

*MULTIDISCIPLINARY PRACTICES FOR HOSPITALIZED ELDERLY PEOPLE IN PALLIATIVE CARE: A SCOPING REVIEW*

*PRÁCTICAS MULTIDISCIPLINARES PARA PERSONAS MAYORES HOSPITALIZADAS EM CUIDADOS PALIATIVOS: UNA REVISIÓN DE ALCANCE*

**PRÁTICAS MULTIDISCIPLINARES PARA A PESSOA IDOSA HOSPITALIZADA EM CUIDADOS PALIATIVOS: UMA REVISÃO DE ESCOPO**

<sup>1</sup>Mariane Lorena Souza Silva

<sup>2</sup>Mariana Albernaz Pinheiro de Carvalho

<sup>3</sup>Felipe Clementino Gomes

<sup>4</sup>José Wilson Ferreira Galindo Júnior

<sup>5</sup>Sineide Cristiane Diniz Domingos Batista

<sup>1</sup>Universidade Federal da Paraíba – UFPB, João Pessoa, Brazil. ORCID:

<https://orcid.org/0009-0002-4137-2137>

<sup>2</sup>Universidade Federal da Paraíba – UFPB, João Pessoa, Brazil. ORCID:

<https://orcid.org/0000-0002-2911-324X>

<sup>3</sup>Universidade Federal da Paraíba – UFPB, João Pessoa, Brazil. ORCID:

<https://orcid.org/0000-0002-5719-8041>

<sup>4</sup>Universidade Federal da Paraíba – UFPB, João Pessoa, Brazil. ORCID:

<https://orcid.org/0000-0003-0810-0324>

<sup>5</sup>Universidade de Pernambuco – UPE, Recife, Brazil. ORCID:

<https://orcid.org/0000-0002-6756-5378>

**Corresponding Author**

**Mariane Lorena Souza Silva**

Vigolvíno Florentino Costa, nº 549. Edifício Colorado, Apt. 1103, João Pessoa, Paraíba, Brazil. CEP: 58.038-580, fone: +55(83) 9 9925-8744, E-mail:

[marylorena6@gmail.com](mailto:marylorena6@gmail.com)

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**ABSTRACT**

**Introduction:** Palliative care has been advancing in line with the increase in life expectancy and the high rate of morbidity due to chronic degenerative diseases, causing changes in the health conditions of the elderly. Providing this care to hospitalized elderly people requires a multidisciplinary team, seeking to ensure quality of life, comfort and dignity. **Objective:** To map the scientific evidence on multidisciplinary practices for hospitalized elderly people in the context of palliative care. **Method:** Scoping review, following the guidelines of the Joanna Briggs Institute and the Preferred Reporting Items for Systematic Review and Meta-Analyses - extension for Scoping Reviews. The search was carried out in eight databases, using the descriptors: elderly person; multidisciplinary practices; palliative care, connected to Boolean operators. As inclusion criteria, studies in national and international journals, in the last five years and in three languages, were retrieved. The selection of articles was based on four stages. The articles that comprised the final sample were read in full, the data of interest were extracted and discussed with the literature. The protocol was registered in the Open Science Framework. **Results:** 582 studies were identified and 16 met the eligibility criteria. Each study analyzed different facets of the theme, showing the complexity and importance of the multidisciplinary team in the care provided to the elderly in PC in the hospital service. **Final considerations:** The findings of this review showed that the PC offered by a multidisciplinary team to the hospitalized elderly has a great impact on the dimensions of care, the process of illness and the end of life.

**Keywords:** Palliative Care; Elderly; Hospitalization; Multidisciplinary Team.

**RESUMEN**

**Introducción:** Los cuidados paliativos han ido avanzando a la par del aumento de la esperanza de vida y la alta tasa de morbilidad por enfermedades crónico-degenerativas, provocando cambios en las condiciones de salud de las personas mayores. Para ofrecer esta atención a las personas mayores hospitalizadas es necesario un equipo multidisciplinario, buscando garantizar calidad de vida, comodidad y dignidad. **Objetivo:** Mapear evidencia científica sobre prácticas multidisciplinarias para ancianos hospitalizados en el contexto de cuidados paliativos. **Método:** Revisión de alcance, siguiendo las pautas del Instituto Joanna Briggs y los Elementos de informes preferidos para revisión sistemática y metanálisis - extensión para revisiones de alcance. La búsqueda se realizó en ocho bases de datos, utilizando los descriptores: persona mayor; prácticas multidisciplinarias; cuidados paliativos, conectados a operadores booleanos. Como criterios de inclusión se recuperaron estudios de revistas nacionales e internacionales, de los últimos cinco años y en tres idiomas. La selección de artículos se basó en cuatro etapas. Los que conformaron la muestra final fueron leídos íntegramente, los datos de interés fueron extraídos y discutidos con la literatura. El protocolo ha sido registrado en el Open Science Framework. **Resultados:** Se identificaron 582 estudios y 16 cumplieron los criterios de elegibilidad. Cada estudio analizó diferentes facetas del tema, mostrando la complejidad e importancia del equipo multidisciplinario en la atención prestada a los ancianos sometidos a CP en los servicios hospitalarios. **Consideraciones finales:** Los hallazgos de esta revisión demostraron que la AP ofrecida por un equipo multidisciplinario a ancianos hospitalizados tiene gran impacto en las dimensiones del cuidado, el proceso de enfermedad y el final de la vida.

**Palabras clave:** Cuidados Paliativos; Anciano; Hospitalización; Equipo Multidisciplinario.

**RESUMO**

**Introdução:** Os cuidados paliativos vêm avançando em conformidade com a progressão sobre a expectativa de vida e o alto índice de morbidade por doenças crônico-degenerativas, ocasionando modificações nas condições de saúde da pessoa idosa. Para oferta desse cuidado ao idoso hospitalizado, faz-se necessário uma equipe multiprofissional, buscando garantir qualidade de vida, conforto e dignidade. **Objetivo:** Mapear as evidências científicas sobre as práticas multidisciplinares para a pessoa idosa hospitalizada no contexto dos cuidados paliativos. **Método:** Revisão de escopo, seguindo as diretrizes do Joanna Briggs Institute e do Preferred Reporting Items for Systematic Review and Meta-Analyses - extension for Scoping Reviews. A busca foi realizada em oito bases de dados, utilizando os descritores: pessoa idosa; práticas multidisciplinares; cuidados paliativos, conectados aos operadores booleanos. Como critérios de inclusão foram recuperados estudos em periódicos nacionais e internacionais, nos últimos cinco anos e em três idiomas. A seleção dos artigos baseou-se em quatro etapas. Os que compuseram a amostra final foram lidos na íntegra, extraídos os dados de interesse e discutidos com a literatura. O protocolo foi registrado no Open Science Framework. **Resultados:** Identificou-se 582 estudos e 16 atenderam aos critérios de elegibilidade. Cada estudo analisou diferentes facetas acerca da temática, mostrando a complexidade e importância da equipe multidisciplinar na assistência prestada ao idoso em CP no serviço hospitalar. **Considerações finais:** Os achados desta revisão, mostrou que os CP ofertados por uma equipe multidisciplinar ao idoso hospitalizado tem grande impacto nas dimensões do cuidado, no processo de adoecimento e finitude da vida.

**Palavras-chave:** Cuidados Paliativos; Idoso; Hospitalização; Equipe Multiprofissional.



## INTRODUCTION

Population aging is a phenomenon observed in both developed and developing countries. The proportion of people aged 60 and over is growing worldwide, due to a faster and more accelerated trend. Associated with this increase, there has been a reduction in fertility and mortality rates, with an increase in life expectancy<sup>1,2</sup>.

Therefore, discussions on Palliative Care (PC) have been advancing in line with the increase in life expectancy and the high rate of morbidity due to chronic degenerative diseases, which today constitute one of the greatest challenges for public health<sup>3</sup>. The need for PC is increasing progressively each year and there is an expectation that this demand will double by the year 2060<sup>4</sup>.

In this context, PC emerges as a primary form of care, since chronic diseases can occur slowly, progressively and irreversibly, causing changes in the health conditions of the elderly, who are part of a more vulnerable group, which can lead to loss of quality of life, limitations and uncertainties in the course of the disease<sup>5,6</sup>.

It is therefore understood that PC encompasses life-threatening diseases, with or without the possibility of reversal or curative treatments, awakening a view of broad and complex care, in which there is interest in the entirety of the patient's life and respect for their suffering and that of their family members<sup>7</sup>. One of the main aspects that contribute positively to a better approach focused on this care is the work composed of a multidisciplinary team<sup>8</sup>.

It is therefore important to highlight that palliative care is defined by the Ministry of Health (MS) as a holistic and humanitarian therapeutic approach, offered by a multidisciplinary team that aims to improve the quality of life of patients and their families, in dealing with the difficulties caused by life-threatening diseases. They are characterized by prevention, relief of suffering, early detection, adequate assessment, treatment of pain, with the integration of physical, social, psychological and spiritual aspects, even extending to the mourning phase<sup>9</sup>.

In this context, palliative care is a broad and continuous process. Providing this care to hospitalized elderly patients requires a multidisciplinary team, enabling multidimensional and integrated care, seeking to guarantee quality of life, comfort and dignity, together with an adequate therapeutic plan that mitigates the aggressive effects of the disease<sup>10</sup>.

In this sense, in 2024, recognizing the need to strengthen and implement guidelines for the organization and structuring of palliative care based on evidence and to support health services at all levels of care, the Ministry of Health published Ordinance GM/MS No. 3,681, which established the National Palliative Care Policy within the scope of the Unified Health System (SUS)<sup>9</sup>.

Therefore, in palliative care, interdisciplinarity is crucial to expand the various possibilities of therapeutic interventions, in order to improve the quality of life of the elderly person undergoing palliative treatment



and their family members. A well-coordinated team can provide effective, humanized care, promoting reception, communication and comprehensive and systematic care<sup>11</sup>.

In addition to serving to promote elucidation of PC for the elderly, this study is justified by the need to disseminate and socialize knowledge aimed at the multidisciplinary team, as an attempt to strengthen this type of care and the quality of care provided. Therefore, this scoping review aimed to map in the scientific literature the existing productions on multidisciplinary practices for hospitalized elderly people in the context of palliative care, taking into account the intrinsic relationship between the human aging process, illness, multidisciplinary care and the palliative approach.

## METHODS

This is a descriptive, exploratory, scoping review study, guided by the specific manual proposed by the Joanna Briggs Institute (JBI), using the tool “Preferred Reporting Items for Systematic Review and Meta-Analyses - extension for Scoping Reviews” (PRISMA-ScR). This method allows mapping the main concepts, clarifying research areas and identifying knowledge gaps, demonstrating standardization, organization and robustness in the study<sup>12</sup>. It is worth noting that the research protocol was registered on the Open Science Framework (OSF) platform under registration number DOI: 10.17605/OSF.IO/5HWQM.

The development of the study followed the following steps: 1) elaboration of the research question; 2) selection of inclusion and exclusion criteria; 3) identification of key terms; 4) identification of databases; 5) Search strategy in each database; 6) selection of studies; 7) mapping of articles and report of results.

The PCC (Population, Concept, Context) strategy was used to construct the research question, which allows the creation of an overview of the topic to be studied, with a view to favoring the construction of the study question, the performance of the search and the prioritization of the inclusion and exclusion criteria.

Thus, to guide the survey of existing scientific evidence in the literature, the following question was formulated: “What are the multidisciplinary practices for hospitalized elderly people in palliative care?”

Thus, the following eligibility criteria were listed: for the Population (P) - hospitalized elderly people who were in accordance with the definition of elderly by the WHO (65 years old) or by the Elderly Statute (60 years old, in the case of Brazil)<sup>2,3</sup>; Concept (C) - multidisciplinary practices are understood as the care provided by a multidisciplinary team that works collaboratively and integrated in the health care process<sup>4</sup>. Regarding Context (C) - palliative care is the assistance provided by a multidisciplinary team, which aims to improve the quality of life of the patient and their family members, in the face of a life-threatening disease, through prevention and relief of



suffering, early identification, impeccable assessment and treatment of pain and other physical, social, psychological and spiritual symptoms<sup>5</sup>.

The following studies were retrieved as inclusion criteria: articles published in national and international journals, with a time limit in the last five years (2019-2023), languages in Portuguese, English and Spanish and that encompassed at least three of the four thematic sections (elderly + hospitalization + practices or care or multidisciplinary team + PC).

Articles that were not available in full, as well as gray literature, were excluded. It should be noted that gray literature was excluded in order to eliminate possible biases related to the inclusion of evidence that presented value judgments or opinions that did not represent the object of the study, in addition to the possibility of excessive volume of material. Studies that described and discussed multidisciplinary practices and/or care aimed at hospitalized elderly people, in the context of PC, were considered eligible.

The search was conducted in May 2024 in eight databases: PubMed/Medline (Medical Literature Analysis and Retrieval System Online); BVS/Lilacs (Latin American and Caribbean Literature in Health Sciences); Embase (Excerpta Medica dataBASE); Scopus; Cinahl (Cumulative Index to Nursing and Allied Health Literature); Web of Science (WoS), BDENF (Nursing Database) and Scielo (Scientific Electronic Library Online). The search was for scientific productions that had covered the theme in the aforementioned "PCC" strategy.

The Health Sciences Descriptors (DeCS), Medical Subject Headings (MeSH), CINAHL Subject Headings and Emtree were used, related to the elements of the research question and linked to Boolean operators (OR and AND), as shown in Table 1. After this stage, the search strategy implemented in the databases was concluded, according to the particularities of each one, a stage coordinated by a professional trained in the area of scientific research.

**Table 1** - Definition of search strategies in databases.

Database	Search strategy
	((((((Aged) OR (Aged[MeSH Terms])) OR (Elderly)) OR ("senior citizen")) OR ("senium")) AND (((((((((((((((((((("Patient Care Team") OR ("Patient Care Team"[MeSH Terms])) OR ("Multidisciplinary Care Team")) OR ("collaborative care team")) OR ("Patient Care Teams")) OR ("Multidisciplinary Care Teams")) OR ("Healthcare Team")) OR ("Healthcare Teams")) OR ("Interdisciplinary Health Team")) OR ("Interdisciplinary Health Teams")) OR ("Multidisciplinary Health Team")) OR ("Multidisciplinary Health Teams")) OR ("Health Care Team")) OR ("Health Care Teams")) OR ("collaborative care team")) OR ("collaborative health care team")) OR ("collaborative healthcare team")) OR



PubMed/Medline ("collaborative patient care team")) OR ("inter-disciplinary care team")) OR ("interdisciplinary care team")) OR ("interdisciplinary patient care team")) OR ("multi-disciplinary care team")) OR ("multidisciplinary care team")) OR ("multidisciplinary patient care team")) AND (((((((("Palliative Care") OR ("Palliative Care"[MeSH Terms])) OR ("palliative therapy")) OR (palliation)) OR ("Palliative Treatment")) OR ("Palliative Treatments")) OR ("Palliative Therapy")) OR ("Palliative Supportive Care")) OR ("Palliative Surgery"))

Scopus ( ABS ( aged OR "Elderly" OR "senior citizen" OR "senium" ) AND ABS ( "Patient Care Team" OR "Multidisciplinary Care Team" OR "collaborative care team" OR "Patient Care Teams" OR "Multidisciplinary Care Teams" OR "Healthcare Team" OR "Healthcare Teams" OR "Interdisciplinary Health Team" OR "Interdisciplinary Health Teams" OR "Multidisciplinary Health Team" OR "Multidisciplinary Health Teams" OR "Health Care Team" OR "Health Care Teams" OR "collaborative care team" OR "collaborative health care team" OR "collaborative healthcare team" OR "collaborative patient care team" OR "inter-disciplinary care team" OR "interdisciplinary care team" OR "interdisciplinary patient care team" OR "multi-disciplinary care team" OR "multidisciplinary care team" OR "multidisciplinary patient care team" ) AND ABS ( "palliative therapy" OR "Palliative Care" OR palliation OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Supportive Care" OR "Palliative Surgery" ) )

Scielo (Idoso OR Anciano OR "Pessoa de Idade" OR "População Idosa" OR "Pessoas de Idade" OR "Pessoas Idosas" OR "Pessoa Idosa" OR Idosos OR "Población anciana" OR "Personas mayores" OR Ancianos OR Aged OR "Elderly" OR "senior citizen" OR "senium") AND ("Equipe de Assistência ao Paciente" OR "Grupo de Atención al Paciente" OR "Equipe Multiprofissional" OR "Equipe de Assistência Multidisciplinar" OR "Equipe Multidisciplinar" OR "Equipe Interdisciplinar de Saúde" OR "Equipe de Cuidados de Saúde" OR "Equipe de Saúde" OR "Equipes de Saúde" OR "Equipe de Saúde Mutidisciplinar" OR "Equipo multiprofesional" OR "Equipo de atención multidisciplinar" OR "Equipo multidisciplinar" OR "Equipo sanitario interdisciplinar" OR "Equipo Sanitario" OR "Equipo sanitario multidisciplinar" OR "Patient Care Team" OR "Multidisciplinary Care Team" OR "collaborative care team" OR "Patient Care Teams" OR "Multidisciplinary Care Teams" OR "Healthcare Team" OR "Healthcare Teams" OR "Interdisciplinary Health Team" OR "Interdisciplinary Health Teams" OR "Multidisciplinary Health Team" OR "Multidisciplinary Health Teams" OR "Health Care Team" OR "Health Care Teams" OR "collaborative care team" OR "collaborative health care team" OR "collaborative healthcare team" OR "collaborative patient care team" OR "inter-disciplinary care team" OR "interdisciplinary care team" OR "interdisciplinary patient care team" OR "multi-disciplinary care team" OR "multidisciplinary care team" OR "multidisciplinary patient care team"))



AND ("Cuidados Paliativos" OR "Tratamento Paliativo" OR "Cuidado Paliativo de Apoio" OR "Cuidado Paliativo" OR "Assistência Paliativa" OR "Cuidados Paliativos de Apoio" OR "palliative therapy" OR "Palliative Care" OR palliation OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Supportive Care" OR "Palliative Surgery")

BVS/Lilacs

(Idoso OR Anciano OR "Pessoa de Idade" OR "População Idosa" OR "Pessoas de Idade" OR "Pessoas Idosas" OR "Pessoa Idosa" OR Idosos OR "Población anciana" OR "Personas mayores" OR Ancianos OR Aged OR "Elderly" OR "senior citizen" OR "senium") AND ("Equipe de Assistência ao Paciente" OR "Grupo de Atención al Paciente" OR "Equipe Multiprofissional" OR "Equipe de Assistência Multidisciplinar" OR "Equipe Multidisciplinar" OR "Equipe Interdisciplinar de Saúde" OR "Equipe de Cuidados de Saúde" OR "Equipe de Saúde" OR "Equipes de Saúde" OR "Equipe de Saúde Mutidisciplinar" OR "Equipo multiprofesional" OR "Equipo de atención multidisciplinar" OR "Equipo multidisciplinar" OR "Equipo sanitario interdisciplinar" OR "Equipo Sanitario" OR "Equipo sanitario multidisciplinar" OR "Patient Care Team" OR "Multidisciplinary Care Team" OR "collaborative care team" OR "Patient Care Teams" OR "Multidisciplinary Care Teams" OR "Healthcare Team" OR "Healthcare Teams" OR "Interdisciplinary Health Team" OR "Interdisciplinary Health Teams" OR "Multidisciplinary Health Team" OR "Multidisciplinary Health Teams" OR "Health Care Team" OR "Health Care Teams" OR "collaborative care team" OR "collaborative health care team" OR "collaborative healthcare team" OR "collaborative patient care team" OR "inter-disciplinary care team" OR "interdisciplinary care team" OR "interdisciplinary patient care team" OR "multi-disciplinary care team" OR "multidisciplinary care team" OR "multidisciplinary patient care team") AND ("Cuidados Paliativos" OR "Tratamento Paliativo" OR "Cuidado Paliativo de Apoio" OR "Cuidado Paliativo" OR "Assistência Paliativa" OR "Cuidados Paliativos de Apoio" OR "palliative therapy" OR "Palliative Care" OR palliation OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Supportive Care" OR "Palliative Surgery")

Web of Science

(Aged OR "Elderly" OR "senior citizen" OR "senium") AND ("Patient Care Team" OR "Multidisciplinary Care Team" OR "collaborative care team" OR "Patient Care Teams" OR "Multidisciplinary Care Teams" OR "Healthcare Team" OR "Healthcare Teams" OR "Interdisciplinary Health Team" OR "Interdisciplinary Health Teams" OR "Multidisciplinary Health Team" OR "Multidisciplinary Health Teams" OR "Health Care Team" OR "Health Care Teams" OR "collaborative care team" OR "collaborative health care team" OR "collaborative healthcare team" OR "collaborative patient care team" OR "inter-disciplinary care team" OR "interdisciplinary care team" OR "interdisciplinary patient care team" OR "multi-disciplinary care team" OR "multidisciplinary care team" OR "multidisciplinary patient care team") AND ("palliative therapy" OR "Palliative Care" OR palliation OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy")



OR "Palliative Supportive Care" OR "Palliative Surgery")

Embase

(aged OR 'elderly' OR 'senior citizen' OR 'senium') AND ('patient care team' OR 'collaborative care team' OR 'patient care teams' OR 'multidisciplinary care teams' OR 'healthcare team' OR 'healthcare teams' OR 'interdisciplinary health team' OR 'interdisciplinary health teams' OR 'multidisciplinary health team' OR 'multidisciplinary health teams' OR 'health care team' OR 'health care teams' OR 'collaborative health care team' OR 'collaborative healthcare team' OR 'collaborative patient care team' OR 'inter-disciplinary care team' OR 'interdisciplinary care team' OR 'interdisciplinary patient care team' OR 'multi-disciplinary care team' OR 'multidisciplinary care team' OR 'multidisciplinary patient care team') AND ('palliative care' OR palliation OR 'palliative treatment' OR 'palliative treatments' OR 'palliative therapy' OR 'palliative supportive care' OR 'palliative surgery')

BDENF

(Idoso OR Anciano OR "Pessoa de Idade" OR "População Idosa" OR "Pessoas de Idade" OR "Pessoas Idosas" OR "Pessoa Idosa" OR Idosos OR "Población anciana" OR "Personas mayores" OR Ancianos OR Aged OR "Elderly" OR "senior citizen" OR "senium") AND ("Equipe de Assistência ao Paciente" OR "Grupo de Atención al Paciente" OR "Equipe Multiprofissional" OR "Equipe de Assistência Multidisciplinar" OR "Equipe Multidisciplinar" OR "Equipe Interdisciplinar de Saúde" OR "Equipe de Cuidados de Saúde" OR "Equipe de Saúde" OR "Equipes de Saúde" OR "Equipe de Saúde Mutidisciplinar" OR "Equipo multiprofesional" OR "Equipo de atención multidisciplinar" OR "Equipo multidisciplinar" OR "Equipo sanitario interdisciplinar" OR "Equipo Sanitario" OR "Equipo sanitario multidisciplinar" OR "Patient Care Team" OR "Multidisciplinary Care Team" OR "collaborative care team" OR "Patient Care Teams" OR "Multidisciplinary Care Teams" OR "Healthcare Team" OR "Healthcare Teams" OR "Interdisciplinary Health Team" OR "Interdisciplinary Health Teams" OR "Multidisciplinary Health Team" OR "Multidisciplinary Health Teams" OR "Health Care Team" OR "Health Care Teams" OR "collaborative care team" OR "collaborative health care team" OR "collaborative healthcare team" OR "collaborative patient care team" OR "inter-disciplinary care team" OR "interdisciplinary care team" OR "interdisciplinary patient care team" OR "multi-disciplinary care team" OR "multidisciplinary care team" OR "multidisciplinary patient care team") AND ("Cuidados Paliativos" OR "Tratamento Paliativo" OR "Cuidado Paliativo de Apoio" OR "Cuidado Paliativo" OR "Assistência Paliativa" OR "Cuidados Paliativos de Apoio" OR "palliative therapy" OR "Palliative Care" OR palliation OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Supportive Care" OR "Palliative Surgery")

(Aged OR "Elderly" OR "senior citizen" OR "senium") AND ("Patient Care Team" OR "Multidisciplinary Care Team" OR "collaborative care



Cinahl

team" OR "Patient Care Teams" OR "Multidisciplinary Care Teams" OR "Healthcare Team" OR "Healthcare Teams" OR "Interdisciplinary Health Team" OR "Interdisciplinary Health Teams" OR "Multidisciplinary Health Team" OR "Multidisciplinary Health Teams" OR "Health Care Team" OR "Health Care Teams" OR "collaborative health care team" OR "collaborative healthcare team" OR "collaborative patient care team" OR "inter-disciplinary care team" OR "interdisciplinary care team" OR "interdisciplinary patient care team" OR "multi-disciplinary care team" OR "multidisciplinary care team" OR "multidisciplinary patient care team") AND ("palliative therapy" OR "Palliative Care" OR palliation OR "Palliative Treatment" OR "Palliative Treatments" OR "Palliative Therapy" OR "Palliative Supportive Care" OR "Palliative Surgery")

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 Source: survey data, Brazil, 2024.

The selection of articles was based on four stages: 1st stage – survey of studies in the databases through the search strategy and application of the inclusion criteria; 2nd stage – broad search, exclusion of duplicate articles by the EndNote® and Rayyan® software; 3rd stage – reading of the title and abstract by two independent reviewers, blindly, and a decision-maker reviewer, thus selecting the eligible ones. This analysis was facilitated by the Rayyan® software; 4th stage – complete reading of the eligible studies and their respective references. To read the articles, the paid access of the Federated Academic Community System of the Coordination for the Improvement of Higher Education Personnel of the Federal University of Paraíba was used.

The articles that made up the final sample were read in full, in order to answer the review question and extract the data of interest. Subsequently, the data were organized in a spreadsheet built in Microsoft Excel 2019, whose structure included essential elements of

the studies. The summary of the data is presented in this article, in a descriptive manner, and discussed according to the pertinent literature. Finally, it is emphasized that there is no conflict of interest in this research and that since it is a scoping review, there was no need for submission to the Research Ethics Committee (CEP).

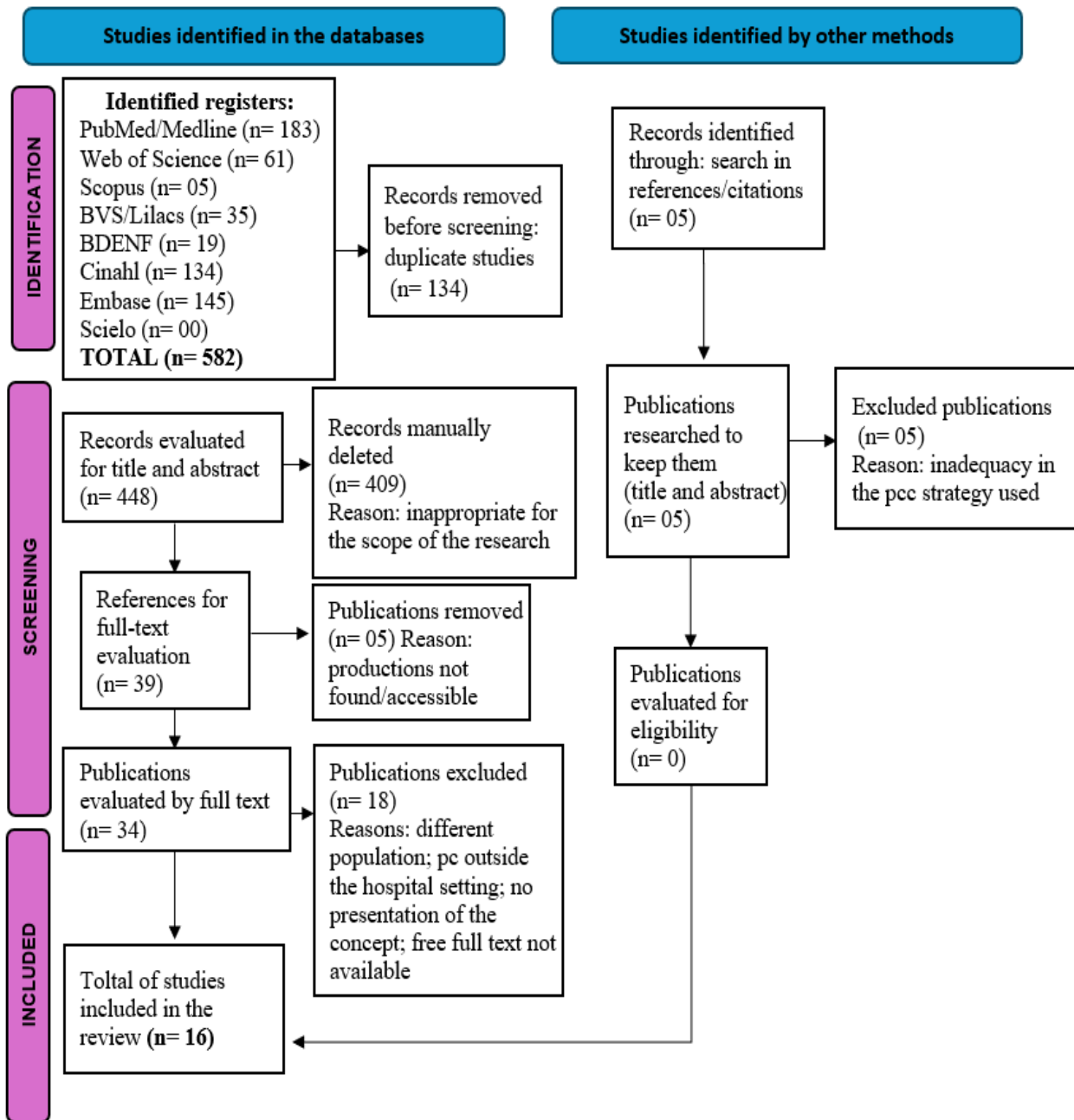
## RESULTS

In this review, 582 articles were identified from the search strategy, excluding 134 duplicates using the EndNote® and Rayyan® software. Thus, 442 articles were analyzed based on titles and abstracts using the Rayyan® software in order to answer the guiding question. Of these, 39 studies were subjected to full reading. After reading the full text, 18 manuscripts were excluded because they did not respond to the research objective. After applying the eligibility criteria and the refinement performed, the sample consisted of 16 studies, as shown in Figure 1.





**Figure 1** - Flowchart for the study search and selection process, adapted from PRISMA-ScR.



Source: survey data, Brazil, 2024.

Thus, the 16 studies included in this review were organized and presented in Table 2, where they could be characterized according to the following data: title, authors, country of origin,

year of publication, study design and summary of the main results. The productions were scientific articles published in journals, in the time frame from 2019 to 2023 (05 years).

**Table 2** - Characterization of the studies included in the scoping review.

Title	Authors	Country/ Years	Study design	Summary of main results
Barriers and Facilitators of Palliative Care in Older Adults With Heart Failure: A Qualitative Content Analysis	Motlagh FG, Nobahar M, Bahrami M <sup>13</sup>	Iran, 2023	Qualitative study	Barriers and facilitators of PC in older adults with HF. Removing barriers and supporting facilitators allows better access to PC.
The clinical effect evaluation of multidisciplinary collaborative team combined with palliative care model in patients with terminal cancer: a randomised controlled study	Liu YJ, Wu LP, Wang H <i>et al.</i> <sup>14</sup>	China, 2023	Randomized controlled study (clinical trial)	Multidisciplinary collaborative team combined with a PC model to hospitalized terminal cancer patients to evaluate its clinical effect. The multidisciplinary team combined with PC in cancer patients obtained good clinical results and that PC can be further optimized and applied.
Effects of Palliative Care for Progressive Neurologic Diseases: A Systematic Review and Meta-Analysis	Chan LML, Yan OH, Lee JJJ <i>et al.</i> <sup>15</sup>	China, 2023	Systematic review and meta-analysis	PC improves symptom burden and care satisfaction for patients with progressive neurological diseases. Interdisciplinary teamwork is essential for PC delivery.
Ways and means to comfort people at the end of life: how is the nurse a privileged player in this process?	Pereira RAM, Pontífice PC, Ribeiro SV. <sup>16</sup>	Portugal, 2023	Qualitative study with an ethnographic approach	The ways and means of providing comfort are centered on strategies developed by the entire multidisciplinary team. Throughout this process, one of the categories that emerged from the ethnography was that of the nurse as a privileged actor, playing an absolutely essential role in all phases of care.

Evaluating Illness Understanding and Preferences of End-of-Life Care Among Older Patients with Advanced Cancer in Vietnam

The THN, Tien NNHM, Nguyen TTT.<sup>17</sup> Vietnam, 2022

Transversal study

Understanding terminal illness and end-of-life care preferences of older patients with advanced cancer and how to identify patients' values and preferences and facilitate discussions to ensure care is consistent with their wishes and alleviate suffering.

Hospital healthcare utilisation among older adults admitted to a university hospital in the last months of life: A retrospective observational study

Ng TS, Lam CL, Ong T.<sup>18</sup> Àsia, 2021

Retrospective observational study

The pattern of health care utilization among hospitalized elderly patients and in the last 6 months of life. Organized and staff-delivered care is important to promote better comfort measures and interventions that are truly beneficial.

Application of interdisciplinary collaborative hospice care for terminal geriatric cancer patients: A prospective randomised controlled study

Liu Y, Shen Y, Pan Q *et al.*<sup>19</sup> China, 2021

Prospective randomized controlled trial

Perceptions about interdisciplinary collaborative PC provided to geriatric patients with terminal cancer, identifying factors to improve multidimensional PC. PC integrated into the interdisciplinary team has a positive impact on reducing suffering and improving patients' quality of life, sharing views and offering comprehensive care.

Multidisciplinary Team-Based Palliative Care for Heart Failure and Food Intake at the End of Life

Shibata T, Mawatari K, Nakashima N *et al.*<sup>20</sup> Japan, 2021

Retrospective study

The impact of PC team care for patients with HF and dietary intake at the end of life.

Added Value of Early Consultation of an Inpatient Palliative Care Team in Hospitalized Older Patients With High Symptom Burden: A Prospective Comparative Study

Naaktgeboorte MW, Magdelijns FJH, Janssen, DJA *et al.*<sup>21</sup>

Holand, 2020

Prospective comparative study

To measure symptoms and investigate whether proactive consultation with a PC team at the bedside would result in symptom improvement in elderly inpatients. Those with high symptom burden and consultation with the team were 5x more likely to improve compared to patients who did not receive it.

Speech therapy for patients with oropharyngeal dysphagia in palliative care

Santos LB, Mituuti CT, Luchesi KF.<sup>22</sup>

Brazil, 2020

Prospective and descriptive observational study

Changes related to swallowing and the main interventions

and speech therapy procedures in elderly palliative patients with oropharyngeal dysphagia. The most frequent changes were observed and the main interventions performed on the consistency of the diets were outlined.

Can Orthodox Jewish Patients Undergo Palliative Extubation? A Challenging Ethics Case Study

Pan CX, Costa BA, Yushuvayev, EK *et al.*<sup>23</sup>

EUA, 2020

Case report

He reports palliative extubation, adapted to his beliefs and wishes, respecting Jewish law. He highlights the importance of the interdisciplinary team, collaborating so that the patient's personal and religious wishes were respected in end-of-life treatment.

Older adults in palliative care: experiencing spirituality in the face of terminality

Santos LCF, Silva SM, Silva AE *et al.*<sup>24</sup>

Brazil, 2020

Qualitative study

The study included the experience of spirituality among elderly patients in a public hospital's PC. It highlighted that

				spirituality was the driving force behind overcoming the news of a poor prognosis. However, the approach taken by the healthcare team was not satisfactory. It points to a reflection for professionals with a view to providing humanized and holistic care.
Using the clinical frailty scale in nursing practice to trigger care planning and goals of care conversations	Duquette C, Ontario N, Hundal AC. <sup>25</sup>	Canada, 2021	Case report	Coordinated use of shared tools to identify frailty, facilitated conversations about PC, and timely discussions about goals of care strengthened the partnership between geriatric and palliative care services.
Comfort or Care: Why Do We Have to Choose? Implementing a Geriatric Trauma Palliative Care Program	Brown KL, Ashcraft AS. <sup>26</sup>	USA, 2019	Retrospective study	The implementation of best practice guidelines in PC provides quality care for patients with geriatric trauma, optimizing treatment, life and symptom management. Reports that before the implementation of this care, PC knowledge was limited by the multidisciplinary team.
Nurses defending the autonomy of the elderly at the end of life	Gaspar RB, Silva MM, Zepeda KGM <i>et al.</i> <sup>27</sup>	Brazil, 2019	Qualitative and exploratory study.	Interaction between nurses, other members of the healthcare team and the elderly person's family is an important action to promote their autonomy at the end of life, especially when hospitalized. It recognizes that care must be provided from an

interdisciplinary  
perspective.

The role of  
geriatric palliative  
care in hospitalized  
older adults

Santivasi WL,  
Partain DK,  
Whitford KJ.<sup>28</sup>

USA, 2019

Literature  
review

There are many barriers to providing high-quality PC to older patients. An interdisciplinary team is essential to provide care with all dimensions of PC, regardless of prognosis or proximity to end of life.

Source: survey data, Brazil, 2024.

## DISCUSSION

Based on the analysis of the results of this review, it is clear that the therapeutic approach of PC for the elderly in hospital services requires the integration of a multidisciplinary team, since the aim is to offer holistic care, taking into account all its dimensions, whether physical, mental, emotional, spiritual or social, in order to promote quality of life for those who face serious chronic diseases that are potentially life-threatening.

However, each study analyzed different facets of this care and reveals the complexity and importance of comprehensiveness among professionals from different areas of health. It was evident that the main limitations of professionals in managing this type of care involve limited knowledge, which also involves the family and the patient, the fragility of the work and health service and specialized team, which ends up making care fragmented and compromised.

It is important to note that elderly individuals in PC must receive comprehensive

care, and this requires complementary knowledge and shared responsibilities, where different demands are resolved jointly and in a coordinated manner with the multidisciplinary team in the search for solutions to complex clinical problems<sup>29</sup>.

Another fundamental dimension of discussion according to the results of the research is the importance of the nurse. The importance of a care plan with continuous assessment of the patient, control of physical symptoms and pain, and administration of palliative medications, which are essential for the quality of treatment, is highlighted<sup>30</sup>.

In this sense, nursing plays a fundamental role, especially with regard to communication with the patient and family<sup>31</sup>. These professionals play a central role in coordinating care, acting as a link between the patient and the other members of the health team, facilitating the exchange of information, communication, and ensuring that clinical decisions are based on the complexity and needs of each elderly individual undergoing palliative treatment<sup>32</sup>.



The PC offered to elderly patients in hospital services is aimed at ensuring comfort, relieving pain, controlling other physical symptoms and improving quality of life through appropriate clinical treatment. Multidisciplinary work is essential to achieve these objectives, as it involves a wide range of specialties that work together to meet the patient's needs in all their dimensions<sup>1</sup>.

From this perspective, the importance of a care plan that brings together different knowledge is observed, highlighting that each professional contributes with a specific and complementary perspective to the treatment, promoting more comprehensive, comprehensive and humanizing care by improving the course of the disease<sup>33</sup>.

Psychological support is an extremely important tool, as it not only helps patients deal with emotional suffering, but also contributes to adherence to treatment and acceptance of their health condition. It is highlighted that the psychologist contributes to creating a care environment in which the elderly person feels welcomed and respected, promoting quality of life even when faced with a clinical condition that threatens the continuity of life<sup>34</sup>.

In a broader approach, the importance of the joint action of the multidisciplinary team to develop an effective therapeutic plan. In this study, the authors argue that the isolated action of each professional can result in communication failures and in the care provided to the patient in a fragmented manner<sup>35</sup>.

The role of the physiotherapist in PC is emphasized through joint work with other professionals in the service, while contributing to resolute care, which seeks to maintain functionality, physical rehabilitation and the prevention of complications resulting from immobility, promoting relief from pain and physical discomfort<sup>36</sup>.

Also from this perspective, it is interesting to note that the physiotherapist in the PC team works to relieve physical symptoms, such as pain and breathing difficulties, which are the most common complaints in elderly patients with a more advanced course of the disease<sup>37</sup>. It is noteworthy that physical rehabilitation as a non-pharmacological measure aims to promote an improvement in quality of life, oriented towards symptom management, recovery of function or slowing down decline<sup>38</sup>.

The interventions of social workers are also considered, as they play a crucial role in ensuring that patients' rights are respected, in addition to offering support to families, helping them make complex and often painful decisions, offering a support network that facilitates the process of mourning and acceptance of death as a natural cycle of life<sup>39</sup>.

The work of the social worker integrated into the team helps to identify the socioeconomic and cultural needs that can impact the way in which treatment is experienced and the process of finitude of life<sup>40</sup>.

The analysis of the studies shows that the active care of the multidisciplinary team for the elderly in PC within the hospital service is



essential for a more complete, comprehensive and humanized therapeutic approach throughout the treatment and course of the disease, also integrating the family in this process with the necessary support, assistance and assistance.

In this context, the role of psychologists is fundamental and necessary. They act as mediators of emotions, continually helping elderly patients and their families to deal with suffering, imbalances and the process of anticipated mourning, through empathetic communication, active listening and other actions in conjunction with the team and the therapeutic plan drawn up<sup>41</sup>.

The use of complementary therapies, such as acupuncture, can be adopted in association with conventional treatments, as they fill gaps left by these procedures, aiming to enhance the search for well-being and stimulate the desire for life in the patient, in addition to helping to reduce anxiety<sup>42</sup>.

Another dimension that should be highlighted is the organization of health services regarding the provision of palliative care to elderly people in an integrated and continuous manner. It is important for health services to have an organizational infrastructure that supports and offers care focused on palliative dimensions. It is important to note that the lack of sufficient and adequate resources, the lack of coordination between health services, and the absence of specialized teams can significantly compromise the quality of treatment depending on the clinical stage of the disease<sup>43</sup>.

A multidisciplinary team is essential for conducting treatment combined with a palliative approach, especially for elderly people who need to live with a progressive and limiting disease, regardless of its stage and prognosis<sup>44</sup>. In addition, the constant exchange of knowledge and information among health professionals contributes to therapeutic planning based on the individuality of each case, seeking to see and treat the individual as a multidimensional being<sup>45</sup>.

Therefore, it is clear that the therapeutic approach on which PC is based provides a better quality of life for elderly patients, and actions involving the topic must be demystified so that all treatment possibilities are used consciously and in accordance with the established principles and guidelines<sup>30</sup>.

Therefore, integration among the various health professionals, each with their own specific skills, is essential for implementing PC in practice and dissociating a purely technical care approach to a therapeutic approach that emphasizes the person, solidarity, and optimizing quality of life, strengthening and creating support that provides the best way to live in terminal illness, when one is under the shadow of a confidential diagnosis. Thus, studies indicate that knowledge about PC by health professionals has become essential for offering qualified care.

Finally, the care practices offered to the elderly person who is hospitalized and in PC, when integrated into the multidisciplinary team, result in a more humanized and holistic care





offering. The comparison between the studies reveals that, although each author addressed a specific focus regarding the care of health professionals, they all converge on the idea that multidisciplinary teamwork is essential for developing an integrated care plan, which contributes positively to a better understanding and acceptance of the disease, as well as the appreciation of what can still be experienced. In addition to stating that, despite the finiteness of life, death is part of the life cycle and needs to be experienced.

The results of this review should be interpreted in light of its limitations. The sample included studies conducted worldwide, which demonstrates a broad search, but the barriers identified in certain studies may not be applicable to others due to differences in countries, cultures, beliefs and health systems. In addition, another limitation concerns the scarcity of existing studies related to the subject. Thus, there is a need to develop more research on the subject to fill the scientific gap and expand knowledge about multidisciplinary practices for elderly people hospitalized in PC. However, this does not invalidate the findings, since the search covered three languages and included studies indexed in national and international databases.

## FINAL CONSIDERATIONS

The findings of this review conclude that PC provided to hospitalized elderly individuals by a multidisciplinary team has a major impact on the dimensions of care, on the therapeutic interventions outlined, and on the way in which

the patient and family cope with the process of illness and the end of life. It was also observed that there are weaknesses and difficulties in professional practice for the effective implementation of this care.

Therefore, studies along these lines should be encouraged in order to discuss and reflect on the multidisciplinary practices provided to elderly individuals in palliative care, especially in hospital settings, seeking to expand interventions and conduct, and the expansion and innovation of research that contribute to this area of activity, which is now considered a new model of care.

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Mariane Lorena Souza Silva: Study design and planning, data analysis and interpretation, writing and critical review, final approval.  
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 Felipe Clementino Gomes: Data analysis and interpretation.  
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 Sineide Cristiane Diniz Domingos Batista: Data analysis and interpretation.

### Conflict of interest statement

Nothing to declare.

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Orcid: <https://orcid.org/0000-0003-0778-1447>

