

Critical Review: The Speech Language Pathologist's Role in Delivering Adult End of Life Care

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This critical review examines the evidence regarding the role the speech-language pathologist has in delivering care in the end-of-life population. An electronic literature search yielded seven articles, which met inclusion criteria. Study designs included discussion papers, a literature review, a scoping review and a non-experimental, cross-sectional international survey. Overall, the evidence gathered from this review is suggestive that the speech-language pathologist plays an important role in delivering care in end-of-life settings, as it relates to communication and swallowing. These roles are discussed further in this review as well as strengths and limitations of the studies and clinical implications.

Introduction

Palliative care focuses on relief of suffering and providing the best possible quality of life for patients who have life-threatening and incurable illnesses and their families (Pollens, 2012). Disability, including communication and swallowing impairment, is common among hospice and palliative care patients (Javier, 2011). Communication impairments among the end-of-life (EOL) population can limit the patient's ability to participate in decision making, maintain social closeness with family, and communicate needs and discomfort to their family and medical team (Pollens, 2004). Additionally, communication impairments and dysphagia in the EOL population can contribute to poor social and emotional health as well as cause distressing symptoms (Speech-Language and Audiology Canada, 2018).

Even with the high incidence of patients with cognitive-communicative, motor speech and swallowing disorders in palliative and hospice care, common perspective of some medical and allied health professionals is that Speech-language pathologists (S-LPs) have a limited role when functional improvements are no longer expected (Pollens & Lynn, 2011).

However, evidence is accumulating to support the importance of integrating SLP services into EOL care (Pollens, 2012). To provide optimal

care to palliative and hospice patients, S-LPs must be aware of their specific roles and responsibilities within this population. This review seeks to define S-LPs roles in a population often overlooked; patients receiving EOL care.

Objectives

The primary objective of this paper was to critically review the existing literature in order to identify the roles and responsibilities that S-LPs have in delivering adult EOL care. The secondary objective of this paper was to propose clinical implications for S-LPs practicing in adult EOL care.

Methods

Search Strategy

Computerized databases including PubMed and CINAHL were searched using the following search strategy: [(Speech language pathologist) OR (speech language pathology) AND (palliative) OR (hospice) OR (end-of-life)]. Reference lists of previously searched articles were also used to obtain other relevant studies.

Selection Criteria

Articles considered for review were required to investigate the roles and responsibilities of S-LPs in end-of-life care settings, including hospice or palliative care. Articles were

excluded if they examined the SLP's role within a specific single illness.

Data Collection

Results of the literature search yielded 7 articles that met the selection criteria. The articles included 4 discussion papers, 1 literature review, 1 scoping review and 1 anonymous, non-experimental, cross-sectional international survey.

Results

Chahda et al. (2017) explored the roles and practice of S-LPs in adult palliative care, in a scoping review. Inclusion and exclusion criteria were reported in detail. The authors implemented a multifaceted search strategy to identify all literature that met selection criteria, biased evidence was avoided. 1264 papers that mentioned S-LPs in palliative care were initially retrieved. After screening the articles, 13 remained to be included in the review. All remaining articles were informative/exploratory articles using expert opinions and recommendations from S-LPs working in palliative care settings. Four thematic categories were identified throughout the literature regarding the roles S-LPs have in EOL care. These categories were: the importance of S-LP guidelines in EOL care, communication intervention in palliative and EOL care, oral feeding in EOL care and concerns and considerations for implementation of S-LP practices in palliative care. The body of literature reviewed was largely supportive of the value and importance S-LPs have in communication and dysphagia management for patients approaching EOL. Roles of the S-LP in EOL care included developing communication strategies for patients with declining communication as result of disease progression to increase QoL, addressing questions and concerns around oral and enteral nutrition, impairment and facilitation of communication, and implementing strategies to maximize the pleasure of eating and drinking in the most comfortable way possible to maintain QoL and relieve suffering. The review also encouraged increased educational opportunities for S-LPs around EOL care and the development of more

studies regarding the practical procedures in EOL care for evidence-based S-LP services with this population.

Strengths of this review included a methodically designed and thoroughly described search strategy as well as selection criteria that was adequate for the design and described in detail, including suitable inclusion and exclusion criteria. Additionally, this review was strengthened by completion of a comprehensive search for all relevant studies using bibliographic databases, avoiding biased evidence base. Limitations of this review include potential narrowing of literature as the review focused only on articles specifically addressing the use of procedures and protocols for S-LPs working palliative care. Additionally, this review was limited as only articles written in English were included, thus non-English speaking cultural contexts were not considered.

This review provides suggestive evidence that S-LPs have important roles in delivering EOL care.

Kelly et al. (2016) analyzed the existing literature using a systematic review to define best-practice roles of S-LPs in palliative care by examining current SLP services and interventions provided to this population and assessing potential gaps between best practice in the literature and everyday S-LP practice. MEDLINE, EMBASE and CINAHL were searched using a well-defined specific search strategy, yielding 62 papers. After screening, 14 articles remained that met the selection criteria. All articles were read in full and reviewed by two authors, appraised and categorized. Manual searches were completed to locate 19 additional relevant articles. The identified papers were primarily descriptive in nature. The authors utilized a narrative exploration of themes as it was concluded to be the most appropriate for the gathered literature.

Specific roles for S-LPs in communication, dysphagia and professional practice were identified throughout the literature. S-LPs' responsibilities in dysphagia management involved completing evaluation and re-

evaluation of the patient's swallow throughout the illness trajectory, identifying strategies to make feeding interactions as pleasurable and comfortable as possible and providing education to patients and caregivers regarding causes and influences on dysphagia, expected impact of disease progression on swallowing and implications of aspiration. Additionally, the S-LP has a role to play in discussing enteral feeding to facilitate ethical and informed decision making. In terms of communication, three primary S-LP roles were identified. The first role being providing communication assessment to inform the patient, the family and other healthcare professionals about the cognitive-communication status of the patient throughout disease progression. The second role being development of communication strategies/tools and access to AAC systems which require the S-LP to consider the types of communication exchanges that take priority at the EOL. Lastly, the literature identified collaboration with multidisciplinary team members and implementation of a social model of care as crucial responsibilities S-LPs have in palliative care.

Strengths of this review included utilization of a thoroughly described search strategy, adequate and well described selection criteria for the design, and completion of a comprehensive search for all relevant studies using bibliographic databases with addition of manual searching. Weaknesses of this review are as follows. Although mentioned in the review to be included in the database searches, inclusion and exclusion criteria were not clearly described. The quality of the research studies included in this review is also a limiting factor. Of the research studies identified, significant heterogeneity, small numbers of research participants, limiting statistical power of the findings and the degree of generalizability was common. Unavoidable bias was also present in the research articles as they focused on patient groups and employees within their specific institutions.

This review provides suggestive evidence that S-LPs have important roles in delivering EOL care and should be included in such care.

Pollens (2004) provided a discussion paper describing the roles and responsibilities of the S-LP in palliative hospice care in alignment with the World Health Organization's components of palliative care. Pollens outlines four principal roles of the S-LP on the palliative care team. In palliative hospice care, the S-LP provides consultation regarding communication, cognition and swallowing to patients, families and other team members in the areas. Additionally, S-LPs in palliative hospice care develop communication strategies to support patient's role in decision making, maintain social closeness and fulfil patient EOL goals. Pollens (2014) also reports that S-LPS assist in dysphagia management in order to improve patient comfort, increase eating satisfaction and promote positive feeding interactions for family members. Lastly, S-LPS have a role to play in communicating with the interdisciplinary team to maximize overall patient care.

Details regarding how articles were chosen for the review and potential biases were not reported, however, Pollens is a well-established expert in the field of palliative hospice care and utilized a comprehensive list of reliable references to support the paper. Additionally, the paper is noted to be peer reviewed and is published in a creditable source being the *Journal of Palliative Medicine*. Anecdotal case histories provided by S-LPs in the palliative hospice care were used to in the paper to provide specific examples of intervention in this field. Although use of anecdotal case histories present limitations as a research tool, use of case histories in this paper assist in providing a more in-depth, real-life understanding of a complex issue.

Overall, this paper provides suggestive evidence regarding the roles and responsibilities S-LPs have in delivering EOL care.

Pollens (2012) provided a discussion paper describing the contrast between S-LPs' roles in providing palliative care services and the roles S-LPS play in delivering more traditional impairment-based rehabilitation. Pollens concludes that S-LPs' responsibilities in

palliative life care is guided by the context of the physical, social and psychological status of the patient and modified as the patient's health status declines. Thus, the roles of S-LPs in palliative care shift away from rehabilitation and toward services that increase quality of life, support and comfort. Pollens applies this shift in service to the roles S-LPs have in dysphagia and communication consultations among the EOL population.

Limitations of this paper include, unreported details regarding how articles were chosen to be included in the paper as well as unreported potential limitations and biases. Strengths of this paper include Pollens being an established expert in the field of palliative care, a comprehensive list of reliable resources is provided, and the paper is published in a creditable source.

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Roe et al. (2010) utilize palliative care literature and multiple case studies, to define the role of rehabilitation in palliative care settings and to explore the transition of S-LP services from supportive rehabilitation to palliative care. The authors conclude that S-LPs require use of a patient led approach to services while working in palliative care as their role shifts to compensation and quality of life rather than active rehabilitation.

The authors of this article are considered recognized experts in the field and a reputable list of references is provided, adding strength to this discussion paper. The article is also published in a creditable source further strengthening the article's reliability. The included case histories, although limited as a research tool, provide an in-depth illustration of the S-LP's roles in a range of clinical scenarios. This article is limited by the lack of details regarding how articles were chosen to be included in the paper as well as unreported limitations.

Overall, this paper provides slightly suggestive evidence regarding the roles and responsibilities S-LPs have in delivering adult EOL care.

Toner et al. (2012) published a discussion paper aiming to clarify facts about EOL care as it pertains to topics in language disorders. The paper addressed questions including what services speech pathologists provide in EOL care, what speech pathologists need to know about dying and where S-LPs work with EOL patients. Through review of the literature, the authors determine that the S-LP roles in EOL care are focused in the following areas: swallowing management, facilitating communication and cognition and counseling patients and families around EOL concerns as they relate to swallowing and communication.

This paper is strengthened by having authors that are considered well-recognized in the field as well as having a reputable list of reference. Additionally, the article is published in a creditable source further strengthening the article's reliability. This article is limited by the lack of details regarding how articles were chosen to be included in the paper as well as unreported limitations and biases.

This paper provides slightly suggestive evidence regarding the roles and responsibilities S-LPs have in delivering EOL care.

O'Reilly et al. (2015) used an anonymous, non-experimental, cross-sectional international survey to investigate how S-LPs view their role in palliative care and identify similarities and differences in SLP practices in palliative care. The authors chose to use a descriptive research design in order to best match the research aims of this study. The Tailored Research Method (Dillman, 2000) was used to design the survey consisting of 26 questions requiring yes/no/not sure responses. Participants included S-LPs in Republic of Ireland, New Zealand, UK, Australia, Canada and US that were recruited using purposive and snowball sampling. 322 participants responded to the survey of which 305 completed the survey in full. Data was analyzed appropriately.

The results of this study indicated that 96% of participants consider S-LPs to have a role in palliative care services and majority agreed these roles include assessing and managing swallowing and communication difficulties, educating the patient, family and the healthcare team and participating in overall patient care through multidisciplinary team involvement. Themes common amongst participant comments were the importance of maintaining quality of life, dignity and comfort when providing S-LP services in palliative care.

Numerous strengths were evident in this international survey. The authors used a combination of literature review and previous clinical experience of the researchers and S-LPs colleagues to ensure that the survey sought to answer questions on all topics relevant to the role of S-LPs in palliative care. Confidence intervals of 95% supports the validity of the survey. Method of selection of the subjects as well as inclusion and exclusion criteria were clearly described within the article. Satisfactory completion rate was achieved, and sample subjects were representative with regards to the population to which the findings were referred. Appropriate analysis was carried out for quantitative and qualitative aspects of the survey. The survey was also not without its limitations. The survey was only available for a short amount a time, therefore little evidence that the instrument provides stable responses over time could be established. Additionally, the way the sample was obtained could have introduced bias as access to the internet was required to complete the survey. Lastly, response rate was not calculated or described fully due to the survey design and website functionality.

Overall, this study provides suggestive evidence regarding the roles and responsibilities S-LPs have in delivering EOL care.

Discussion

There was a general consensus among the reviewed articles that S-LPs have a valued role in EOL care, specifically in delivering communication and dysphagia management. The

following roles were identified as common themes throughout the reviewed articles. Firstly, the S-LP's role in EOL shifts from a rehabilitation approach to maintain QoL. Secondly, the S-LP's role includes developing strategies for positive feeding and communication experiences throughout disease progression. Thirdly, the S-LP's role involves communicating with the family and interdisciplinary team to increase overall patient care. Lastly, agreement around the importance of guidelines for SLPs in EOL care was evident among the reviewed articles.

The articles included in this review would have been strengthened using meta-analysis however the primarily descriptive nature of the literature prevented meta-analysis from being appropriate. Methodological challenges in the area of palliative care, such as recruitment, high participant attrition and limited meaningful outcome measures as well as ethical considerations, create barriers to formal high-level research evidence. Therefore, descriptive literature remains a valuable contribution to this area. Best practice integrates current best evidence and clinical expertise, thus, to discount expert opinion would unnecessarily exclude important clinical contributions made to the field.

Conclusion

Overall, the results of the seven reviewed studies reveal suggestive evidence that SLPs have an important role in providing EOL care, specifically in maintaining QoL as it relates to communication and swallowing.

While the critical review did not identify a strong level of evidence to support a role for SLPs in EOL care, the literature reviewed uniformly suggests that due to the potential impact communication and swallowing can have on QoL in the EOL population, the SLP has potential to increase patient and family well-being. Thus, their role on the EOL interdisciplinary health team should not be discounted.

Clinical Implications

Due to the limited strength of evidence provided by the articles reviewed, it is recommended that further research is conducted in order to construct more well-defined practice guidelines for the SLP's roles and responsibilities in EOL care. Additionally, due to the lack of specific practice guidelines for S-LPs working in EOL care, further education and professional development is essential for S-LPs working in this area.

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