
SOCIAL INEQUALITIES IN PALLIATIVE CARE FOR CANCER PATIENTS IN THE US: A STRUCTURED REVIEW

RONIT ELK, TISHA M. FELDER, EBRU CAYIR, AND CLEO A. SAMUEL

OBJECTIVES: *To identify patterns of access to and use or provision of palliative care services in medically underserved and vulnerable groups diagnosed with cancer.*

DATA SOURCES: *Google Scholar, PubMed, MEDLINE, and Web of Science were searched to identify peer-reviewed studies that described palliative care in medically underserved or vulnerable populations diagnosed with cancer.*

CONCLUSION: *Disparities in both access and referral to palliative care are evident in many underserved groups. There is evidence that some groups received poorer quality of such care.*

IMPLICATIONS FOR NURSING PRACTICE: *Achieving health equity in access to and receipt of quality palliative care requires prioritization of this area in clinical practice and in research funding.*

KEY WORDS: *Palliative care, under-served populations, vulnerable populations, cancer.*

Ronit Elk, PhD: Research Associate Professor, Co-Director, Palliative Care Initiative, College of Nursing, University of South Carolina, Columbia, SC. Tisha M. Felder, PhD, MSW: Assistant Professor, Director, Diversity, Equity and Inclusion, College of Nursing, Cancer Prevention & Control Program, Arnold School of Public Health, University of South Carolina, Columbia, SC. Ebru Cayir, MD: PhD Candidate, Department of Health Promotion, Education and Behavior, Arnold School of Public Health, University of South Carolina, Columbia, SC. Cleo A. Samuel, PhD: Assistant Professor, Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, NC.

Funding: T.M.F. was funded by an NCI Mentored Research Scientist Development Award to Promote Diversity (K01CA193667). All opinions expressed herein are the sole responsibility of the authors and do not reflect the views of the National Institutes of Health.

Address correspondence to Ronit Elk, PhD, College of Nursing, University of South Carolina, 1601 Greene St., Columbia, SC, 29208. e-mail: elk@mailbox.sc.edu

© 2018 Published by Elsevier Inc.

0749-2081

<https://doi.org/10.1016/j.soncn.2018.06.011>

Palliative care, an interdisciplinary, multi-component care model focused on relief of suffering throughout the course of a patient's illness has been found to improve health-related quality of life, particularly symptom management¹ and physical and psychological functioning in patients with cancer.^{2,3} There is recent evidence that early palliative care in patients with cancer can also improve coping strategies.⁴ National organizations such as the American Society of Clinical Oncology (ASCO) have recommended the integration of palliative care services along with standard oncology care early in the course of treatment for patients with metastatic cancer and/or a high symptom burden.⁵

Disparities in outcomes across the cancer continuum have long been identified across numerous medically underserved populations.^{6,7} There is evidence that disparities exist in access to and provision of palliative care in underserved populations,⁸ but there is a paucity of health disparities research in palliative care.⁹ Our goal was to identify gaps in access to, and provision of, evidence-based palliative care services in multiple medically underserved and highly vulnerable persons diagnosed with cancer to determine programmatic, research, and policy needs that would in turn contribute to access to and receipt of equitable palliative care for medically underserved groups.

METHODS

Adapted from the Krieger⁹ cancer disparities grid model, a structured review of the peer-reviewed literature was conducted on the domains of social inequality across the cancer continuum, beginning at the point of a cancer diagnosis through end of life. Google Scholar, PubMed, MEDLINE (EBSCO), and Web of Science were searched to identify published, peer-reviewed studies from January 2007 to June 2017 that described access to and use or provision of palliative care in medically underserved or vulnerable populations diagnosed with cancer. Medically underserved and vulnerable groups were defined as those in which there is prior evidence for cancer health disparities and includes: racial/ethnic minorities, older adults, those of lower socio-economic status, immigrants (including illegal immigrants), those

living in underserved geographic areas such as rural areas, homeless populations, sexual minorities, those without insurance, and the intellectually disabled. The abstracts of identified articles were reviewed if they were published in English, conducted in the United States, and focused exclusively on adult populations with cancer. In addition to electronic database searches, the references of selected papers were hand searched to identify additional studies for inclusion. Full text articles that met study criteria and summarized their study characteristics and main findings by medically underserved/vulnerable population domain were reviewed.

All studies included in the review in the cancer disparities grid were organized according to provision of care into three groups across the cancer continuum that correspond to palliative care recommended by ASCO at certain stages across the cancer continuum: 1) at diagnosis of advanced cancer or cancer with high symptom burden (ASCO guidelines: when referral to palliative care should be made); 2) during treatment (ASCO guidelines: palliative care services should be offered concomitant with treatment) or post-treatment (survivorship); and 3) at end of life. Although ASCO guidelines do not specifically refer to the end-of-life phase, many studies focus specifically on this phase; therefore, we wanted to differentiate these from during treatment and/or survivorship phases. Studies were referenced within the respective cancer disparities domain(s) based on the study's goal, analysis, and results. For example, if a study's primary goal was to examine racial/ethnic differences in palliative care but also provided results by gender or geography (regardless of statistical significance), that single study would be referenced in multiple domains.

RESULTS

Table 1 displays the current evidence and knowledge gaps in palliative care research by cancer disparity domains.¹⁰⁻¹²⁵ These domains are race/ethnicity, socioeconomic status, insurance status, age, rurality, immigrant status, sexual minorities, and intellectual disparity.

Race/Ethnicity

A number of studies investigated racial/ethnic disparities in palliative care services, primarily

Download English Version:

<https://daneshyari.com/en/article/10211358>

Download Persian Version:

<https://daneshyari.com/article/10211358>

[Daneshyari.com](https://daneshyari.com)