Do specialist palliative care teams improve outcomes for cancer patients: a systematic literature review

Hearn J, Higginson I J

Authors' objectives
To determine whether there is any evidence that the management of patients with advanced cancer by coordinated or multiprofessional teams, which provide specialist palliative care, improves the quality of care of these patients and their families.

Searching
The following databases were searched: MEDLINE from 1980 to 1996; PsycINFO from 1984 to 1996; CINAHL from 1982 to 1996; and BIDS, EMBASE, Social SciSearch and IBSS, from 1992 to 1996. The search terms were provided in the paper. Palliative Medicine, Journal of Palliative Care and Progress in Palliative Care were handsearched from their first issues to the end of 1996. Two Internet sites were searched CancerWEB and OncoLink. Additional material was obtained by contacting the authors of ongoing trials identified from conference proceedings, by searching the references from seminal articles, and through collaboration with researchers conducting related reviews. Studies reported in any language were considered.

Study selection
Study designs of evaluations included in the review
No inclusion criteria relating to the study design were specified. Randomised controlled trials (RCTs) and comparative or observational studies were included in the review.

Specific interventions included in the review
Specialist teams caring for advanced cancer patient and their families were eligible for inclusion. A multiprofessional team has been defined as a group of specialists who work together under appropriate leadership. Studies focusing on a particular type of cancer (i.e. breast cancer only) were excluded, because of a lack of generalisability.

Participants included in the review
Studies of patients with advanced cancer and their families were eligible for inclusion. The specific cancers in the included patients were not described. Information relating to the age and gender of the patients was not available for all of the studies.

Outcomes assessed in the review
No inclusion criteria relating to the outcome measures were specified. The outcome measures reported in the review were patient satisfaction, the patient being cared for where they wished, family satisfaction, family anxiety, and patient pain and symptom control.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
The validity of the primary studies was evaluated using a grading system. The appropriateness of the various outcome measures used was taken into account when allocating a grade (I to IV) to each study. The authors do not state how the papers were assessed for validity, or how many of the authors performed the validity assessment.

Data extraction
The data were extracted directly into tables. Where more than one paper had been published on the same study population, these articles were grouped in the table and a subset analysis was indicated.
Methods of synthesis
How were the studies combined?
The studies were not combined.

How were differences between studies investigated?
Some study differences were discussed in the results and discussion sections of the review.

Results of the review
Eighteen studies were included; there were 5 RCTs involving 925 patients and 344 carers, and 13 observational or comparative studies involving 14,466 patients and 577 carers.

When specialist multiprofessional care was compared with conventional care, four of the five RCTs and the majority of the comparative studies indicated that the specialist, coordinated approach resulted in similar or improved outcomes. The general practice (GP) working alone fared the worst, whilst teams including a district nurse fared the best when the patients or carers needed simple training. Teams involving a nurse specialist, GP and a district nurse provided the best services for those patients who required symptom relief.

Cost information
Some studies reported cost information. The results showed a tendency for reduced or equal costs in the intervention (multiprofessional) groups. A formal analysis was not conducted.

Authors’ conclusions
There was evidence that when compared with conventional care, the specialist teams in palliative care improved satisfaction and identified and dealt with more patient and family needs. Moreover, multiprofessional approaches to palliative care reduced the overall cost of care by reducing the amount of time patients spent in acute hospital settings.

CRD commentary
The search strategy was very comprehensive. The inclusion criteria (where specified) were purposefully broad, to allow a variety of multiprofessional team designs to be included. Although study validity was assessed by a grading system, the results and conclusions did not take these into account. The primary data were tabulated. For most studies, adequate information was provided; however, a few did not provide information such as the age of the patients. Results in the tables were summarised in words and no actual data were reported, other than the costs. The narrative synthesised the results of the studies by making generalisations. Several of the statements in the results were based on a single study, which was of fairly poor quality (grade IIIC). The conclusions may overstep the quality of the data presented.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that further high-quality research into the costs and benefits of multiprofessional teams for palliative care should be designed and carried out before a definitive statement can be made on their usefulness.

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