



Improving Management and Decision-Making Near End of Life

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Deadline for manuscript
submissions:

closed (31 December 2020)

Message from the Guest Editor

While clinicians are trained to save lives using technology and scientific developments to prevent death, prolonging life at the expense of patient suffering through nonbeneficial interventions is unacceptable. Unfortunately, this is prevalent in many healthcare systems today due to complex system and human issues. Nonbeneficial treatments are those medical interventions, medications, surgeries, and testing that will not make a difference to the prognosis of dying patients but can potentially harm them. It is time to reassess current approaches and welcome innovative ways to combat clinical inertia. Evidence-based strategies to improve care at the end of life should not perpetuate unnecessary patient suffering, carry false hope for families, or generate unsustainable care costs for the health system or service consumers. This Special Issue will feature a wide range of research reports bringing evidence-based clinician, health system, and consumer perspectives on how to improve management and decision-making near the end of life.





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Message from the Editor-in-Chief

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