



TITLE: Environment and Surroundings for an Optimal Palliative Care Experience: Clinical Evidence and Guidelines

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RESEARCH QUESTIONS:

1. What is the clinical evidence regarding optimal hospital surroundings and environment for palliative care?
2. What are the guidelines for the type of hospital surroundings and environment for an optimal palliative care experience?

METHODS:

A limited literature search was conducted on key health technology assessment resources, including PubMed, EBSCOHost CINAHL, the Cochrane Library (Issue 9, 20100, University of York Centre for Reviews and Dissemination (CRD) databases, ECRI (Health Devices Gold), EuroScan, international health technology agencies, and a focused Internet search. The search was limited to English language articles published between January 01, 2005 and September 20, 2010. No filters were applied to limit the retrieval by study type. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS:

HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

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The literature search identified three non-randomized studies regarding optimal hospital surroundings and environment for palliative care. No relevant health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, or evidence-based guidelines were identified. Additional articles of potential interest are included in the appendix.

OVERALL SUMMARY OF FINDINGS:

Three qualitative studies, involving 12 or fewer participants, regarding optimal hospital surroundings and environments for palliative care were identified. All studies were based on semi-structured interviews with patients and/or family members.

One study¹ comprised interviews with recently bereaved aboriginal family members. The study identified the need for culturally appropriate considerations, including the need for larger rooms to accommodate a greater number of visitors, due to First Nations community and extended family interactions with palliative care patients. A second study,² based on interviews with both patients and family members, identified the following needs: larger rooms in order to accommodate family members; natural light, that is not blocked by a curtain separating patient beds; lower noise levels without closing the room door; an adjoining washroom; a quiet room on the ward for private family space; and at least one comfortable chair for visitors. There was a mixed response regarding the desire for private or shared rooms. A third study³ focused on interviews of patients with advanced cancer. This study stated that the majority of patients had a strong preference for a multi-bed room until they became very ill or were dying.

None of the studies provided information on home-like environments, comfort items, or types of beds for patients. Additional articles included in the appendix provide more information on these aspects of palliative care.

REFERENCES SUMMARIZED:

Health technology assessments

No literature identified

Systematic reviews and meta-analyses

No literature identified

Randomized controlled trials

No literature identified

Non-randomized studies

1. Kelly L, Linkewich B, Cromarty H, St Pierre-Hansen N, Antone I, Giles C. Palliative care of First Nations people: a qualitative study of bereaved family members. *Can Fam Physician*. 2009 Apr;55(4):394-5. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2669014> [PubMed: PM19366951](#)
2. Diana Anderson. Palliative care unit design: patient and family preferences. *World Health and Design* [Internet]. 2008 Apr [cited 2010 Sep 20];62-9. Available from: <http://www.designandhealth.com/uploaded/documents/Publications/Papers/diana-andersson-whd-april08.pdf>
3. Rowlands J, Noble S. How does the environment impact on the quality of life of advanced cancer patients? A qualitative study with implications for ward design. *Palliat Med*. 2008 Sep;22(6):768-74. [PubMed: PM18715977](#)

Guidelines and recommendations

No literature identified

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APPENDIX – FURTHER INFORMATION:

Systematic reviews and meta-analyses

4. Bratt J, Dileo C. Bratt J, Dileo C. Music therapy for end-of-life care. Cochrane Database Syst Rev. 2010;(1). [PubMed:PM20091619](https://pubmed.ncbi.nlm.nih.gov/20091619/)

Non-randomized studies (non-hospital setting)

5. Kellehear A, Pugh E, Atter L. Home away from home? A case study of bedside objects in a hospice. Int J Palliat Nurs. 2009 Mar;15(3):148-52. [PubMed: PM19537536](https://pubmed.ncbi.nlm.nih.gov/19537536/)
6. Edvardsson D, Sandman PO, Rasmussen B. Caring or uncaring--meanings of being in an oncology environment. J Adv Nurs. 2006 Jul;55(2):188-97. [PubMed: PM16866811](https://pubmed.ncbi.nlm.nih.gov/16866811/)

Guidelines and recommendations (methodology not evidence-based)

7. Fraser Health Hospice Residences: creating a healing & caring environment at the end of life: standards and guidelines for planning, development and operations [Internet]. Fraser Health Authority; 2007 Aug [cited 2010 Sep 20]. Available from: <http://www.fraserhealth.ca/media/Fraserhealth%20BC%2007%20Hospice%20Residences.pdf>
See: Section 2.6 Hospice environment
8. International expert advisory group report on palliative care for Marymount Hospice and The Atlantic Philanthropies [Internet]. Cork, Ireland: 2006. [cited 2010 Sep 20]. Available from: <http://www.stpatricksmarymount.ie/pdfs/MarymountReport.pdf>
See: Chapter 3 Advisory Group Recommendations: General Design and Planning Considerations
9. Design guidelines for specialist palliative care settings [Internet]. Department of Health and Children. Government of Ireland; 2005 [cited 2010 Sep 20]. Available from: http://www.dohc.ie/publications/pdf/design_guidelines_palliative.pdf?direct=1
See: Section 4.2 General principles of design, and Section 5.1 In-patient unit

Review articles

10. Rigby J, Payne S, Froggatt K. Review: what evidence is there about the specific environmental needs of older people who are near the end of life and are cared for in hospices or similar institutions? A literature review. Palliat Med. 2010 Apr;24(3):268-85. [PubMed: PM19926647](https://pubmed.ncbi.nlm.nih.gov/19926647/)
11. Rasmussen BH, Edvardsson D. The influence of environment in palliative care: supporting or hindering experiences of 'at-homeness'. Contemp Nurse. 2007 Dec;27(1):119-31. [PubMed: PM18386962](https://pubmed.ncbi.nlm.nih.gov/18386962/)

Additional references

12. Hairon N. Steps to improve the physical setting in end-of-life care. *Nurs Times*. 2008 May 27;104(21):23-4. [PubMed: PM18578463](#)
13. Architectural showcase: citation of merit. Pediatric Palliative Care Unit: Greenville N.C. *Healthcare Design* [Internet]. 2007 Sep [cited 2010 Sep 20];290-1. Available from: http://www.healthcaredesignmagazine.com/Media/DocumentLibrary/090_0.pdf
14. Spohn J. Imagining a better hospital room. *Healthcare Design* [Internet]. 2007 Nov [cited 2010 Sep 20]. Available from: <http://www.healthcaredesignmagazine.com/ME2/dirmod.asp?sid=&nm=&type=Publishing&mod=Publications%3A%3AArticle&mid=8F3A7027421841978F18BE895F87F791&tier=4&iid=4AC91208152740299D7B28E31A739C27>