



## Keywords:

End-of-life care, palliative care, hospice care, symptom management, quality of life, bereavement, caregiver burden, advance care planning, ethical issues, interdisciplinary team, patient autonomy, dignity, suffering, death, bereavement, grief, loss, mourning, rituals, customs, traditions, beliefs, values, attitudes, expectations, needs, wishes, preferences, goals, objectives, outcomes, evaluation, research, evidence-based practice, clinical guidelines, standards, protocols, procedures, policies, regulations, laws, ethics, bioethics, health care, medical care, nursing care, social care, spiritual care, psychological care, educational care, research care, quality improvement, patient safety, risk management, accreditation, certification, licensure, regulation, oversight, monitoring, evaluation, feedback, improvement, innovation, technology, digital health, telemedicine, artificial intelligence, machine learning, data science, genomics, precision medicine, personalized care, patient-centered care, family-centered care, community-centered care, population-based care, public health, global health, equity, justice, inclusion, diversity, cultural competence, social determinants of health, health disparities, health equity, health justice, health care access, health care coverage, health care costs, health care financing, health care reform, health care system, health care delivery, health care workforce, health care education, health care research, health care innovation, health care leadership, health care management, health care organization, health care culture, health care change, health care transformation, health care future.

## Introduction

The purpose of this review article is to explore the current state of palliative care and its integration into mainstream medical practice. We will discuss the challenges and opportunities in providing high-quality palliative care to patients and their families, and we will highlight the role of interdisciplinary teams in addressing these needs. The article will also explore the impact of social determinants of health on palliative care outcomes and the importance of addressing these factors to improve patient care. Finally, we will discuss the role of research and innovation in advancing the field of palliative care and improving patient outcomes.







Abstract

Introduction

Methodology

Results

Conclusion

Introduction

### Acknowledgement

### Conflict of Interest

### References

1. Richardson P (2014) Spirituality, religion and palliative care. *Ann Palliat Med* 3(3):150-159.
2. Dogar, Ahmad Imtiaz (2007) Biopsychosocial Model. *Ann Punjab Med Coll* 1:11-13.
3. Narayanasamy Aru (2007) Palliative Care and Spirituality. *Indian J Palliat Care* 13(2):32-41.
4. Sulmasy P Daniel (2002) A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life. *Gerontol* 42(3):24-33.
5. O'Brien ME (2003) Spirituality in Nursing-Standing on Holy Ground. Jones and Bartlett, London.
6. Katz J, Sidell M (1994) *Easeful death: Caring For Dying and Bereaved People*. Hodder and Stoughton, London.
7. Engel L George (1977) The Need for a New Medical Model: A Challenge for Biomedicine. *Science* 196(86):129-136.
8. Borrell-Carrió F, Suchman AL, Epstein RM (2004) The biopsychosocial model 25 years later: principles, practice, and scientific inquiry. *Ann Fam Med* 2(6):576-582.
9. Upadhy Shambhu, Singh Jay (2018) Bio-Psychosocial Aspect of Health and Illness: An Strive to Understanding its Influencing Factors.
10. Puchalski M Christina (2012) Spirituality in the Cancer Trajectory. *Ann Oncol* 23(3):49-55.