



Keywords: Palliative care; Geriatric palliative care; Barriers to access; Socio-economic status

Introduction

care (SPC), and geriatric palliative care as well as how socioeconomic status (SES) is crucial to access all these healthcare services.

Method

Search strategy:

This study is a literature review. A comprehensive search of the medical and nursing literature on palliative care was conducted to identify studies relevant to the primary objective of the study. Sources for this review included studies, and records identified from a systematic search of computerized databases (Google Scholar, MEDLINE, CINAHL), manual searches of palliative care journals, and studies bibliographies and reference lists [4].

Selection Criteria:

The searches were restricted to English-language journal articles published throughout 1998 and 2022, and did not include individual case reports. Selection Criteria Items that clearly met the following criteria were excluded, those that were fewer than 50 case studies; those not considering palliative care; these were published in non-English periodicals; reviews of non-systematic clinical trials of chemotherapy, radiation therapy, stenting, laser, endoscopy, or surgery; description of ethical, legal, or regulatory issues; description of the research process; editorials, stories, personal narratives, and other descriptive nonclinical articles, educational articles (where clinical or patient outcomes are not described), and results from laboratory or radiological or other physiological endpoints. Studies covering more than one point and a target population of advanced illness or palliative care were the inclusion and assessment criteria. 75 of the 234 literatures found through searches were considered potentially relevant and subject to abstract assessment. The inclusion criterion finally led to the selection of 46 articles (Figure 1).

Result

The World Health Organization defines palliative care as "an approach that improves the quality of life of patients and their families facing the issue of a life-threatening illness, through the prevention and relief of suffering across early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual" (WHO, 2011). Both hospice and palliative care offer relief from the pain and symptoms of serious illness. They also respond to the emotional, social, and spiritual needs of the patients and their families. Hospice is a version of palliative care for individuals whose lives are on the verge of ending. Likewise, in palliative primary care, individualized patient-centered care and joint decision-making are given priority [5].

Previous studies suggested that important hurdles to using palliative care may include inadequate education, training, and perceptions of palliative care, insufficiently trained people in the field, inadequate funding for the treatment, and regulatory barriers [6]. Unfortunately, minimal improvements have been made even in the developed world in converting access to resources for vulnerable groups for palliative care, especially those living in poverty at the margins of society, despite pleas for better resources.

Access to Palliative Care:

According to the World Health Organization, many terminally ill Europeans died in needless misery and suffering because healthcare systems lack qualified professionals and easily available palliative care treatments (WHO, 2011). Activities to prevent nutritional and pain issues, as well as actions to avoid unnecessarily delaying death

and to remain in control, are all crucial during the end-of-life stage [7]. In recent years, there has been an increase in awareness of the requirements of people dying from non-cancer conditions in terms of palliative care, along with the rise of palliative care teams in hospitals and the community.

Equity of access to services is a core premise driving palliative care policy. The "Korea Declaration" on hospice/palliative care declares that hospice and palliative care must be offered in line with the principles of equity, independent of color, gender, sexual orientation, ethnicity, faith, socioeconomic standing, national origin, or capacity to pay for treatments [8]. According to previous studies, early utilization of palliative care is associated with symptom relief, improved mood, less depressive symptoms, higher quality of life and survival, general satisfaction with treatment outcomes, and reduced costs of care.

The current disparities in access to this crucial service are progressively receiving more attention from policymakers as there is mounting evidence of the advantages of early access to palliative care. Due to the recent use of rights terminology to emphasize the need for palliative care on a global scale, this urgent request for better access to palliative care has received a great deal of support. Brennan (2017) first proposed this idea of palliative care as a right at the end of life in 2007, and it was most recently affirmed in the WHO Global Atlas of Palliative Care 2014 [9].

Most people throughout the world are still ignorant of this palliative care, it is not used to its full potential. According to WHO, just 20 of the world's 232 nations (8.6%) have integrated palliative care into their healthcare systems. Furthermore, 80% of low and middle-income countries lacked palliative care services. Unsurprisingly, reviews on palliative care reveals that patients with low socioeconomic status (SES) continue to have limited access to palliative care services and, as a result, suffer worse outcomes [10].

Access to Specialist Palliative Care (SPC):

Specialist palliative care (SPC) refers to services whose primary function is to provide palliative care. These services often care for patients with complicated and challenging requirements, necessitating a greater degree of education, personnel, and other resources. Specialized services are provided by specialist palliative care for people with complicated conditions that are not properly addressed by conventional treatment choices.

Specialist Palliative Care (SPC) is generally acknowledged and used mostly for cancer patients. It is currently regarded as an accepted practice to provide specialist palliative care to persons suffering from diseases other than cancer. This has been observed in cases of heart failure, chronic obstructive pulmonary disease, renal failure, Alzheimer's disease, liver failure, HIV/AIDS, and a variety of neurodegenerative disorders (Rosenwax, 2006). Furthermore, those with non-cancer conditions are more likely than cancer patients to develop anxiety and depression. For patients and families dealing with non-malignant diseases, accurate and timely information about the condition is just as crucial as comfort and support throughout the disease's course [11].

There is evidence to support the claims that persons with complicated life-limiting non-malignant diseases other than cancer may require an integrated multidisciplinary network of SPC providers to address their requirements and symptoms [12]. Despite projections of their future requirements, there is no information on non-cancer patients getting SPC. While a research from the UK (Addington, 1998)

shows that 17% of patients with non-cancer disorders genuinely needed SPC, and a recent South Australian study (Currow, 2004) suggested that 70% of persons with life-limiting illnesses would benefit from SPC [13].

According to research from Western Australia (Rosenwax, 2006), a significant percentage of persons who passed away during 2.5-years did not get SPC; even those who did had cancer or cancer in conjunction with other non-malignant diseases. SPC was only given to 10% of those with particular non-cancer diseases (Rosenwax, 2006). In addition, people in lower socioeconomic levels are more likely to lack access to specialized palliative care (SPC) than those in higher socioeconomic ones [14].

Access to Geriatric Palliative Care:

Geriatrics and palliative care are two distinct but connected medical specialties. They are both incredibly multi-professional and interdisciplinary fields since they focus on improving the quality of life, personal skills, and social participation of patients and their families [15]. The Geriatric Palliative Care textbook states that palliative care for the elderly "focuses on giving patients with relief from the symptoms, discomfort, and stress of a severe disease, whatever the diagnosis may be.

Lazris revealed that nearly 40% of elderly people pass away in hospitals while receiving expensive, inefficient treatment for illnesses that may be better handled by a compassionate approach (Lazris, 2019). Whilst "less is better" is a proverb in geriatric care [16]. Better quality and quantity of life are frequently associated with fewer drugs, examinations, consultations, treatments, and hospital stays. According to Medicare statistics, the elderly who have greater access to primary care and less access to specialty care are likely to live longer and better.

Changes in end-of-life morbidity and an increase in life expectancy are expected to have significant negative effects on health care. In Europe today, women and men may expect to live an additional 34 and 29 years after turning 50, respectively. However, the predicted absence of morbidity is only expected to last 10 or 9 years, respectively [17]. Therefore, a geriatric approach to care is necessary since the burden of chronic multi-morbidity, functional dependence, frailty, and usually cognitive impairment increases in the latter two decades of most people's lives. Likewise, the causes of death differ, the dying process changes, and the final phases of life develop into a protracted period characterized by difficult therapeutic decisions, difficult symptom management, a wide range of psychological problems, and easily overlooked spiritual sorrow. Thus, it is evident that hospice and palliative care are required, particularly in view of the growing number of people who stay in residential care homes or assisted living facilities as well as the specific needs and conditions that these individuals experience [18].

Stjernsward estimate that there are 58 million fatalities from all causes globally, with 45 million occurring in developing countries and 13 million in developed ones. Palliative care would be helpful for the predicted 60%, or 35 million individuals, who would live with terminal illnesses for a long time before passing away. The largest group to pass away will be the elderly. In many countries, older patients and their caregivers may not have equal access to palliative care as compared to younger patients [19]. This may be somewhat explained by the fact that cancer patients, who tend to be younger, make up the bulk of palliative care patients; nonetheless, age appears to be an independent predictor in both the location of death and accessibility to specialist therapy.

According to demographic trends, the core population of patients receiving palliative care is growing older, as well as an increase in chronic diseases and long-term health problems. There are several barriers to palliative care use among older patients, despite scientific evidence of the benefits of these services. A significant impediment to providing adequate palliative care for the elderly is the difficulty of the first line of healthcare practitioners for the elderly, notably geriatricians, to properly identify their role in terms of duty for giving palliative care [20]. Burt and Raine conducted a comprehensive review of the impact of age on referral to expert palliative care and discovered that "older

attributable to a small group of exceptionally costly patients. According to a recent Medicare cost analysis, 20% of expenses are spent in the final

support, and patients in rural locations used it at a lower rate than those in urban areas .According to a recent review of the literature on whether age affects cancer patients' access to specialist palliative care services, older individuals continue to be disadvantaged. Another study of the problems and concerns connected with accessing competent palliative care indicated that age, money, and ethnicity are some of the most important issues.

A worldwide public health goal has been set as making palliative care more accessible to older people and their very complex and co-existing needs (WHO, 2004). Nations are stepping forward to ensure access to geriatric palliative care, for example, palliative care is no