

Redeveloping CareSearch Clinical Evidence Summaries: Peer-Reviewed Approach to Enhancing Palliative Care Resources

Dr Madeleine Juhmann, Professor Jennifer Tieman, Dr Raechel Damarell

Flinders University, College of Nursing and Health Sciences, Research Centre for Palliative Care, Death and Dying, Adelaide, SA.

Background

Access to trustworthy evidence ensures clinicians make informed, evidence-based decisions that improve the quality and safety of patient care. CareSearch **Clinical Evidence Summaries (CES)** provide palliative care clinicians, educators, and students with concise, digital syntheses of current palliative care knowledge across a range of key topics. Free to access and easily embedded into online education, CES have long supported sector learning and clinical decision-making. In 2024, a strategic redevelopment project refined CES content structure and focus. This was guided by a multidisciplinary multisector advisory group, reflective of changing contexts of care (i.e. acute, primary care, aged care, and communities) and our aging and diverse population.



Aim

To update CES using a structured review process, refined taxonomy, and improved evidence presentation to enhance currency, clarity, accessibility, and practical utility.

Methods

An environmental scan assessed CES topics against national and international palliative care frameworks and standards, identifying gaps and emerging priorities. This informed the addition of new topics, including **patient autonomy, dignity and choice**. A revised structure distinguished clinical practice issues from professional ones. New features included equity and access considerations, implications for families and carers, and contextualisation of evidence for different care settings. The advisory group contributed ideas to enhance practical application of the evidence.

Patient autonomy, dignity and choice



Key messages

- Respecting patient autonomy means making decisions aligned with an individual's needs, values and preferences and preserving their dignity.
- Loss of autonomy can affect the individual's role in end-of-life decision making and undermine dignity and quality of life.
- Shared decision-making ensures patients are fully informed about treatment options and involved in care decisions. Training, education and communication tools can assist health professionals in strengthening the patient-clinical relationship and prompting patient involvement through shared decision making.
- Navigating cultural diversity in palliative care poses challenges, such as language barriers and varying perspectives on autonomy and suffering. Healthcare professionals must acknowledge their biases, adapt patient-centred approaches and involve families and carers to meet the unique needs of underserved populations.
- Honouring patient preferences for end-of-life care location, understanding their reasons, addressing challenges and providing ongoing discussions are important for patient-centred care.

Results

Preliminary feedback suggests the updated structure has improved content navigation. A new, one-page, **printable tool list** and a planned compendium of full content aim to increase use and uptake among clinicians, educators, and students. Evaluating CES usage is the next step. A series of evaluation studies across 2025 will assess resource value, integration into training, and perceived impact on knowledge development and care delivery.

Conclusions

The structured review strengthened CES as an adaptable resource for palliative care education and practice. Ongoing evaluation will inform future improvements, ensuring continued relevance and impact.