

## Letter to the Editor

# Characteristics and Outcomes of Adult Palliative Care Interventions Involving Anesthesiologists in the Perioperative Setting

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## TO THE EDITOR

Palliative care is becoming increasingly common to the practice of anesthesiology, as the medical complexity of the aging surgical patient population increases in the U.S. and worldwide. Many patients undergo surgical procedures in their last year of life [1,2]. A large body of literature exists on palliative care in the context of the Intensive Care Unit (ICU), with significant contributions made by anesthesiologists [3]. However, little is known about palliative education and communication interventions for anesthesia outside of the ICU setting. Our team therefore developed a systematic review of palliative care interventions involving anesthesiologists in the perioperative setting.

This literature review revealed a large gap in the literature with a paucity of both interventions and evidence testing their efficacy. We developed a protocol following the PRISMA guidelines and conducted a search in September 2021 across four different databases: PubMed (MEDLINE), EMBASE, Web of Science, and CINAHL. We defined palliative care interventions broadly and included communication interventions (e.g., code status discussions, end-of-life conversations, assessment of goals and values, healthcare proxy identification), as well as educational interventions (e.g., workshops on communication skills). Study methodology was limited to prospective studies where at least one of the outcomes was patient-centered, and the intervention involved anesthesia providers. The terms used in the search were defined by our team with expertise in anesthesiology and health services research, and in collaboration with a professional librarian who refined the search strategy. The titles and abstracts were screened independently by two reviewers and discrepancies

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in screening decisions were resolved by an independent third reviewer. Full text articles were similarly reviewed.

Our review identified 1,198 articles across 4 databases, which yielded 920 unique articles after removing duplicates. Of those, 890 articles were excluded after the abstract and title screening phase, and 30 full-text articles were reviewed. However, after reviewing all full-text articles, none satisfied the criteria of a prospective palliative care intervention in the perioperative setting involving anesthesia providers. Examples of excluded full-text articles include a study on the use of communication facilitators for end-of-life care in an ICU, and a randomized clinical trial of an advance care planning video that did not involve anesthesia teams [4,5].

While there is an increasing number of publications on palliative care interventions in the surgical setting, as well as calls for increased involvement of anesthesiologists in palliative care [6], we have identified a complete lack of prospective studies investigating palliative care interventions involving anesthesia providers in the perioperative setting. This is despite the fact that competency in patient- and family-centered communication is one of the residency milestones outlined by the Accreditation Council for Graduate Medical Education (ACGME) [7]. Future studies should address this gap in the literature and pilot interventions that will allow anesthesiologists to better focus on increasingly complex palliative care needs of patients undergoing surgery. Given patients in the perioperative setting have a longitudinal relationship with their surgeon, these interventions would focus on creating a closer partnership between anesthesiologists and surgeons to ensure that patients' needs are met, and patient-centered care is provided in a perioperative setting.

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