

## Editorial: Implementing evidence-based palliative care

Over the past two decades, there has been an escalation in the volume and quality of palliative care research. In fact, by 2005, one in every 122 clinical trials was reported in palliative or hospice care (Tieman et al, 2008). This rapid growth presents numerous challenges for palliative care clinicians in terms of appraising, managing, and integrating this new knowledge into clinical practice. At a minimum, it requires clinicians to have the capabilities to critically appraise the evidence, identify methodological flaws, and assess and interpret the evidence by systematically considering its validity, results, and relevance (Glasziou and Haynes, 2005). Only then are we truly able to make informed decisions about the quality of research evidence before providing our patients with the most effective care choices, while also acknowledging their circumstances and preferences (Sackett et al, 1996).

Few nurses would argue that the integration of evidence-based practice is essential to optimising palliative care outcomes for our patients and their families. Nevertheless, it is often challenging to implement new evidence into our practice and sustain the changes. This barrier is perhaps one of the most difficult to address and makes the need to narrow the gap between 'what we know' and 'what we do' just as relevant as it has ever been.

While we know and accept what we need to do, we often forget or neglect to do it (Institute of Medicine, 2001). Few would disagree that a fundamental palliative care nursing role is to routinely and comprehensively assess our patient's symptoms. Yet, we know that while nearly all palliative care patients will have been asked to rate their pain severity, many will not have had their pain comprehensively assessed (Phillips et al, 2014) or treated in a manner consistent with current evidence-based practice recommendations (Herr et al, 2010). There is also good evidence that many of our patients experience delirium; yet, this complex neuropsychiatric syndrome is often unrecognised in the specialist palliative care and hospice settings, contributing to unnecessary suffering and distress to patients and their families and poorer outcomes and higher health-care costs for clinicians (Hosie et al, 2013).

We also need to be prepared to continually appraise the literature, reflecting on and evaluating our practice and integrating best evidence into our practice. Given that it is impossible to stay abreast of all the evidence, we need to become familiar with various web-based point-of-care resources, configured to make scientific evidence more useful and accessible. There are numerous resources to help us base our clinical decisions on accurate and timely evidence. For example, CareSearch ([www.caresearch.com.au](http://www.caresearch.com.au)) has a nurses hub and palliative care search filters which make the retrieval of palliative care evidence accessible to all, while eviQ ([www.eviQ.org.au](http://www.eviQ.org.au)) with its 600 cancer treatment protocols, supports the delivery of safe, evidence-based cancer treatments. I challenge you to take the lead and make best evidence-based palliative care practice a reality in your workplace today.

Jane Phillips Professor Nursing (Palliative Care), Director of the Centre for Cardiovascular and Chronic Care at University of Technology Sydney

Glasziou P, Haynes B (2005) The paths from research to improved health outcomes. *Evidence Based Medicine* 10(1): 4–7 Herr K,

Titler M, Fine P et al (2010) Assessing and treating pain in hospices: current state of evidence-based practices. *J Pain Symptom Manage* 39(5): 803–19

Hosie A, Davidson PM, Agar M et al (2013) Delirium prevalence, incidence, and implications for screening in specialist palliative care inpatient settings: A systematic review.

*Palliat Med* 27(6): 486–98 Institute of Medicine (2001) *Crossing the Quality Chasm: A New Health System for the 21st Century*. Institute of Medicine, Washington WA

Phillips JL, Heneka N, Hickman L et al (2014) Impact of a novel online learning module on specialist palliative care nurses' pain assessment competencies and patients' reports of pain: results from a quasi-experimental pilot study. *Palliat Med* 28(6): 521–9

Sackett DL, Rosenberg WMC, Muir Gray JAM et al (1996) Evidence based medicine: what is it and what it isn't. *BMJ* 312(7023): 71–2

Tieman J, Sladek R, Currow D (2008) Changes in the quantity and level of evidence of palliative and hospice care literature: the last century. *J Clin Oncol* 26(35): 5679–83

Author's copy