

# Palliative care improves quality of life, lessens symptoms

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People living with serious illness who receive palliative care have better quality of life and fewer symptoms than those who don't receive palliative care, according to a new study by researchers at the University of Pittsburgh School of Medicine. Published today in the *Journal of the American Medical Association (JAMA)*, the study is the first meta-analysis of the effect of palliative care as it relates to patients' quality of life, symptom burden and survival.

Palliative care is health care for people living with serious illness and focuses on providing patients with relief from their symptoms, pain and stress of a serious illness, whatever the diagnosis. Palliative care can either refer to a specific service that is provided by physicians and nurses who have received specialized training in this type of care, or an overall approach to care for patients with serious illness, which would include [palliative care](#) when provided by a specialist or by a non-palliative care specialist (like an oncologist or a [primary care physician](#)). This study took a broad approach and looked at the philosophy of palliative care.

The researchers conducted a systematic review of 43 trials of palliative care interventions, including 12,731 adults with serious illness and 2,479 of their family caregivers. Researchers also performed a meta-analysis to investigate the overall association between palliative care and three outcomes often linked with palliative care—patients' quality of life, symptom burden and survival. A meta-analysis is the statistical process of combining the results of multiple trials, which gives researchers an overall effect for interventions.

"Taken all together, this is a very compelling message," said Dio Kavalieratos, Ph.D., assistant professor of medicine in the Section of Palliative Care and Medical Ethics in Pitt's Division of General Internal Medicine and lead author of the study. "People's quality of life and symptoms

improved; their satisfaction with their health care improved—all during what is likely one of the most difficult periods of their lives."

Researchers also determined that palliative care was associated with improvements in [advance care planning](#), patient and caregiver satisfaction with care, and lower health care utilization. There was mixed evidence of improvement with site of death, patient mood, [health care expenditures](#), and caregiver quality of life, mood or burden.

"Historically, palliative care has overwhelmingly focused on individuals with cancer, but anyone with a serious illness, be it cancer, heart failure, multiple sclerosis or cystic fibrosis, deserves high-quality, individualized care that focuses on reducing their suffering and improving their quality of life," Kavalieratos said. "We need to find ways of integrating palliative care concepts in patients' usual care experiences so it isn't a luxury, but a standard part of [health care](#) for those living with serious illness."

Over the past five years, much attention has been paid to the idea that palliative care improves patients' survival, Kavalieratos added. Although some individual studies had shown that, the association didn't play out when multiple studies were pooled together in the meta-analysis.

"As a field, we need to develop new methods of studying how palliative care impacts people with serious [illness](#) and their caregivers," Kavalieratos added. "These methods should not burden patients and caregivers who participate in this research, but also need to be rigorous enough to capture what's going on at this critical point in people's lives."

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