

Keywords: Early palliative care; Cardiovascular intensive care unit; Patient outcomes; Consultation timing

Introduction

Cardiovascular intensive care units (CVICUs) are highly specialized environments designed to manage complex and life-threatening heart conditions [1]. In these settings, patients often face high symptom burdens and challenging treatment decisions, with families grappling to understand complex prognostic information. Palliative care has become an essential component in managing the physical, emotional, and psychosocial needs of patients in CVICUs, with a growing body of evidence supporting its positive impact on quality of life and patient satisfaction. However, the timing of palliative care consultations remains a critical, understudied factor in maximizing these benefits [2]. Early palliative care intervention is associated with improved symptom management, better communication, and clearer goals of care, facilitating more informed decision-making for patients and their families. Despite these advantages, palliative care is often introduced late in the care process, frequently as a reactive measure rather than a proactive component of patient management [3]. Delayed palliative care engagement may limit its potential benefits, affecting both patient outcomes and healthcare resource utilization in the CVICU.

This study aims to explore the relationship between the timing of palliative care consultations and family satisfaction in cardiovascular intensive care units (CVICUs). Early integration of palliative care is associated with improved symptom management, reduced length of hospital stays, and

increased clarity in care goals, leading to an overall enhanced quality of care [5]. These results suggest that early palliative intervention allows for more comprehensive, holistic patient management by addressing physical symptoms alongside psychosocial and spiritual needs, which are often pronounced in critically ill cardiovascular patients. One of the critical advantages of early palliative care consultations observed in this study was the reduction in symptom burden, particularly concerning pain, dyspnea, and anxiety. Timely intervention enables palliative care teams to collaborate with primary care providers earlier in the course of illness, implementing individualized pain and symptom management plans that can significantly improve patient comfort. For many patients and their families, this early intervention can mitigate distress and foster a more supportive care environment, enabling patients to cope better with the stresses of intensive care [6].

Our findings also highlight the importance of early palliative care for family members, who frequently experience high levels of emotional and decision-making burdens in the CVICU setting. Early palliative care can provide families with guidance and clearer communication regarding care goals, fostering a more cohesive decision-making process and often increasing family satisfaction with the care provided. Families reported feeling more informed and supported when involved in palliative consultations early, which helped align their expectations and contributed to smoother transitions in cases where end-of-life care was required [7]. Furthermore, early palliative care was associated with shorter lengths of stay, reflecting more efficient resource utilization in the CVICU. By setting clearer care objectives and aligning treatments

*Corresponding author: Katha Paten, School of Psychology, The University of Queensland, Australia, E-mail: kathapaten@gmail.com

Received:

With patient preferences, early palliative engagement may reduce the need for prolonged intensive interventions, thus alleviating resource constraints in high-demand settings like CVICUs. This aligns with current healthcare goals that emphasize value-based care and resource efficiency, without compromising patient-centered quality [8].

While these findings are promising, several limitations warrant consideration. The retrospective nature of the study may introduce selection bias, and results may vary depending on institutional policies and the availability of palliative care resources. Future research could benefit from a prospective design to verify the causal impact of timing and explore other potential variables, such as specific cardiovascular conditions and comorbidities that may influence the