



Palliative care strategies for older adults: systematic review of interventions and clinical outcomes

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ABSTRACT

Introduction: population aging increases the prevalence of chronic and terminal diseases, generating the need for comprehensive palliative care in older adults.

Objective: to describe palliative care strategies in older adults through a systematic review of interventions and clinical outcomes.

Methods: a systematic review of the scientific literature was conducted across various databases. The search was performed using an algorithm with keywords and Boolean operators, allowing the identification of relevant sources. The selected studies, after applying inclusion and exclusion criteria, were critically analyzed considering timeliness, methodological quality, and thematic relevance, and were integrated into the final synthesis of the review.

Development: the findings show that palliative care improves quality of life, reduces unnecessary hospitalizations, and favors a dignified death. The role of nursing is highlighted as a leader in implementing strategies, including monitoring of physical and psychological symptoms, advance care planning, and emotional support. The literature underscores the importance of specialized programs, caregiver training, and multidisciplinary teams that integrate physical, social, and spiritual support. Likewise, emphasis is placed on the humanization of care and effective communication with patients and families.

Conclusions: palliative care in older adults constitutes an essential component of healthcare, especially in advanced chronic diseases. Its comprehensive and multidisciplinary approach ensures dignified and compassionate support. Nursing leadership and caregiver training are key pillars to optimize quality of life and strengthen the humanization of care in the final stage of life.

Keywords: Aged; Quality of Life; Palliative Care; Health of the Elderly.

Citar como: Alvarado-Chacón RE, Pazmiño-Pullupaxi CS, Armijo-Montero TL, Curimaca-Patajalo GE. Estrategias en cuidados paliativos para adultos mayores: revisión sistemática de intervenciones y resultados clínicos. Rev Ciencias Médicas [Internet]. 2026 [citado: fecha de acceso]; 30(S1): e7028. Disponible en: <http://revcmpinar.sld.cu/index.php/publicaciones/article/view/7028>

Recibido: 27 de diciembre de 2025

Aceptado: 04 de febrero de 2026

Publicado: 05 de mayo de 2026

INTRODUCTION

Population aging is a global phenomenon posing significant challenges for health systems, particularly in caring for older adults (OA) during the final stage of life. This period—characterized by heightened vulnerability and multiple comorbidities—requires specific care addressing both physical and emotional-spiritual patient needs. Palliative care and pain management are essential components for improving quality of life at this stage, enabling a dignified and respectful death.⁽¹⁾

Aging represents the individual's adaptive response to sustained, multifactorial challenges over time. It is an extraordinarily complex natural process influenced by countless factors, which—in most cases—can be modulated externally through what we call "care." From an anthropological perspective, old age is simply another life phase with imprecise temporal boundaries—akin to childhood, adolescence, or adulthood.⁽²⁾

Population aging has shifted the epidemiological structure of health and disease among older adults, increasing the number of individuals living with non-communicable or advanced chronic diseases. As these conditions progress, they require specialized care aimed at improving quality of life—such as palliative care—a phase in which bioethical principles must be applied with even greater diligence. Older adults possess the same rights as any person with a health condition, but they require special protection; maximizing the fulfillment of their rights is the only and final opportunity to preserve their dignity as human beings, ensuring adequate symptom control and a dignified death.⁽³⁾

End-of-life care involves not only clinical attention but also a holistic approach that includes psychological and social support for both patients and families. Effective communication and shared decision-making are fundamental to aligning care with the patient's values and wishes, thereby reducing anxiety and suffering.^(4,5,6)

The implementation of comprehensive palliative care programs has proven effective not only in improving patient quality of life but also in optimizing healthcare resources—reducing unnecessary hospitalizations and promoting death in the patient's preferred setting, usually at home.^(7,8)

Nursing plays a fundamental role in palliative care, as nurses are often the first to identify changes in a patient's condition and implement appropriate interventions. Nurses also play a crucial role in educating patients and families about the disease and its management, as well as coordinating care with other health professionals. Within the healthcare team, nurses occupy a privileged position—partly because they spend the most time with patients and families. Their scope of practice spans all life stages—from birth to death—and continuously adapts to the needs of each population group.^(9,10,11)

Theories vary by level of abstraction and scope: the broadest are known as grand theories, while the most numerous and concrete are middle-range theories. These serve to document specific phenomena, describing and explaining how individuals interact with concepts that can be observed in practical settings. In palliative care, general theoretical frameworks are recognized, such as the international phase-based model of dying, which serves as a key reference in end-of-life and palliative care research.⁽¹²⁾

Palliative and supportive care are essential for maintaining and improving the physical, psychological, mental, and psychosocial health of patients with advanced cancer and their families.^(13,14,15) Palliative care is considered an indispensable, holistic, and personalized approach to patient care. Multidisciplinary teams exert a synergistic effect on overall survival, significantly improving patient satisfaction and quality of life.^(16,17,18) Given these considerations, this review was conducted to describe palliative care strategies for older adults through a systematic review of interventions and clinical outcomes.

METHODS

This study was designed as a systematic literature review following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. The search period spanned from 2010 to 2024 to include recent and relevant research on palliative care in older adults. Information sources included PubMed, SciELO, Dialnet, Redalyc, and Google Scholar, as well as grey literature and secondary references from previously selected articles.

The search strategy was based on keywords and Boolean operators such as "palliative care" OR "cuidados paliativos" AND "older adults" OR "adulto mayor" AND "quality of life" OR "enfermería." Articles in Spanish and English were included to ensure a broad, multilingual perspective.

Inclusion criteria encompassed studies published within the defined timeframe, original research, systematic reviews, and meta-analyses directly addressing palliative care application in older adults. Duplicates, articles without full access, irrelevant studies, and publications outside the temporal range were excluded.

The selection process occurred in several phases: identification of records, title and abstract screening, and full-text analysis. Initially, 230 records were obtained; 60 were removed due to duplication and 88 due to outdated publication dates. After applying exclusion criteria, 18 articles were finally included in the qualitative synthesis. The procedure was represented using a PRISMA flow diagram showing the stages of identification, screening, eligibility, and inclusion.

Data extraction and analysis focused on key variables such as author, year, methodological design, study population, type of intervention, and main outcomes. Synthesis was performed qualitatively, integrating findings on clinical impact, quality of life, and the nursing role in geriatric palliative care. No meta-analysis was conducted due to study heterogeneity, although consistent trends were identified supporting the importance of a holistic, multidisciplinary approach.

DEVELOPMENT

Increased life expectancy has led to a growing number of people requiring palliative care. Healthcare professionals must possess appropriate knowledge and skills to ensure high-quality care for these patients. In a highly technologized world with highly specialized scientific advances—particularly in medicine—it is essential to align patients' right to a dignified death with end-of-life care and respect for individual autonomy regarding health, illness, and the dying process. Political institutions, responding to societal demands, legislate on these matters of public interest.^(3,5)

In geriatric care, it is crucial that nursing professionals be trained in specific palliative care skills, symptom management, and emotional support. Nurses play an indispensable role, uniquely positioned to coordinate and deliver continuous care adapted to the changing needs of patients in their final days.⁽⁶⁾

Palliative care for older adults is a multidimensional approach encompassing physical symptom management, emotional support, and social and spiritual assistance. An integrative approach is essential due to the complexity of health conditions and the unique needs of older adults at the end of life.⁽⁸⁾

Palliative care aims to achieve and maintain optimal pain control and symptom management. This requires careful individual assessment—including detailed history, physical examination, and additional evaluations. Patients must have immediate access to all necessary medications, including a range of opioids and pharmaceutical formulations. Palliative care affirms life and views dying as a normal process. Patients seeking palliative care should not be seen as evidence of medical failure. Instead, these services aim to empower individuals to live usefully, productively, and fully until death. Rehabilitation—understood as physical, psychological, and spiritual well-being—must not be neglected.⁽¹⁴⁾

High-quality physical care is certainly vital but insufficient on its own. Human beings must not be reduced to mere biological entities. Palliative care also provides a support system to help patients live as actively as possible until death. Patients set their own goals and priorities, and healthcare professionals must empower and support them in achieving those objectives. Patient priorities may change dramatically over time, and clinicians must remain aware of and responsive to these shifts.⁽¹⁵⁾

Nutrition is also an integral part of palliative care. Some institutions propose that diets for patients with advanced illness provide emotional comfort and pleasure, reducing anxiety and enhancing self-esteem and independence. Food carries symbolic meaning: through eating, we ingest not only nutrients essential for survival but also meanings, dreams, and images. Language itself reflects the significance of feeding: to “feed” someone is a profoundly human act representing respect for life and care for others.⁽¹⁶⁾

Indeed, palliative care represents the health sciences’ ethical response to the imperative of helping patients and families face the experience of suffering and death from a holistic perspective—integrating physical, psychological, social, and spiritual dimensions. Enabling patients—despite profound fragility—to live fully in their final moments according to their values is the great challenge of palliative medicine in this century.⁽¹⁷⁾ Table 1 summarizes key findings from the literature.

Table 1. Key findings from the literature.

Authors	Title	Findings
Connor, ⁽¹⁹⁾	Global Atlas of Palliative Care	Palliative care must be an integral part of healthcare.
González-Rincón et al., ⁽²⁰⁾	Role of nurses in end-of-life care for critically ill patients	Nurses can and should lead change by actively developing strategies to integrate palliative care into ICU practice.
Ponti al., ⁽²¹⁾	Nursing knowledge in symptom assessment and ongoing review in palliative care	Palliative care addresses physical and psychological symptoms affecting quality of life; symptom monitoring and care planning are nursing responsibilities.
Hakon al., ⁽²²⁾	Palliative care in the community: the role of resource nurses – a qualitative study	Nurses facilitate reflection and collaboration within palliative teams and contribute to ethical awareness and appropriate end-of-life dialogue.
Velloso al., ⁽²³⁾	Palliative care in older adults, health services, and the nursing role	Nurses play an essential role in palliative care for older adults, supporting their well-being in this life stage.
Ocampo al., ⁽²⁴⁾	Comprehensive geriatric assessment in palliative care: literature review	Advance care planning and shared decision-making are critical from the moment older adults qualify for palliative care—extending support to families after death.
Lopez al., ⁽²⁵⁾	Palliative care in older adults with diabetes and hypertension, San Miguel de Bolívar Gerontological Center	Strategies targeting caregivers—through training, workshops, and educational talks—enhance awareness and enable humanistic care with spiritual and psychological support.
Fonseca et al., ⁽²⁶⁾	Nursing role in palliative care for older adults	Palliative care has become a key nursing responsibility due to global demographic shifts.
Silva-Bustillos et al., ⁽²⁷⁾	Palliative care for older adults with high-impact conditions in primary care	Palliative protocols should begin at diagnosis to improve quality of life and reduce adverse effects of incurable illness.
Rojas Loyola, ⁽²⁸⁾	Humanization: the best option for palliative care	Palliative care improves quality of life for patients and families facing potentially fatal illnesses.

Findings from this literature review highlight that palliative care is an integral component of healthcare for older adults, especially those with chronic illnesses.^(19,24,27)

Authors agree that nurses play a fundamental role in leading and implementing palliative care in both hospital and community settings.^(20,22,26) Nurses can and should drive change by creating strategies to integrate palliative approaches into clinical practice—particularly in intensive care units.

Additionally, the importance of nurses' knowledge and monitoring of physical and psychological symptoms is emphasized, as it is essential for delivering comprehensive care and improving patient quality of life.^(21,23,25) Advance care planning and shared decision-making are also highlighted as particularly relevant for older adults.⁽²⁴⁾ Finally, the need for caregiver education and training strategies is underscored—to increase awareness of palliative care's importance and enable more humanized, high-quality support.^(25,28)

At end of life, it is important to address unresolved issues—both financial and relational—and to anticipate death and bereavement. Grief is a normal process lasting months, expressed through emotions, behavioral changes, and physical symptoms, and concludes with the return of prior functional and relational capacities. Interventions based on assertiveness and effective communication improve family satisfaction, understanding, and acceptance of death. Families especially value the commitment, compassion, and honesty of professionals providing care.⁽¹⁸⁾

CONCLUSIONS

Palliative care for older adults is characterized as an integral component of healthcare—particularly for those with chronic illnesses—addressing physical, psychological, and spiritual dimensions holistically, empathetically, compassionately, and with guidance. This approach extends not only to the patient but also to family members and caregivers. In this context, the crucial role of nurses as leaders in implementing and developing palliative care—both in hospitals and the community—is evident. Furthermore, nurses' knowledge and monitoring of patients' physical and psychological symptoms are essential for delivering comprehensive care and improving quality of life for individuals facing chronic illness or nearing the end of life.

BIBLIOGRAPHIC REFERENCES

1. Pérez Redondo B, García de la Torre Revuelta M, Petronila Gómez L, Pérez Redondo B, García de la Torre Revuelta M, Petronila Gómez L. Los cuidados paliativos en pacientes ancianos con patologías no oncológicas. Gerokomos [Internet]. 2019 [cited 11/07/2024]; 30(1): 6–11. Available from: https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1134-928X2019000100006&lng=es&nrm=iso&tlng=es
2. Hernández AG. Cuidados paliativos y atención a pacientes con enfermedades terminales. Revista Científica de Salud y Desarrollo Humano [Internet]. 2020 Oct 26 [cited 11/07/2024]; 1(1): 32–46. Available from: <https://revistavitalia.org/index.php/vitalia/article/view/8/6>
3. Rodríguez JRR, Tabares VZ, Moro AMG. Aspectos éticos de los cuidados paliativos en ancianos. Geroinfo [Internet]. 2015 [cited 11/07/2024]; 10. Disponible en: <https://www.medigraphic.com/pdfs/geroinfo/ger-2015/ger152b.pdf>
4. Zas Tabares V, Rodríguez Rodríguez JR, Silva Jiménez E. El dolor y su manejo en los cuidados paliativos. Panorama Cuba y Salud [Internet]. 2013 [cited 11/07/2024]; 8(2): 41–8. Available from: <https://revpanorama.sld.cu/index.php/panorama/article/view/31>
5. Manuel Cucalón-Arenal J, Marín-Ibáñez A, Cía-Gómez P, Guadalupe Blay M, Manuel Cucalón Arenal J, Barrio P, et al. Opinión de los universitarios sobre los cuidados al final de la vida. FEM: Revista de la Fundación Educación Médica [Internet]. 2013 [cited 11/07/2024]; 16(3): 181–6. Available from: https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S2014-98322013000300009&lng=es&nrm=iso&tlng=es

6. Sánchez Hernández R, Zamora González-Mariño R, Rodríguez-Osorio Jiménez L. Cuidados paliativos en la enfermedad renal crónica. NefroPlus [Internet]. Junio 2018 [cited 11/07/2024]; 10(1): 1-93. Disponible en: <https://revistanefrologia.com/es-cuidados-paliativos-enfermedad-renal-cronica-articulo-X1888970018627957>
7. Aubert L, Denis M, Cudennec T, Moulias S, Teillet L, Pépin M. Cuidados paliativos y acompañamiento en geriatría. EMC - Tratado de Medicina [Internet]. 2022 Mar 1 [cited 11/07/2024]; 26(1): 1-7. Disponible en: <https://www.sciencedirect.com/science/article/abs/pii/S1636541022460375>
8. Ribera Casado JM. Geriatría y cuidados paliativos: algunas reflexiones. Rev Esp Geriatr Gerontol [Internet]. 2013 [cited 11/07/2024]; 48(2): 89-93. Disponible en: <https://www.elsevier.es/es-revista-revista-espanola-geriatria-gerontologia-124-articulo-geriatria-cuidados-paliativos-algunas-reflexiones-S0211139X12000935>
9. Castañeda De La Lanza C, O'Shea C GJ, Lozano Herrera J, Castañeda Penã G. Cuidados paliativos: la opción para el adulto en edad avanzada. Gaceta Mexicana de Oncología [Internet]. 2015 [cited 11/07/2024]; 14(3): 176-80. Disponible en: <https://www.elsevier.es/es-revista-gaceta-mexicana-oncologia-305-articulo-cuidados-paliativos-opcion-el-adulto-S1665920115000425>
10. Rodríguez Cruz O, Expósito Concepción MY. La enfermera y los cuidados al final de la vida. Rev Cubana Enfermer [Internet]. 2018 Dic [citado 04/02/2026]; 34(4). Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-03192018000400002&lng=es
11. Silva Fhon JR, Figueiredo de Sousa E, Li W, Silva LM. Percepção da enfermagem sobre cuidados paliativos: final da vida do idoso hospitalizado Rev. iberoam. Educ. investi. Enferm [Internet]. 2022 [citado 04/02/2026]; 12(4):7-17. Doi: <https://doi.org/10.56104/Aladafe.0000.12.1021000391>
12. Gómez Ramírez OJ, Carrillo González GM, Arias EM. Teorías de enfermería para la investigación y práctica en cuidado paliativo. Revista Latinoamericana de Bioética [Internet]. 2016 [citado 04/02/2026]; 17(1): 60-79. Disponible en: <http://www.scielo.org.co/pdf/r/b/v17n1/v17n1a04.pdf>
13. Espinosa Q, Jiménez V, Bautista I. Cuidados paliativos en adultos mayores con cáncer de próstata. Sapienza: International Journal of Interdisciplinary Studies [Internet]. 2022 Nov 30 [citado 04/02/2026]; 3(8): 93-104. Disponible en: https://www.researchgate.net/publication/366832659_Cuidados_paliativos_en_adultos_mayores_con_cancer_de_prostata
14. Pessini L, Bertachini L. Nuevas perspectivas en cuidados paliativos. Acta Bioeth [Internet]. 2006 [citado 04/02/2026]; 12(2): 231-242. Disponible en: https://www.scielo.cl/scielo.php?pid=S1726-569X2006000200012&script=sci_arttext
15. Robie J. Ageing populations: We are living longer lives, but are we healthier? [Internet]. United Nations; 2021 [citado 04/02/2026]: 1-26. Disponible en: https://www.undesa_pd_2021_TP_Ageing_populations.pdf

16. Amorim GKD, Silva GSN da. Nutricionistas e cuidados paliativos no fim de vida: revisão integrativa. Rev. Bioét [Internet]. 2021 [citado 04/02/2026]; 29(3): 547–57. Disponible en: <https://www.scielo.br/j/bioet/a/vVC5Kr5C8qR6bWgSxkyRncD/?lang=pt>
17. Espinar V. Los cuidados paliativos: Acompañando a las personas en el final de la vida. Cuad. Bioét. [Internet]. 2012 [citado 04/02/2026]; 23(1): 1–9. Disponible en: <https://aebioetica.org/revistas/2012/23/77/169.pdf>
18. Sanchiz O, Ventura P. Limitación de soporte vital. Cuidados paliativos y final de vida en UCI. Rev. Bioética y Derecho [Internet]. 2020 [citado 04/02/2026]; (48). Disponible en: https://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1886-58872020000100006
19. Connor S. Global Atlas of Palliative Care. Worldwide Hospice Palliative Care Alliance (WHPCA) [Internet]. London; 2020 [citado 04/02/2026]; 1–120. Disponible en: [https://cdn.who.int/media/docs/default-source/integrated-health-services-\(ihs\)/csy/palliative-care/whpca_global_atlas_p5_digital_final.pdf?sfvrsn=1b54423a_3](https://cdn.who.int/media/docs/default-source/integrated-health-services-(ihs)/csy/palliative-care/whpca_global_atlas_p5_digital_final.pdf?sfvrsn=1b54423a_3)
20. González-Rincón M, Díaz de Herrera-Marchal P, Martínez-Martín ML. Rol de la enfermera en el cuidado al final de la vida del paciente crítico. Enferm Intensiva [Internet]. 2019 Apr [citado 04/02/2026]; 30(2):78–91. Disponible en: <https://www.sciencedirect.com/science/article/abs/pii/S1130239918300567>
21. Ponti E, Saez N, Angeloni L, Alvarez M, Mincone F, Cicerone F. Conocimiento de Enfermería en la valoración y revisión continua de los síntomas en cuidados paliativos. Educ Med Super [Internet]. 2019 Apr [citado 04/02/2026]; 33(3). Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-21412019000300005
22. Hakon J, Helgesen A. Palliative care in the community – the role of the resource nurse, a qualitative study. BMC Palliat Care [Internet]. 2021 [citado 04/02/2026]; 20(1): 157. Disponible en: <https://pubmed.ncbi.nlm.nih.gov/34645424/>
23. Velloso Isabela SC, Caram C da Silva, Almeida Rodrigues Pego de I, Souza Silva MJ, Silva Matheus H, Galdino Sales C. Palliative Care for the Elderly in the Healthcare System: A Scoping Review. Aquichan [Internet]. 2022 Sep [cited 05/02/2026]; 22(3): e2238. Available from: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S1657-59972022000302238&lng=en
24. Ocampo J, Reyes C, Etayo E. Valoración geriátrica integral en cuidados paliativos: revisión bibliográfica. Med Paliat [Internet]. 2021 [cited 05/02/2026]; 28(3): 185-197. Disponible en: <https://www.medicinapaliativa.es/valoracion-geriatrica-integral-en-cuidados-paliativos-revision-bibliografica644>
25. Lopez S, Bosquez M. Cuidados paliativos en el adulto mayor diabético-hipertenso, Centro Gerontológico San Miguel de Bolívar [Tesis]. GUARANDA ECUADOR; 2024 [cited 05/02/2026]. Disponible en: <https://dspace.ueb.edu.ec/items/ae05845a-66c3-49b4-9396-bacb7827be5a>
26. Fonseca YR, Parra Espinosa CR, Aristizabal Romero AS, Castañeda Perilla SV. Rol de enfermería en el cuidado paliativo al adulto mayor. CE [Internet]. 2024 Jul. 12 [cited 05/02/2026]; 7(25): 03-1. Available from: <https://www.conocimientoenfermero.es/index.php/ce/article/view/279>

27. Silva-Bustillos KA, Chela-Chela AK, Borja-Carvajal MC, Agualongo-Cubi JR. Cuidados paliativos para el adulto mayor con enfermedades de impacto para el primer nivel de atención. MQRInvestigar [Internet]. 2024 Feb 6 [cited 05/02/2026]; 8(1):1176–89. Disponible en: <https://www.investigarmqr.com/ojs/index.php/mqr/article/view/937>

28. Rojas Loyola G. La humanización: la mejor opción para los cuidados paliativos. Gac Méd Caracas [Internet]. 9 de marzo de 2024 [citado 05/02/2026];132(1). Disponible en: https://saber.ucv.ve/ojs/index.php/rev_gmc/article/view/27994