Delivery of the Arts in Palliative and End of Life Care: An Integrative Review of the Literature

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Introduction

Limited research exists to support the use of visual, performing and literary arts practices delivered by artists with individuals in palliative and end of life care as distinct from the creative arts therapies.

**Aim:** To explore the range and impact of arts engagement with individuals with life limiting illness in palliative and EOL care.

**Inclusion criteria**
- Empirical studies including both quantitative and qualitative studies
- Grey literature, including published reports or program evaluation
- Literary, performing, visual or multidisciplinary arts engagement provided by artists with individuals with life-limiting illness in palliative or end of life care

**Exclusion criteria**
- Creative arts therapies interventions such as music therapy, art therapy or dance/movement therapy
- Studies with participants with serious or chronic illness that is not life limiting, such as stroke, cancer surviviorship, dementia
- Arts engagement provided for or by health professionals, trained volunteers, family members, or patients themselves

**Methods**

Integrative review (Whittemore and Knafl, 2006)


Comprehensive search strategy with variations on the terms “arts”, “palliative care” and “patients”

Critical appraisal was conducted (Hawker, et al., 2002)

Findings

<table>
<thead>
<tr>
<th>Study</th>
<th>Design</th>
<th>Participants</th>
<th>Intervention</th>
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</thead>
<tbody>
<tr>
<td>Peng, 2019</td>
<td>Mixed</td>
<td>Palliative care patients and their family members at time of consult (n=46)</td>
<td>Live music to address pain, anxiety and stress associated with EOL care</td>
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<tr>
<td>Anderson, 2017</td>
<td>Qualitative</td>
<td>Palliative care inpatient patient observations (n=95)</td>
<td>Live music, visual art, literary arts, movement to integrate the arts as standard of care</td>
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<tr>
<td>Sanchez-Camus, 2011</td>
<td>Case study</td>
<td>Hospice patients (n=2)</td>
<td>Painting in visual arts workshops</td>
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<tr>
<td>Sinding, et al. 2002</td>
<td>Qualitative</td>
<td>Women with MBC (n=2)</td>
<td>Playwriting and theatre performance</td>
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<tr>
<td>Bolton, 2007</td>
<td>Qualitative</td>
<td>Cancer patients receiving palliative care (n=24)</td>
<td>Therapeutic creative writing including fiction, poetry, autobiographical writing in range of settings</td>
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<tr>
<td>McLoughlin, 2000</td>
<td>Qualitative</td>
<td>Patients in day hospice (n=NA)</td>
<td>Theatre performance</td>
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<tr>
<td>Kennett, 2000</td>
<td>Qualitative</td>
<td>Terminally ill patients in day hospice (n=10)</td>
<td>Visual and literary arts</td>
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</tbody>
</table>


Contact

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Key Themes

- Dearth of literature on the topic of artists in palliative care
  - As distinct from creative arts therapies
  - Patient + health professional perspectives most prevalent
  - Dance, drama + pediatric populations underrepresented
- Arts as a means of non-pharmacological symptom management + a decrease in opioid use noted
- Impacts of arts engagement in EOL care:
  - Quality of life
  - Meaning making
  - Sense of self, sense of control + accomplishment