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Summary

Palliative care in liver disease: How to support patients and families in the end-of-life

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Nurses

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A nurse-led palliative care pathway for patients with end-stage liver disease uses the surprise question and structured screening tools to trigger early conversations, symptom management, and family support alongside ongoing treatment.

KEY POINTS

- The speaker described integrating palliative care early using the surprise question (Would you be surprised if the patient died in 12 months?) as a trigger, with a reported sensitivity of 93% in end-stage liver disease according to cited meta-analysis.
- A four-step pathway coordinated by an advanced practice nurse included screening, assessment, structured family meetings, and shared decision-making, positioning the nurse as an interface to ensure palliative care teams arrive when needed.
- A case example illustrated a patient with acute-on-chronic liver failure (MELD 22) who died 15 days after admission; the speaker noted screening was applied too late (day 8), after criteria were already met.
- The speaker stated that patients receiving palliative care support at their unit had lower readmission rates than those without, attributed to access to mobile palliative care teams for home symptom management.
- Barriers to palliative care conversations included hepatologists' fear of removing hope, lack of communication training (80%), and absence of accessible specialist services (almost half).
- The speaker recommended cirrhosiscare.com as a resource for advanced care planning tools and emphasized screening before crisis, structured family meetings, and prioritizing patient values in decision-making.

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