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Fulfilling End-of-Life Dreams: A Scoping Review of Bucket Lists in Palliative and Hospice Care

Handique S, Bennett M, Ryan S

The purpose of this study is to examine the existing literature on end-of-life dream experiences and bucket list fulfillments among terminally ill individuals receiving hospice and/or palliative care. **Methods**: A scoping review registered on Open Science Framework was conducted in accordance with the guidelines for Scoping reviews (PRISMA-ScR). An electronic search of literature was generated from EBSCO databases published until June 2024. Studies were included if they described and evaluated the effects of bucket lists and/or end-of-life wish fulfillment. **Results**: This review identified 2,234 studies, and 11 of these were included in the review. Four major themes were established using thematic content analysis: (1) impact on holistic well-being, (2) role of family in wish fulfillment, (3) cultivation of gratitude, and (4) collaborative leadership in wish fulfillment. In wish fulfillment, the results significantly pointed to the need for more intricate evaluation among patients and interventions that cover beyond the physical aspect. **Significance of results**: Palliative and hospice care settings should work toward securing sustainable funding for structured wish-fulfillment programs to address existing accessibility gaps and further enhance the holistic nature of care in these settings. Wish-fulfillment interventions represent a powerful tool in enhancing dignity and holistic experiences for terminally ill patients. Future research efforts could strengthen programs ensuring every individual is able to achieve a sense of peace, fulfillment, and closure during their care trajectory. *Palliat Support Care*. 2025:23:e167

Full text is freely available at https://pubmed.ncbi.nlm.nih.gov/40936254/

Diabetes Management During the End of Life

Alsararatee H, De Fusco M

For individuals with diabetes, maintaining optimal glycemic control is essential to reduce the risk of long-term complications. However, as patients approach the end of life, the emphasis on tight glycemic targets becomes less relevant. Instead, the primary goal shifts to maintaining blood glucose levels within a range that minimizes the risk of hypoglycemia and prevents symptomatic hyperglycemia, thereby ensuring comfort and quality of life. This article explores the transition from disease-focused management to a person-centered approach grounded in comfort, dignity and ethical responsibility. It examines the adaptation of glycemic targets, deprescribing, nutrition, and monitoring across the recognized phases of dying, and addresses the specific challenges of managing type 1, type 2 and steroid-induced diabetes in palliative contexts. Ethical principles including autonomy, non-maleficence, beneficence, and justice are critically applied to nursing practice, alongside recommendations for interdisciplinary communication and advance care planning. Nurses play a pivotal role in delivering proportionate, compassionate, and ethically sound care for people dying with diabetes. *Br J Nurs*. 2025;34(16):825-832

Outcomes of Heart Failure Patients on Palliative Inotrope Therapy in the Hospice Setting

Esbhani U, Abidi S, Tavares C, et al

Chronic intravenous inotropic support (CIIS) is recommended as palliative therapy for end-stage heart failure (HF) but is underutilized in hospice settings. **Objectives**: This study evaluates outcomes for patients on CIIS receiving hospice care. **Design**: Retrospective cohort study using electronic health records of patients on CIIS admitted to hospice. **Setting/Subjects**: Twenty-one patients admitted to a mid-Atlantic hospice between 2018 and 2022. **Measurements**: Data collected included demographics, inotropic therapy details, hospice length of stay (LOS), hospitalizations, and medication usage. **Results**: The mean age was 72.9 years; 67% were on milrinone. Patients had a mean hospice LOS of 49.6 days, with 66% experiencing no hospitalizations. Only 24% of patients required high-dose opioids. 24% of patients were discharged alive from hospice, and 52% died at home. **Conclusion**: Caring for patients on CIIS in hospice appears feasible and may portend some benefits to patients. Further research is warranted to confirm these findings in a prospective observational cohort. *J Palliat Med*. 2025;28(10):1377-1379

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Polypharmacy's Association with Mortality: Confounding from Underlying Morbidity

Bjork E, Rentsch C, Desai R, et al

Studies consistently associate use of multiple medications with increased mortality. However, such studies often lack adequate adjustment for confounding, particularly from underlying diseases. **Objective**: To illustrate challenges in studying the association between polypharmacy and mortality by examining this relationship in two separate populations. **Methods**: A register-based nationwide study utilizing a cohort of all Danish citizens admitted to nursing homes 2015-2021 (n = 95,057) and a community dwelling population cohort aged ≥ 65 years (n = 1,005,963). We examined the 1-year mortality using a Kaplan Meier plot from date of nursing home admission or index date and modeled the association between the number of medications used and death using restricted cubic splines with varying levels of adjustment. Further, we modeled the association between the 20 most used drugs and 1-year mortality. **Results**: In the nursing home cohort, we found an approximately linear increase in mortality with the number of medications used. Adjusting for sex, age, and comorbidities markedly attenuated the association from an odds ratio of 4.70 (95% CI: 4.24-5.21) to 2.23 (95% CI: 1.99-2.49). Paradoxical associations were observed for individual drug classes, such as antidementia drugs showing a strong inverse association with mortality. When examining the stability of the number of drugs used over time, we found considerable fluctuations for individual residents. In the community dwelling population cohort, adjustment for covariates showed an even stronger impact on the association, reducing the odds ratio from 10.39 (95% CI: 9.79-11.03) to 1.34 (95% CI: 1.25-1.43). Further, the individual-level use of medication was found to be stable over time in the general population. **Conclusion**: The association between levels of polypharmacy and mortality is strongly affected by confounding by indication. Basic adjustment for comorbidities attenuates but does not fully eliminate the association, with residual association possibly driven by residual confounding. This emphasizes the need for cautious interpretation of findings associating high use of medication with mortality. *J Am Geriatr Soc*. 2025;73(8):2485-2493

Full text is freely available at https://pmc.ncbi.nlm.nih.gov/articles/PMC12396175/

Caregiver-Reported Barriers and Facilitators to Hospice Enrollment for Persons with Dementia

Oh O, Ulrich C, Massimo L, et al

Despite the increasing prevalence of dementia, persons with dementia often receive suboptimal care near the end of life. In many countries, specialized end-of-life support is offered by hospice. During the transitions to end-of-life care, caregivers play a crucial role in the decision-making and care provision for the persons with dementia. However, caregivers' experiences regarding the initial entry to hospice have not been comprehensively assessed in the dementia context. **Aim**: To synthesize qualitative evidence on the caregiver-reported barriers and facilitators to hospice enrollment for persons with dementia. **Design**: Systematic review and thematic synthesis. **Data sources**: We conducted a systematic literature search across PubMed, CINAHL, Embase, PsycINFO, and Scopus. We considered articles published between 2009 and 2024 that contained qualitative data on hospice entry collected from dementia caregivers. **Results**: Twenty-two articles met our study eligibility criteria. Five themes were identified: (a) caregivers' observation and perception of severe stage dementia, (b) whether hospice was the right choice for persons with dementia, (c) burden due to the practical aspects of caregiving, (d) emotions and perception about death and hospice, and (e) guidance and access to hospice. These five themes encompassed 11 facilitators and 15 barriers.

Conclusions: Dementia caregivers experience intrapersonal, interpersonal, emotional, logistical, and physical challenges in ensuring quality end-of-life support for their loved one (e.g. limited understanding of end-stage dementia, gatekeeping providers, and family conflicts). The unique needs of caregivers caring for a seriously ill family member with dementia are not being fully addressed by the current available services and policies. *Palliat Med*. 2025;39(9):948-964

Full text is freely available at https://pmc.ncbi.nlm.nih.gov/articles/PMC12476476/

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Improving Policy and Practices of Hospice Live Discharge: A Historical Exploration of the Medicare Hospice Benefit

Wallace C, Wladkowski S

Hospice care in the US is heavily regulated to ensure access to the Medicare Hospice Benefit (MHB) for individuals with serious illness. Policy changes to the MHB, many of which intended to minimize potential fraud (e.g. focused medical reviews; documentation requirements for certifications, recertifications, and discharges; requirements of physician narratives and face-to-face visits), directly impact current hospice discharge practices and experiences. When patients revoke hospice or are unable to be recertified due to a stabilized condition, they lose access to the holistic philosophy of care and experience additional stressors with increased potential for burdensome transitions. Patients with chronic conditions, such as Alzheimer's disease or related dementias, Chronic Obstructive Pulmonary Disease, or heart failure are more likely to have longer length of stays and are more often discharged alive from hospice. Few policy changes have been made to account for growing incidents of patients dying of chronic illness though the policy was originally created primarily for cancer patients, reflecting a time when most patients were dying of cancer. This manuscript describes the uniquely American phenomenon of a hospice live discharge, reviews relevant and historical policies, and provides recommendations for future research, policy, and practice to better support patients and families during this critical healthcare transition. *J Aging Soc Policy*. 2025;37(5):996-1011

Full text is freely available at https://pmc.ncbi.nlm.nih.gov/articles/PMC11143077/

Benzodiazepine or Antipsychotic Use and Mortality Risk Among Patients with Dementia in Hospice Care

Gerlach L, Zhang L, Kim H, et al

Benzodiazepines and antipsychotics are frequently prescribed for symptom management in patients with Alzheimer disease and related dementias (ADRD) receiving hospice care, yet evidence guiding their safety and effectiveness is limited. **Objective** To evaluate the association between incident benzodiazepine or antipsychotic use and 180-day mortality among nursing home residents with ADRD enrolled in hospice. **Design, Setting** This retrospective case-control study used national Medicare claims and Minimum Data Set assessments from July 1, 2014, to September 30, 2018, from US nursing homes providing long-term care. Residents with ADRD newly enrolled in hospice who had no benzodiazepine or antipsychotic use in the prior 6 months were included. Incident users were matched 1:1 to nonusers on enrollment timing, age, sex, comorbidity, cognitive function, and baseline central nervous system medication use. Follow-up was 180 days from hospice enrollment. Analyses were performed from March 2023 to December 2024. **Exposures** Initiation of benzodiazepine or antipsychotic use during hospice, with no fills of the respective medication class in the prior 6 months. **Main Outcomes and Measures** The primary outcome was all-cause mortality within 180 days of hospice enrollment. Hazard ratios (HRs) were estimated using Cox proportional hazards regression models adjusting for demographic, clinical, and hospice-level characteristics. Sensitivity analyses included propensity score–weighted models and models accounting for cumulative exposure. **Results** Among 139 103 participants (105 372 [75.8%] female; mean [SD] age, 87.6 [7.7] years), 26 872 matched pairs were included in the benzodiazepine cohort and 10 240 in the antipsychotic cohort. For the 53 859 participants in matched cohorts, the mean (SD) age was 89.0 (6.4) years, and 45 116 (83.8%) were female. Initiation of benzodiazepine use was associated with higher 180-day mortality compared with nonuse (HR, 1.41), as was initiation of antipsychotic use (HR, 1.16). These findings were consistent across propensity score–weighted models and with greater cumulative exposure. **Conclusions and Relevance** In this national case-control study of nursing home residents with ADRD receiving hospice care, initiation of benzodiazepine or antipsychotic use was associated with increased 180-day mortality. While these medications may provide symptom relief in appropriate clinical scenarios, their use is associated with substantial risks. These findings highlight the need for careful prescribing decisions and the development of dementia-specific hospice prescribing guidelines. *JAMA Netw Open.* 2025; 8(10):e2537551

Full text is freely available at https://pmc.ncbi.nlm.nih.gov/articles/PMC12522007/

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Prototype Checklist for Nonpharmacologic Strategies in Nursing Home Dementia Care

Wec A, Rosenthal M, Crystal S

The Centers for Medicare and Medicaid Services recommend that nursing homes use nonpharmacologic approaches as the first-line treatment for behavioral and psychological symptoms of dementia (BPSD). However, nursing homes face significant challenges in implementing nonpharmacologic strategies, from identifying the underlying cause of BPSD to selecting the most appropriate nonpharmacologic strategy. An effective strategy must be aligned with each resident's unique symptoms, capabilities, and preferences, but it must be done with limited staff and resources in a complex care environment. To address the challenge confronting nursing home physicians and staff, we offer a prototype checklist that streamlines decision-making, by prompting staff to document residents' symptoms, nonpharmacologic strategies attempted, and outcomes. In creating the checklist, we drew on insights from qualitative interviews with nursing home staff and physicians, and systematic reviews of existing literature. In our interviews, nursing home staff and physicians consistently highlighted the importance of a person-centered approach to managing BPSD. Our proposed checklist incorporates this into a tool to help staff identify effective interventions based on each resident's specific needs and circumstances. *J Am Med Dir Assoc.* 2025;26(11):105815

Health Disparities in Hospice-Home Health Transitions in Hispanic Older Adults With Co-occurring Dementia and Cardiovascular Disease

Bigger S, Grubbs K, Cao Y, et al

In the US, nearly one-third of skilled home health (HH) patients and nearly one-half of hospice patients live with Alzheimer's disease and related dementias (ADRD). Hispanic older adults are more likely to live with ADRD than white non-Hispanic older adults. Persons with ADRD, compared to their counterparts without ADRD, have a prolonged trajectory of decline and experience multiple care transitions between health care settings, bringing risks for poor outcomes. Little is known about patients transitioning between skilled HH and hospice. We aimed to determine if there were demographic and/or diagnostic variables associated with the frequency of transitions between skilled HH and hospice. **Design** In a cross-sectional study, we used Medicare claims data from 2020 and descriptive statistics including Chi-Square to determine demographic and diagnostic differences in frequency of care transitions between skilled HH and hospice for older adults with ADRD. **Findings** In N = 272,323 hospice episodes, Hispanic older adult beneficiaries with ADRD and co-occurring cardiovascular disease (CVD) had significantly higher rates of care transitions from hospice to skilled HH (P = 0.037) than other racial and ethnic groups with both diagnoses. **Conclusions** Our findings provide evidence of disparities in care transitions from hospice to skilled HH for Hispanic older adults living with ADRD and CVD. Multiple factors may impact this result: Hospice low quality scores, insufficient advance care planning and understanding of hospice philosophy, and policies affecting eligibility. Implications include policy change and greater coordination of care for older adults with co-occurring ADRD and CVD, with attention to health equity. *Am J Hosp Palliat Med.* 2025; 42(12):1260-1268

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