker also helps patients create patient-centered goals and care plans and works to enhance patients' quality of life by providing information, attending to needs, and making appropriate referrals to other resources (21).

Support from both institutional and informal sources is essential for providing effective palliative, end-of-life, and grief care. The services that Palliative care social workers deliver in this area are

1. Social workers tend to liaise between people who are dying and their professionals who are monitoring them.
2. They raise awareness and develop skills to ensure that people feel supported within their communities.

3. Supervise, coach and mentor health and social care workers and volunteers
4. Monitor care provision and work together with care workers to improve care
5. Train and educate others.

According to Prajakta Dhavale in her study explained “Patients faced a variety of difficulties, including physical distress brought on by a lack of nursing care and medication, emotional distress brought on by the interruption of cancer treatment, financial and social distress related to job loss and social isolation, and spiritual distress brought on by uncertainty about final wishes and rites being carried out (22).”

Social worker offers a variety of services in order to contribute towards improving the life of the patients suffering from end-of-life care diseases.

### **1. Discussion as the end-of-life approaches**

- Establish connections that facilitate discussion
- Sensitively initiate conversations regarding the future.
- Ensure that everyone who needs to be involved is involved.
- When appropriate, direct those seeking more help to other specialists.

### **2. Review, assessment, and care planning**

- Prioritize enhancing wellness and achieving each person's individual objectives.
- Consider all of your wants and resources.
- Plan about preventive care and future needs that may change.
- Encourage the use of additional resources for assistance
- When necessary, use social care legislation, policies, and practices with tact to protect individuals.
- Provide guidance on and carry out pertinent laws and policies to aid in decision-making.
- Balancing the demands of unpaid caregivers and persons
- Make sure people receive the benefits to which they are legally entitled.

### **3. Care in the last days of the life**

- Make sure individuals are not isolated if they choose not to be.
- Offer psychological, social, cultural, and spiritual assistance.
- Address real-world problems and make ensuring individuals have access to the knowledge they require
- Focused on your quality of life.

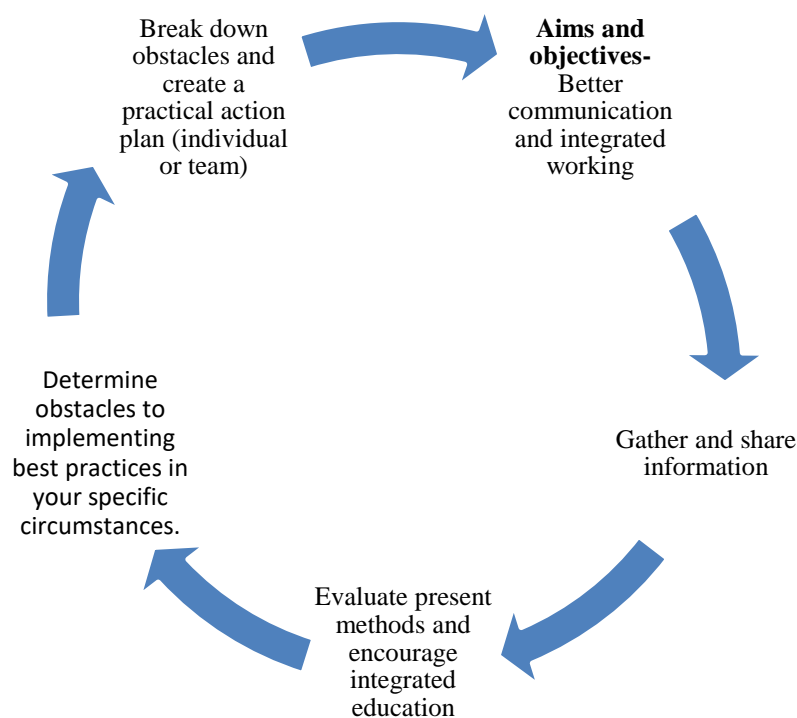
### **4. Coordination and high-quality care in different settings**

- Exchange best practices to guarantee that people's demands are satisfied in a variety of contexts.
- Maintain update on how care is assisting people in achieving their goals.
- Engage with other experts, agencies, and groups to optimize life quality.

- Encourage dialogue and information exchange to ensure coordinated care
- Establish connections with experts in palliative care
- Establish contacts with palliative care specialists

## 5. Care after Death

- Make sure individuals have access to the knowledge and assistance they require in order to finish the relevant formal processes and procedures.
- Assist individuals in learning to cope with their grief and offer assistance to those who are put in danger as a result of losing a loved one.
- As part of creating a culture that is supportive and introspective, offer emotional assistance to coworkers.



6. Palliative care social workers receive the assistance they require to advance their knowledge, practice effectively, disseminate their knowledge, and show their effectiveness.
7. Organize the caregiving process by handling any paperwork.
8. Collaborate with communities to understand their needs and capabilities; also, work together to build resilience to death, dying, and mourning.
9. Encourage families to decide together and for their children and young people.
10. By working with families, groups, and individuals, offer grief support.

Palliative care is considered by social workers as an essential component of any social work practice on loss, grieving, and bereavement. Social workers that specialize in palliative care are a resource for other social workers as well. Social workers examine the effects of their work

through study and evaluation and tell one another about educational possibilities from which they might both profit.

Felicity Moon *et.al* (2019) in the study “Social work End-of-Life care Intervention, Patients and their families in hospital” concludes that dying patients and their families should receive equitable social work intervention across settings integrating evidence around psychosocial bereavement risk (23).

The above study also supports the importance of palliative care social worker role as they are equipped with a wide range of skills like counselling skills, interactive skills, and can be a great source of psychosocial support.

Palliative care offers alleviation from a variety of symptoms, such as discomfort, dyspnoea, exhaustion, constipation, nausea, appetite loss, and difficulty sleeping. Additionally, it might support you in managing the adverse effects of your current medical treatments.

### **CONCLUSION:**

Our parents and older citizens deserve every bit of dignity and respect for providing us with the life we have. Aside from that, parents have made innumerable continual efforts and sacrifices as they nursed us through our childhood and provided us with the needs of existence. This also makes us one of the best at taking care of them and supporting them in all aspects.

This chapter has highlighted the role of palliative care in treating the elderly patients in their last stage of life. The above study tries to prevent a narrative view on the roles and duties of the palliative care social workers and also the domain of services that they deliver when working with the older people who are in need of palliative care. The palliative care social worker closely works with the older patients and focus on all the aspects like psychological, spiritual and social except physical and clinical management as its symptoms are majorly managed by medical professionals.

As social work professionals practicing in the field of geriatrics, it is our responsibility to work more effectively and efficiently to assist this underprivileged segment of society and ensure that they receive benefits in all forms.

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