

# Searching for answers: Identifying issues with the palliative care literature



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## Background

Palliative care is a complex care field. It draws on many fields of expertise and academic interest to inform practice. The need for knowledge and evidence in this field reflects the changing nature of practice requirement as it assumes a dynamic responsibility for supportive and active care across a time and diseases continuum rather than a focus on care at the final stage of life alone [1]. Within such a framework, knowledge and evidence comprise a critical component of informed practice and of lifelong learning and reflection.

Using knowledge and evidence in palliative care, relies on our ability to find, retrieve and assimilate this information. This can be a difficult, time consuming and potentially overwhelming task. Estimates of the size of the annual scientific, technical and medical literature stand at over one million articles in 16,000 journals [2].

Understanding the complexity of information identification and retrieval of materials relevant to palliative care and developing mechanisms that will support practitioners to access relevant materials are important first steps in building a comprehensive knowledge base for the discipline.

As part of a broader research and dissemination program on palliative care literature, the Evidence Based (Palliative Care) Project [3], a series of studies were conducted to characterise the state of palliative care literature and to develop validated search strategies to support literature retrieval in palliative care.

## Methods

### Project Aims:

To describe and quantify issues associated with searching and retrieving literature relevant to palliative care

Three bibliographic studies were conducted.

Validating a search strategy to retrieve palliative care literature from general biomedical journals: *JAMA, BMJ, The Lancet* and *Annals of Internal Medicine* were hand-searched for the years 1999-2001 to determine which items contained material that was relevant to palliative care. The hand-searched dataset was then compared to sets retrieved by searches using MeSH terms and text words. Sensitivity, specificity, accuracy and precision rates were calculated.

Estimating indexing rates of core palliative journals: Twelve key journals for palliative care were hand-searched from their first published volume until July 2002 to identify all articles describing original research or significant reviews in the field. Four bibliographic databases (Ovid Medline, Embase, CINAHL and PsycINFO) were reviewed to establish whether each article was included on any or all of these bibliographic databases.

Determining conversion rates of international conferences: Abstracts from three palliative care conferences held in 2001 in Australia, Europe and America were reviewed to determine the publication rate in peer reviewed journals. Abstract details were checked within Ovid Medline, CINAHL, Embase and PsycINFO.

## Results

The main results of the three studies are outlined below:

Validating a search strategy to retrieve palliative care literature from general biomedical journals: Nearly 4% (773/20501) of indexed items held in the four journals were considered to be relevant to palliative care.

The best performing search (combining 9 MeSH terms and 3 text words with the Boolean OR operator) referred to as the Master Search (Figure1) identified only 417/773 (45.4%) records relevant to palliative care.

Estimating indexing rates of core palliative journals: A total of 8,398 articles were identified, with 7,557 (90%) indexed in one of the four main bibliographic databases. Of the 841 identified non-indexed items, 410 (49%) were seen to be articles describing original research or significant reviews in the field and therefore of interest to the palliative care community.

Determining conversion rates of international conferences: 2001 conference conversion rates were 8.9% (Australian), 15.9% (European) and 35.1% (American). There was a significant difference among the three samples in publication rate ( $p < 0.001$ ). The abstracts were more likely to be published if they were oral presentations, and had more than one author and more than one institution involved.

exp advance care planning/  
exp attitude to death/  
exp bereavement/ death/  
hospices/  
life support care/  
palliative care/  
exp terminal care/  
terminally ill/  
palliati\$.tw.  
hospice\$.tw.  
"terminal care".tw.

Figure 1: Validated palliative care search strategy known as the Master Search

## Discussion

### Discussion

The evidence base for palliative care cannot be easily retrieved from bibliographic databases of published journals alone. Many conference presentations papers are not subsequently published as journal articles. Some published papers in indexed journals are not indexed. Further, even when material is indexed, it is difficult to identify using the most readily identifiable search terms [4].

The publication conversion rate for palliative care conference presentations appears to be lower than for other medical conferences. [5]

If comprehensive retrieval of palliative care materials if required, for example, to support a systematic review, then failure to develop strategies to overcome the limitations identified could lead to biased results.

### References

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## Conclusions

1. Clinicians, educators and researchers need to recognize the identified limitations of evidence and bibliographic databases for palliative care when searching for relevant material.
2. There is now a validated palliative care search strategy that can provide guidance in retrieving literature relevant to palliative care from the general biomedical journals.
3. There is a need to encourage publication of presentations at palliative care conferences to enable easier access to palliative care research and thought.

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