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Expert Opinion Article

Palliative care in patients with non-oncological diseases: Challenges for nursing
Cuidados paliativos en pacientes con enfermedades no oncológicas: retos para la enfermería

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Abstract

Background: Patients with advanced non-oncological chronic diseases, such as heart failure, COPD, dementia, and chronic kidney disease, have complex palliative care needs that are often unrecognized and inadequately addressed. These gaps in care compromise their quality of life and symptom control.

Objective: This systematic review aims to synthesize the available evidence on the delivery of palliative care in non-cancer patients and highlight the contributions and challenges faced by nursing professionals in these contexts.

Methods: A comprehensive search was performed across PubMed, Scielo, and Web of Science databases using Boolean operators. Inclusion criteria included peer-reviewed articles from 2010 to 2025 addressing palliative care in non-oncological populations. Exclusion criteria included studies focused solely on cancer, editorials, and protocols. Seventeen articles were selected and analyzed.

Results: The findings reveal significant barriers to access, lack of early integration, limited institutional protocols, and insufficient nursing training. However, the evidence underscores the pivotal role of nurses in symptom management, patient-centered communication, and care coordination.

Conclusion: Enhancing palliative care in non-cancer conditions requires early intervention, standardized protocols, and greater institutional support. Strengthening nursing education and integrating multidisciplinary collaboration are key strategies to improve patient outcomes in this vulnerable population.

Keywords: Palliative care; Non-cancer patients; Nursing role; chronic illness; Quality of life

Resumen

Antecedentes: Los pacientes con enfermedades crónicas no oncológicas avanzadas, como insuficiencia cardíaca, EPOC, demencia y enfermedad renal crónica, presentan necesidades complejas de cuidados paliativos que a menudo pasan desapercibidas y se abordan de forma inadecuada. Estas deficiencias en la atención comprometen su calidad de vida y el control de los síntomas.

Objetivo: Esta revisión sistemática busca sintetizar la evidencia disponible sobre la prestación de cuidados paliativos en pacientes no oncológicos y destacar las contribuciones y los desafíos que enfrentan los profesionales de enfermería en estos contextos.

Métodos: Se realizó una búsqueda exhaustiva en las bases de datos PubMed, Scielo y Web of Science utilizando operadores booleanos. Los criterios de inclusión incluyeron artículos revisados por pares de 2010 a 2025 que abordaran los cuidados paliativos en poblaciones no oncológicas. Los criterios de exclusión incluyeron estudios centrados exclusivamente en el cáncer, editoriales y protocolos. Se seleccionaron y analizaron 17 artículos.

Resultados: Los hallazgos revelan importantes barreras de acceso, falta de integración temprana, protocolos institucionales limitados y formación insuficiente en enfermería. Sin embargo, la evidencia subraya el papel fundamental del personal de enfermería en el manejo de los síntomas, la comunicación centrada en el paciente y la coordinación de la atención.

Conclusión: Mejorar los cuidados paliativos en afecciones no oncológicas requiere una intervención temprana, protocolos estandarizados y un mayor apoyo institucional. Fortalecer la formación en enfermería e integrar la colaboración multidisciplinaria son estrategias clave para mejorar los resultados de los pacientes en esta población vulnerable.

Palabras claves: Cuidados paliativos; Pacientes no oncológicos; Rol de enfermería; Enfermedades crónicas; Calidad de vida

Introduction

In recent decades, the concept of palliative care has evolved considerably, moving beyond its traditional association exclusively with oncological diseases. Currently, there is growing recognition that patients with chronic non-communicable diseases, such as heart failure, chronic obstructive pulmonary disease (COPD), chronic kidney failure, or dementia, present needs similar to those of cancer patients in terms of relief of suffering, symptom management, and psychosocial support, especially in advanced stages of the disease.

However, scientific evidence has shown that this group of patients continues to face structural and cultural barriers to timely access to comprehensive palliative services (Oishi & Murtagh, 2014). The lack of specific protocols, the limited training of professionals in non-oncological areas, and the absence of integrative models in healthcare systems have contributed to fragmented and unequal care. Added to this is a still reductionist view of the concept of palliative care, focused on the expectation of immediate death, which excludes many patients who could benefit from early palliative interventions (Traue & Ross, 2005).

Meanwhile, in the field of oncology, it has already been demonstrated that the early integration of palliative care substantially improves quality of life, communication, clinical decision-making, and even survival, raising urgent questions about why these benefits are not systematically extended to non-oncological populations (Bauman & Temel, 2014).

In this context, the role of nursing acquires strategic value, both due to its proximity to the patient and its ability to lead interventions focused on holistic care. However, a deeper understanding of the experiences, strategies, and challenges faced by nursing staff when providing palliative care to patients with non-oncological diseases is needed.

Therefore, the objective of this systematic review was to analyze and synthesize the available scientific evidence on the contributions, challenges, and practices of nursing in palliative care for patients with chronic non-cancer diseases, in order to identify gaps, effective models, and opportunities for improvement for more equitable, dignified, and person-centered care.

Methodology

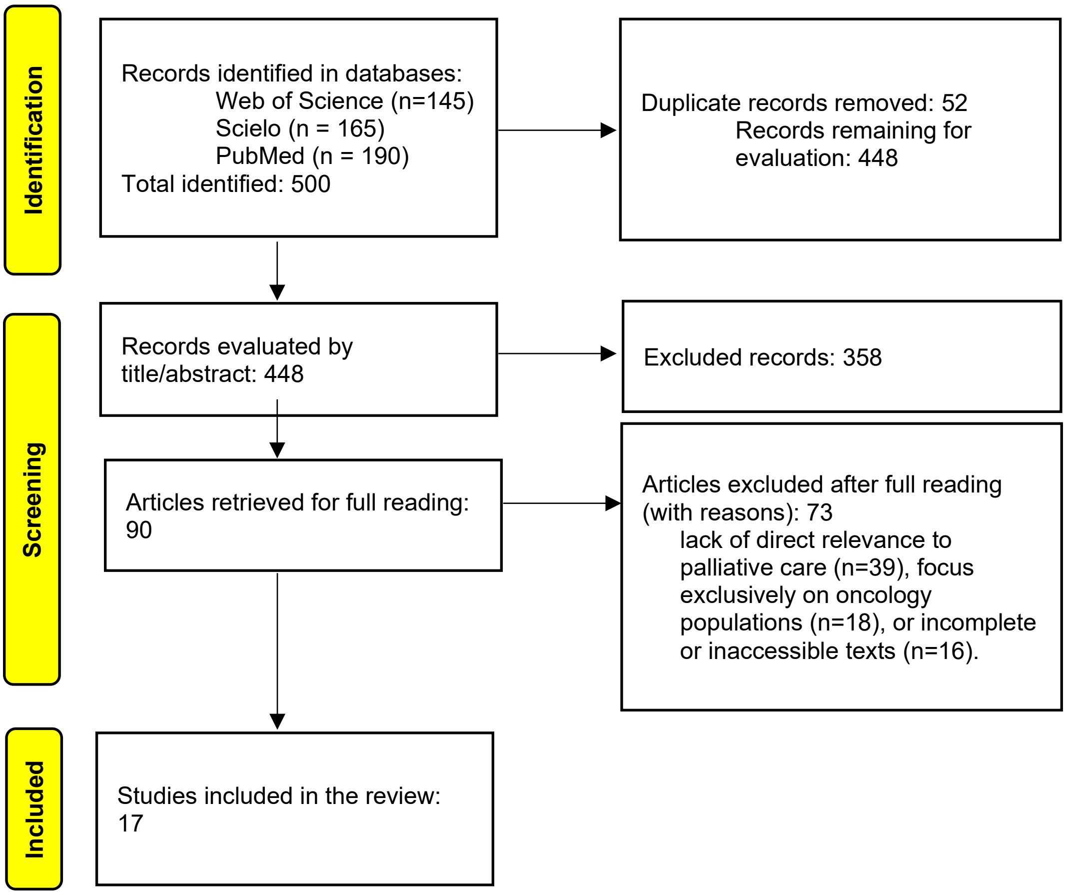
This study was conducted using a systematic review methodology, guided by PRISMA guidelines. The literature search was conducted between May and July 2025 in three recognized scientific databases: Web of Science (n = 145), SciELO (n = 165), and PubMed (n = 190), yielding a total of 500 records. Structured search strategies with Boolean operators were applied, using the combined descriptors: "palliative care" AND "non-oncological diseases" AND "nursing," and their Spanish equivalents, to maximize search sensitivity. The selection was limited to studies published between 2001 and 2025, in English and Spanish, that addressed palliative care in patients with chronic non-oncological diseases, particularly those interventions involving nursing.

After eliminating 52 duplicate articles, 448 titles and abstracts were reviewed. At this stage, 358 records were excluded for not meeting the established inclusion criteria. The inclusion criteria were: primary studies or reviews focusing on palliative care applied to patients with non-oncological diseases, interventions or contributions from nursing staff, full-access publications, and publications directly relevant to the review objective. Conversely, articles that addressed exclusively oncological populations, studies that were incomplete or lacking full-text access, and those that did not present results relevant to palliative care practice were excluded.

Subsequently, 90 articles were evaluated in full text. Of these, 73 studies were excluded for specific reasons: 39 did not show a direct relationship with palliative care, 18 focused exclusively on oncology patients, and 16 had incomplete or inaccessible texts. Ultimately, 17 studies met all criteria and were selected to form the final sample, as detailed in Table 1 and illustrated in the PRISMA flowchart (Figure 1).

To analyze the included studies, a data extraction matrix was developed that collected information on the author, year, type of study, population and pathology addressed, main findings, and challenges identified for nursing care. The analysis was conducted qualitatively through a narrative synthesis that allowed us to identify common patterns, divergences, and knowledge gaps relevant to clinical practice and future research.

Figure 1.*Flowchart according to Prisma*



Results

After applying the inclusion and exclusion criteria, a total of 17 articles were selected that directly and up-to-dately address the role of nursing in palliative care in both oncology and non-oncology settings. The synthesis of these studies identified recurring themes such as the assessment of palliative needs, nursing-led interventions, challenges in caring for patients with non-cancerous diseases, and barriers to the early integration of palliative care.

Furthermore, several studies highlighted the importance of specialized training and interprofessional competencies to improve patients' quality of life and optimize comprehensive care. The geographical distribution of the research is diverse, including studies conducted in Latin America, Europe, and Asia, allowing for a broad and contextualized analysis.

Taken together, the findings offer a comprehensive view of the current landscape of nursing practice in palliative care, highlighting both significant advances and areas requiring structural and training improvements. Table 1 summarizes the main methodological characteristics, objectives, and findings of the 17 studies analyzed in this systematic review.

Table 1. Characteristics, findings, and challenges of the included studies

No.	Author, Year	Type of study	Population and Pathology	Main findings	Challenges for nursing
1	Harrison et al., 2020	Critical commentary article in JAMA	Adults with chronic non-cancer diseases (COPD, HF, dementia, CKD, etc.)	Palliative care reduced hospitalizations, emergencies, and symptoms, but did not improve quality of life.	Poor training, limited equipment, poorly defined models
2	Jang et al., 2022	Descriptive cross-sectional study	Patients with HF, stroke, CKD or end-stage liver disease	High psychosocial needs, anxiety and depression affect quality of life	Poor psychosocial care, limited training, low use of palliative care

3	Romanò et al., 2022	Retrospective descriptive study	Patients with ALS, dementia, HF or end-stage CKD	Lower survival and limited use of opioids compared to cancer patients	Poor symptomatic control, low referrals and lack of specific guidelines
4	Hagan et al., 2017	Evidence-based critical commentary	Chronically ill patients with palliative needs	Palliative care training improves symptoms, communication, and quality of life	Lack of training, professional insecurity, little institutional support
5	Moran et al., 2024	Exploratory review (scoping) review)	Patients with non-oncological palliative needs	Nursing plays an essential role in comprehensive care, communication and decision-making.	Lack of role clarity, limited support, need for advanced skills
6	Singh et al., 2025	Systematic review	Non-cancer patients (1 trial), plus others	One intervention improved quality of life and symptoms; other results were inconsistent.	More evidence, standardized tools and training
7	Moran et al., 2021	Integrative review	Nursing in palliative care units	Nursing values support compassionate, dignified, and patient-centered care	High emotional demands, invisibility of the role, ethical dilemmas
8	Mendieta et al., 2023	Qualitative study (focus groups)	AHSCPs for non-curable cancer	Five themes: humanization, early referral, misunderstandings, system, geography	Insufficient education, limited access in rural areas
9	Mós & Reis-Pina, 2025	Systematic review	Non-cancer patients with heart failure , liver failure, COPD, HIV, CVD, IPF	Improvement in symptoms, fatigue, readmissions, and ACP; no change in quality of life.	Lack of standardized guidelines and specific nursing training
10	Alnajar et al., 2025	Multicenter comparative study	Patients with cancer and chronic non-oncological diseases	Cancer: more physical symptoms; Non-cancer: more social, autonomy, and financial problems	Greater need for psychosocial support and planning
11	Marx et al., 2025	Qualitative study (focus) groups)	Patients with advanced non-oncological diseases	KOPAL Guide covers 8 areas relevant to PC, fosters interprofessional communication	Training in guidance, implementation in clinical practice
12	Agarwal & Epstein, 2017	Oncological narrative review	Patients with advanced cancer	PC improved symptoms, prognostic understanding, quality of life and survival	Does not address non-oncological issues; uneven integration; lacks nursing training
13	Perea-Bello et al., 2024	Economic study protocol	Oncology and non-oncology patients in outpatient care	Methodology under development to measure direct and indirect costs of outpatient palliative care	Necessary training in economic evaluation of PC for nursing
14	Sanders et al., 2024	Updated clinical guide	Patients with advanced cancer	Recommends early referral to specialized palliative teams	It does not apply directly to non-oncological patients.
15	Llop-Medina et al., 2022	Scoping review	Older adults with non-oncological multimorbidities	Multiple unmet palliative needs; family members and professionals also affected	Tool shortage, late referral, unprepared systems
16	Castelo-Loureiro et al., 2023	Narrative review	Older adults with advanced cancer	Geriatrics + palliative therapy improves personalization and quality of life	Lack of geriatricians and specific nursing training
17	Ernst et al., 2025	Scoping review	Professionals on the implementation of PC guides	Variable implementation: acceptability, adoption, fidelity and penetration identified	Lack of practical application, lack of knowledge, limited time

Discussion

This systematic review reveals that palliative care for patients with non-cancer diseases has acquired increasing relevance in clinical practice and research, demonstrating a transition from a model exclusively for cancer patients to a more inclusive approach focused on suffering and quality of life. Several studies emphasize that these patients experience a high degree of physical, psychological, and spiritual needs, which are frequently neglected by traditional healthcare systems, as noted by Mós and Reis-Pina (2025), Llop-Medina et al. (2022), and Alnajar et al. (2024).

In this context, the role of nursing is positioned as a fundamental axis for the timely identification of palliative needs and the implementation of comprehensive care. Singh et al. (2025) show that nurse-led assessment significantly improves patients' quality of life and reduces symptom burden. Similarly, Castelo-Loureiro et al. (2023) highlight that geriatric nursing professionals play an essential role in integrating palliative care tailored to the needs of older adults.

One of the main limitations observed in the included studies, such as Marx et al. (2025) and Ernst et al. (2025), lies in the limited implementation of systematic tools for assessing palliative needs in non-oncological diseases. These gaps hinder adequate intervention planning and reduce equity in access to palliative services. The lack of protocols tailored to conditions such as heart failure, chronic obstructive pulmonary disease, or dementia was a constant feature in several publications.

Likewise, Perea-Bello et al. (2024) emphasize the need to evaluate palliative care costs from a public health perspective, especially in outpatient settings, where the efficiency of nursing care can improve the system's sustainability. Sanders et al. (2024) expand on this point by recommending the inclusion of palliative care from the early stages, even in patients with complex non-cancer chronic illnesses, which is consistent with the findings of Mós and Reis-Pina (2025).

On the other hand, Agarwal and Epstein (2017) and Luddington et al. (2001) highlight the structural challenges in health systems to achieve true integration of palliative care beyond cancer. These obstacles include the lack of specific training for nursing professionals, the poor recognition of non-cancer suffering, and the persistent erroneous association between palliative care and imminent death.

Regarding clinical implementation, the results suggest that the use of care guidelines and integrated models with active nursing participation, as proposed by Ernst et al. (2025), improves coordination between levels of care and favors patient-centered care. However, as Castelo-Loureiro et al. point out, (2023), ongoing training, institutional awareness, and the presence of multidisciplinary teams with palliative competencies are essential conditions for systemic change.

From the perspective of patients and their caregivers, the work of Llop-Medina et al. (2022) and Sanders et al. (2024) highlights the importance of recognizing total suffering as the core of care, as well as the need to include the family as an integral part of the therapeutic process. Nursing interventions that simultaneously address pain relief, empathic communication, and advance decision planning are considered key to humanized palliative care.

Finally, this review reinforces that the nursing-centered palliative care model is not only viable, but necessary. Nursing constitutes the link between the identification of needs, the implementation of care, and patient advocacy in different care settings. As Mós and Reis-Pina (2025) highlight, advanced training in palliative care should be a priority to guarantee the quality of care in populations with non-oncological diseases.

Conclusions

The findings of this systematic review confirm that, despite conceptual advances in palliative care, significant inequities persist in its application to patients with chronic non-cancer diseases, such as heart failure, COPD, dementia, and chronic kidney disease. This population continues to face limited access to comprehensive palliative services, both due to structural barriers in the health system and gaps in the training and role assigned to nursing staff.

The evidence reveals that palliative care for non-cancer diseases tends to be delayed, fragmented, and with little advance planning, which contrasts with the advances achieved in the oncology field. Specific challenges for nursing teams are also identified, including a lack of specific clinical guidelines, limited training, care overload, and limited institutional recognition of the palliative role in non-cancer settings.

Despite this, the analysis shows that nursing values and competencies—such as a focus on compassionate care, person-centered care, and effective communication—are highly valued by patients and families and constitute key elements for addressing palliative needs in these settings.

Finally, it is concluded that it is urgent to develop institutional policies that recognize palliative care as a cross-cutting right beyond diagnosis, strengthen ongoing training in non-oncology palliative care, and implement care models where nursing plays an active and coordinating role. This approach would allow progress toward more equitable, dignified, and quality-of-life-focused care for patients with advanced chronic illnesses and their families.

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