

Please note that the journal is not responsible for the scientific accuracy or functionality of any supplementary material submitted by the authors. Any queries (except missing content) should be directed to the corresponding author of the article.

**Tables with references**

<p><b>Table 1 General (regardless of the specific disease) discriminants of life-limiting illness</b></p> <ul style="list-style-type: none"> <li>• Surprise Question: “Would you be surprised if this patient died within 1 year?” [1-7], or ...within 6 months? [8-15]</li> <li>• Second Surprise Question adding: “Would you be surprised if this patient is still alive after 12 months”? [16]</li> <li>• Recent (in the previous 3-6 months) deterioration in functional status [1], [4], [8], [15], [17], [18]</li> <li>• Frequent (&gt;1) hospital admissions or emergency department visits in the past 6 months for the same condition [4], [6], [8], [11], [15], [19-26]</li> <li>• Involuntary weight loss (&gt;10%) and/or albumin (&lt;2.5 g/dL) [8], [15], [27], [28]</li> <li>• Sudden and severe brain injuries: i.e. intracerebral hemorrhage with mechanical ventilation, global cerebral ischemia after cardiopulmonary resuscitation [29]</li> <li>• Multiple organ failure not a candidate for Intensive Care Unit (ICU) admission [30]</li> <li>• Cardiac arrest occurred in surgery ICU [23], [29]</li> <li>• ICU admission after ≥10 days hospitalization [29]</li> </ul>
<p><b>Table 2 Discriminants of advanced disease in specific diseases</b></p> <p><b>Cancer (International Classification of Diseases (ICD-10) Codes: C00-D48)</b></p> <ul style="list-style-type: none"> <li>• Metastatic cancer (solid tumor) [4], [11-12], [19-20], [23],[30-31], [33-34]</li> <li>• Incurable cancer for patients with median survival of ≤1 year: metastatic lung or non-colorectal gastrointestinal or head and neck cancer or anaplastic thyroid or unknown primary cancer, metastatic hepatocellular or renal cell carcinoma, locally advanced pancreatic or anaplastic thyroid cancer, and acute myeloid leukemia [19-20], [24], [31-32], [35-41]</li> <li>• Cancer complications: e.g. cerebral or lung or bone metastases, ulcerating skin metastases, spinal metastases, stridor, superior vena cava syndrome [11], [19], [31], [33], [35], [37], [42-43]</li> <li>• Progressive cancer during (or despite) active treatment (or second-line systemic therapy) [12], [20], [35], [37]</li> <li>• Poor European Cooperative Oncology Group (ECOG) status (&lt;2) [41-46]</li> <li>• Serious comorbid condition [31-32], [43]</li> <li>• Biochemical parameters of poor prognosis : lactate dehydrogenase (LDH) &gt;248 U/l, albumin corrected calcium &gt;2.55 mmol/l, C-reactive protein (CRP) &gt;50 mg/l, albumin &lt;30 g/l, platelet count &lt;90×10<sup>9</sup>/l, total protein ≤60 g/l, hemoglobin &lt;10 g/dl, [46]</li> <li>• Opioid treatment, need for parenteral nutrition or blood transfusions [46]</li> </ul> <p><b>Heart failure (I50) incl. Cardiomyopathy (I42-43), Pulmonary Artery Hypertension (PAH)</b></p> <ul style="list-style-type: none"> <li>• New York Heart Association (NYHA) functional class III or IV [4], [25], [34], [47-53]</li> <li>• Advanced (stage D) heart failure (presence of progressive and/or persistent severe signs and symptoms of heart failure despite optimized guideline-directed medical, surgical, and device therapy) [19], [48], [50]</li> </ul>

- Left ventricular ejection fraction (LVEF) <25% [25], or <30% [48], [50], or <35% [20], [49], or ≤40% [19]
- Initiation or dependence on intravenous inotrope therapy [48-49]
- Evaluation for left ventricular assist device (LVAD) placement, ablation for refractory ventricular arrhythmias, implantable cardioverter-defibrillator (ICD) or cardiac resynchronization therapy (RCT) [49], [54]
- Cardiac cachexia (weight loss ≥5% of baseline) [48], [50]
- Six-minute walk distance <300 meters [48]
- Increasing diuretic requirement and diuretic refractoriness associated with worsening renal function (Estimated Glomerular Filtration Rate (eGFR) <45 ml/min, serum creatinine ≥160 mmol/L, serum potassium >5.2 or <3.5 mmol/L) [25], [48], [50]
- Progressive decline in serum sodium (<133 mmol/L) [48], [50]
- N-terminal pro-B-type natriuretic peptide (NT-proBNP) >1000 pg/mL [50]
- Severe liver dysfunction or delirium complicating heart failure [25]
- Progressive anemia (Hb ≤120 g/L) [50]
- Recurrent, refractory ventricular tachyarrhythmias, frequent ICD shocks, LVAD complications [48-49]
- Hypotension (systolic blood pressure <90mmHg) when no ACE inhibitors or beta-blocker are possible [50]

Respiratory failure (J96), incl. chronic obstructive pulmonary disease (J44.9), cystic fibrosis (E84), interstitial lung disease (J84)

- Patient dependent on oxygen [4], [10], [51], [55-57]
- Dyspnea at rest (needed opioid therapy) [20], [57-58]
- Dependence in most activities of daily living [10]
- 6-minute walk test (6MWT) distance < 400 meters [57]
- Medical Research Council Dyspnea Scale (MRC) ≥4 (dyspnea when dressing/undressing) [10]
- Decreasing response to treatments and reversibility, absence of further active treatment [10]
- Previous hospital admission for noninvasive ventilation [10]
- Lung transplant candidate [57], [59-60]
- Forced Expiratory Volume in 1 second (FEV1) <30% [10], [20], or < 40% [57], or <50% [34] of predicted when stable
- Serial decrease of FEV1 >40ml per year [28]
- Hypercapnia (PCO<sub>2</sub>) ≥50mmHg [18], [28] or >46mmHg [21]
- Hypoxemia at rest (PO<sub>2</sub>) ≤55mmHg or oxygen saturation (SatO<sub>2</sub>) ≤88% [18], [28]
- Tachycardia at rest (100/min) [18], [28]
- Pulmonary hypertension, right heart failure [10], [28], [57]
- Massive hemoptysis (>240mL) [57]

Dementia (F01-02, G30)

- Functional Assessment Staging Test (FAST) scale stage 5 (need assistance with attire) [61], or 6D (urinary incontinence) [4], [62], or 7 (≤6 intelligible words a day) [62-63], or 7C (cannot walk without assistance) [27]
- Clinical Dementia Rating (CDR) scale stage ≥3 (severe memory and orientation loss, requires much help with personal care) [62]
- Concomitant decubitus ulcers [63]
- Palliative Performance Scale (PPS) score of <40 [63]
- Pneumonia in the past year [63]
- Recent hospitalization with an acute illness [63]

Other progressive neurodegenerative disorders incl. Parkinson's disease (G20), Multiple sclerosis (G35) Amyotrophic lateral sclerosis (G12), and Huntington disease (G10), Motor neuron disease

<p>(G12), Muscular dystrophy (G12)</p> <ul style="list-style-type: none"> <li>• Critical nutritional impairment (in the absence of a feeding tube) evidenced by oral intake of nutrients and fluids insufficient to sustain life and comfort, or continuing weight loss [26-27], [64-67]</li> <li>• Need for major assistance with all basic activities of daily living (personal hygiene, dressing, toileting, transferring or ambulating) [64], [66-67]</li> <li>• Life-threatening complications in the prior year (recurrent aspiration pneumonia, pyelonephritis, sepsis, pressure ulcers of stage <math>\geq 3</math>, recurrent fever) [27], [64], [66-70]</li> <li>• Dyspnea at rest [64]</li> <li>• Oxygen need at rest and refusal of artificial ventilation [27], [64], [70]</li> <li>• Urinary and fecal incontinence [66]</li> <li>• Cognitive impairment [26], [67]</li> <li>• Vital capacity (VC) <math>&lt; 30\%</math>, [27], [70]</li> <li>• Forced vital capacity (FVC) <math>&lt; 30\%</math> [64], or <math>&lt; 50\%</math> [68], or <math>&gt; 25\%</math> FVC decrease in supine position (diaphragmatic weakness) [68]</li> <li>• Maximal inspiratory pressure <math>&lt; 60</math> cm H<sub>2</sub>O [68]</li> <li>• In multiple sclerosis: expanded Disability Status Scale (EDSS) stage <math>\geq 8</math> (restricted to bed or chair) [65]</li> <li>• In Parkinson's disease: visual hallucinations not associated with intercurrent illness or medication change [69]</li> <li>• In Parkinson's disease: Hoehn and Yahr scale stage <math>\geq III</math> (bilateral disease, mild to moderate disability and impaired postural reflexes) [69]</li> <li>• In Huntington disease: no consistent meaningful verbal communication [66]</li> </ul>
<p>Diabetes mellitus (E08-13)</p> <ul style="list-style-type: none"> <li>• long duration of diabetes with consistently high glycated hemoglobin (A1c) and hyperglycemia or low A1c and hypoglycemia [15]</li> <li>• multiple comorbidities [15]</li> <li>• cognitive changes [15]</li> </ul>
<p>Pressure ulcers (L89)</p> <ul style="list-style-type: none"> <li>• "Nonhealable" (healing is surpassingly rare) [14], [71-72]</li> <li>• Ulcers as a result of skin as an organ failure due to multiorgan failure [71]</li> <li>• Skin changes at life's end (SCALE): unavoidable pressure injury (Kennedy terminal ulcer or decubitus ominosis) in spite of proper evaluation of the individual's clinical condition, risk factors and implementation of adequate interventions [71]</li> <li>• In advanced illness: National Pressure Ulcer Advisory Panel (NPUAP) / European Pressure Ulcer Advisory Panel (EPUAP) / National Pressure Injury Advisory Panel (NPIAP) stage <math>\geq III</math> [71]</li> <li>• In age <math>&gt; 70</math> years: Palliative Performance Scale (PPS) <math>\leq 30</math>, and insufficient alimentation [71]</li> </ul>
<p>Renal failure (N18)</p> <ul style="list-style-type: none"> <li>• Chronic kidney disease (CKD) stage <math>\geq 4</math>: (glomerular filtration rates (GFR) <math>&lt; 30</math> ml/min/1.73m<sup>2</sup> [4], [73], or <math>&lt; 15</math> ml/min/1.73m<sup>2</sup> [34], or on dialysis [4], [34]</li> <li>• Multiple comorbidities in elderly [73-74]</li> <li>• Refusing, deteriorating or withdrawing from renal replacement therapy [74-75]</li> </ul>
<p>Hepatic failure (K70-77)</p> <ul style="list-style-type: none"> <li>• Child-Pugh Classification: Grade B (score <math>\geq 7</math>) [76], or Grade B with score <math>\geq 9</math> [77], or Grade C (score <math>\geq 10</math> points) [22]</li> <li>• Irreversible liver failure and not candidate for liver transplantation (or may have considerable wait time) [2], [78-79]</li> <li>• Recent/recurrent episode of hepatic decompensation requiring treatment: encephalopathy, spontaneous bacterial peritonitis, esophageal varices and variceal bleed, ascites, hepatic</li> </ul>

<p>hydrothorax, type 2 hepatorenal syndrome [4], [76], [80]</p> <ul style="list-style-type: none"> <li>• Concomitant hepatocellular cancer [76]</li> <li>• In alcohol-related liver disease: ongoing alcohol use [22]</li> </ul>
<p>Human immunodeficiency virus (HIV) disease (B20-21)</p> <ul style="list-style-type: none"> <li>• acquired immunodeficiency syndrome (AIDS) [4]</li> <li>• Severe opportunistic multidrug-resistant AIDS infections [17], [81]</li> <li>• Concomitant malignancies (except of Kaposi sarcoma, non-Hodgkin lymphoma and cervical cancer of International Federation of Gynecology and Obstetrics (FIGO) stage II) [17], [82-83]</li> <li>• End-stage dementia, severe cardiac/pulmonary/renal disease [17], [83]</li> <li>• Non-responders to antiretroviral therapy (ART) [84]</li> </ul>

<p><b>Table 3 Needs-based criteria to the specialist palliative care consults in advanced disease</b></p> <ul style="list-style-type: none"> <li>• Presence of severe (e.g. intensity of <math>\geq 7/10</math> on the Edmonton Symptom Assessment Schedule, ESAS), or complex, or persistent symptom that has not responded satisfactorily to optimal treatment, or is limited by therapy side effects [4], [8], [17], [19], [24], [32-33], [35], [37], [39], [43], [47], [49], [67], [85-86]</li> <li>• Complex/dynamic support is required for spiritual or existential crisis (e.g. request for hastened death, denial/collusion) [8], [19], [32-33], [35], [37], [43], [67], [85]</li> <li>• Undetermined, disagreement or uncertainty on the goals of care or expectations; decision making difficult to establish with the patient and/or people close to them [29], [32-33], [35], [85],</li> <li>• Dying with severe symptoms [32], [37], [43]</li> <li>• Palliative sedation is envisaged [85]</li> <li>• Patient's request [32], [35], [75]</li> </ul>
---

<p><b>Table 4 Examples of the disease-modifying treatment</b></p> <ul style="list-style-type: none"> <li>• Cancer: chemotherapy [87], [88-89], immunotherapy [90], radiation therapy, except for symptom control (palliative) [89], [91], surgery (potentially curative) [89]</li> <li>• Heart failure: heart transplant [48], [92], cardiac resynchronization therapy [48], mechanized circulatory support [48]</li> <li>• Chronic respiratory failure: lung transplant [89], [93-94], immunotherapy [93], artificial ventilation [95]</li> <li>• Multiple sclerosis: immunotherapy [96], autologous hematopoietic stem cell transplantation [97], artificial ventilation [95]</li> <li>• Motor neuron diseases: invasive or noninvasive ventilation [68], [95], incl. high-flow nasal cannula oxygen therapy (HFNC) [98], percutaneous endoscopic gastrostomy (in amyotrophic lateral sclerosis, ALS) [99]</li> <li>• Pressure ulcers: operative wound healing procedures, incl. myocutaneous or fasciocutaneous flaps, adjacent tissue transfer or other local skin flaps, split-thickness skin grafting, or full-thickness skin grafting [100]</li> <li>• Renal failure: dialysis, renal transplant [74]</li> <li>• Hepatic failure: liver transplant [78]</li> <li>• HIV disease: antiretroviral therapy [101-103]</li> </ul>
--

## References

1. Kutner JS, Blatchford PJ, Taylor DH, Ritchie CS, et al. Safety and benefit of discontinuing statin therapy in the setting of advanced, life-limiting illness a randomized clinical trial. *JAMA Intern. Med.* 2015; 175: 691–700.
2. Shinall MC, Karlekar M, Martin S, Gatto CL, et al. COMPASS: A Pilot Trial of an Early

- Palliative Care Intervention for Patients With End-Stage Liver Disease. *J. Pain Symptom Manage.* 2019; 5: 614-622.e3.
3. Hui D, Bruera E. Models of Palliative Care Delivery for Patients With Cancer. *J. Clin. Oncol.* 2020; 38: 852–865.
  4. George N, Barrett N, McPeake L, Goett R, et al. Content Validation of a Novel Screening Tool to Identify Emergency Department Patients with Significant Palliative Care Needs. *Acad. Emerg. Med.* 2015; 22: 823–827.
  5. Gonzalez-Jaramillo V, Arenas Ochoa LF, et al. The ‘Surprise question’ in heart failure: a prospective cohort study. *BMJ Support. Palliat. Care* 2021 [Epub ahead of print]
  6. Ghosh A, Dzung E, Cheng MJ. Interaction of palliative care and primary care. *Clin. Geriatr. Med.* 2015; 31: 207–218.
  7. Johnston GM, Lethbridge L, Talbot P, Dunbar M, et al. Identifying Persons with Diabetes Who Could Benefit from a Palliative Approach to Care. *Can. J. Diabetes* 2015; 39: 29–35.
  8. Gómez-Batiste X, Martínez-Muñoz M, Blay C, Amblàs J, et al. Utility of the NECPAL CCOMS-ICO© tool and the Surprise Question as screening tools for early palliative care and to predict mortality in patients with advanced chronic conditions: A cohort study. *Palliat. Med.* 2017; 31: 754–763.
  9. Wilson JG, English DP, Owyang CG, et al. End-of-Life Care, Palliative Care Consultation, and Palliative Care Referral in the Emergency Department: A Systematic Review. *J. Pain Symptom Manage.* 2020; 59: 372-383.e1.
  10. Gupta N, Garg R, Kumar V, Bharati SJ, et al. Palliative care for patients with nonmalignant respiratory disease. *Indian J. Palliat. Care* 2017; 23: 341–346.
  11. Vergo MT, Cullinan AM. Joining together to improve outcomes: Integrating specialty palliative care into the care of patients with cancer. *JNCCN J. Natl. Compr. Cancer Netw.* 2013; 11: 38–46.
  12. Wentlandt K, Krzyzanowska MK, Swami N, Rodin GM, et al. Referral practices of oncologists to specialized palliative care. *J. Clin. Oncol.* 2012; 30: 4380–4386.
  13. Reljic T, Kumar A, Klocksieben FA, Djulbegovic B. Treatment targeted at underlying disease versus palliative care in terminally ill patients: A systematic review. *BMJ Open* 2017; 7.
  14. Maida V, Ennis M, Corban J. Wound outcomes in patients with advanced illness. *Int. Wound J.* 2012; 9: 683–692.
  15. Dunning TL. Palliative and End-of-Life Care: Vital Aspects of Holistic Diabetes Care of Older People With Diabetes. *Diabetes Spectr.* 2020; 33: 246–254.
  16. Weijers F, Veldhoven C, Verhagen C, Vissers K, et al. Adding a second surprise question triggers general practitioners to increase the thoroughness of palliative care planning: Results of a pilot RCT with cage vignettes. *BMC Palliat. Care* 2018; 17: 1–9.
  17. Ruiz M, Cefalu C. Palliative care program for human immunodeficiency virus-infected patients: Rebuilding of an academic Urban program. *Am. J. Hosp. Palliat. Med.* 2011; 28: 16–21.
  18. Philip J, Collins A, Smallwood N, Chang YK, et al. Referral criteria to palliative care for patients with respiratory disease: a systematic review. *Eur. Respir. J.* 2021; 58: 2004307.
  19. Fadol AP, Patel A, Shelton V, Krause KJ, et al. Palliative care referral criteria and outcomes in cancer and heart failure: a systematic review of literature. *Cardio-Oncology* 2021; 7: 1–21.
  20. Kruhlak M, Kirkland SW, Clua MG, Villa-Roel C, Elwi A, O’Neill B, Duggan S, Brisebois A, Rowe BH. An Assessment of the Management of Patients with Advanced End-Stage Illness in the Emergency Department: An Observational Cohort Study. *J. Palliat. Med.* 2021; 24: 1840–1848.
  21. Steinhäuser KE, Arnold RM, Olsen MK, Lindquist J, et al. Comparing three life-limiting diseases: Does diagnosis matter or is sick, sick? *J. Pain Symptom Manage.* 2011; 42: 331–341.
  22. Woodland H, Hudson B, Forbes K, McCune A, et al. Palliative care in liver disease: What does good look like? *Frontline Gastroenterol.* 2020; 11: 218–227.
  23. Finkelstein M, Goldstein NE, Horton JR, Eshak D, et al. Developing triggers for the surgical

- intensive care unit for palliative care integration. *J. Crit. Care* 2016; 35: 7–11.
24. Isenberg SR, Aslakson RA, Smith TJ. Implementing evidence-based palliative care programs and policy for cancer patients: Epidemiologic and policy implications of the 2016 American society of clinical oncology clinical practice guideline update. *Epidemiol. Rev.* 2017; 39: 123–131.
  25. Bierle RS, Vuckovic KM, Ryan CJ. Integrating palliative care into heart failure management. *Crit. Care Nurse* 2021; 41: e9–e18.
  26. Chang RSK, Poon WS. “Triggers” for referral to neurology palliative care service. *Ann. Palliat. Med.* 2018; 7: 289–295.
  27. Akbar U, McQueen RB, Bemski J, Carter J, et al. Prognostic predictors relevant to end-of-life palliative care in Parkinson’s disease and related disorders: A systematic review. *J. Neurol. Neurosurg. Psychiatry* 2021; 92: 629–636.
  28. Lanken PN, Terry PB, DeLisser HM, Fahy BF, et al. An official American thoracic society clinical policy statement: Palliative care for patients with respiratory diseases and critical illnesses. *Am. J. Respir. Crit. Care Med.* 2008; 177: 912–927.
  29. Nelson JE, Curtis JR, Mulkerin C, Campbell M, et al. Choosing and using screening criteria for palliative care consultation in the ICU: A report from the improving palliative care in the ICU (IPAL-ICU) advisory board. *Crit. Care Med.* 2013; 41: 2318–2327.
  30. Wilson JG, English DP, Owyang CG et al. End-of-Life Care, Palliative Care Consultation, and Palliative Care Referral in the Emergency Department: A Systematic Review. *J. Pain Symptom Manage.* 2020; 59: 372-383.e1.
  31. Gemmell R, Yousaf N, Droney J. “Triggers” for early palliative care referral in patients with cancer: a review of urgent unplanned admissions and outcomes. *Support. Care Cancer* 2020; 28: 3441–3449.
  32. Glare PA, Chow K. Validation of a simple screening tool for identifying unmet palliative care needs in patients with cancer. *J. Oncol. Pract.* 2015; 11: e81–e86.
  33. Glare PA, Semple D, Stabler SM, Saltz LB. Palliative care in the outpatient oncology setting: evaluation of a practical set of referral criteria. *J. Oncol. Pract.* 2011; 7: 366–370.
  34. Schmucker AM, Flannery M, Cho J, et al. Data from emergency medicine palliative care access (EMPallA): a randomized controlled trial comparing the effectiveness of specialty outpatient versus telephonic palliative care of older adults with advanced illness presenting to the emergency department. *BMC Emerg. Med.* 2021; 21: 1–11.
  35. Hui D, Anderson L, Tang M, Park M, et al. Examination of referral criteria for outpatient palliative care among patients with advanced cancer. *Support. Care Cancer* 2020; 28: 295–301.
  36. Hui D, Hannon BL, Zimmermann C, Bruera E. Improving patient and caregiver outcomes in oncology: Team-based, timely, and targeted palliative care. *CA. Cancer J. Clin.* 2018; 68: 356–376.
  37. Hui D, Mori M, Watanabe SM, Caraceni A, et al. Referral criteria for outpatient specialty palliative cancer care: an international consensus. *Lancet Oncol.* 2016; 17: e552–e559.
  38. Kayastha N, LeBlanc TW. When to Integrate Palliative Care in the Trajectory of Cancer Care. *Curr. Treat. Options Oncol.* 2020; 21: 41.
  39. Oechsle K. Palliative care in patients with hematological malignancies. *Oncol. Res. Treat.* 2019; 42: 25–30.
  40. Kochovska S, Ferreira DH, Lockett T, Phillips JL, et al. Earlier multidisciplinary palliative care intervention for people with lung cancer: A systematic review and meta-analysis. *Transl. Lung Cancer Res.* 2020; 9: 1699–1709.
  41. Lefkowitz C, Binstock AB, Courtney-Brooks M, Teuteberg WG, et al. Predictors of palliative care consultation on an inpatient gynecologic oncology service: Are we following ASCO recommendations? *Gynecol. Oncol.* 2014; 133: 319–325.
  42. Halkett GKB, Jiwa M, Meng X, Leong E. Referring advanced cancer patients for palliative treatment: A national structured vignette survey of Australian GPs. *Fam. Pract.* 2014; 31: 60–70.

43. Glare P, Plakovic K, Schloms A, Egan B, et al. Study using the NCCN guidelines for palliative care to screen patients for palliative care needs and referral to palliative care specialists. *JNCCN J. Natl. Compr. Cancer Netw.* 2013; 11: 1087–1096.
44. Caraceni A, Lo Dico S, Zecca E, Brunelli C, et al. Outpatient palliative care and thoracic medical oncology: Referral criteria and clinical care pathways. *Lung Cancer* 2020; 139: 13–17.
45. Vanbutsele G, Pardon K, Van Belle S, Surmont V, et al. Effect of early and systematic integration of palliative care in patients with advanced cancer: a randomised controlled trial. *Lancet Oncol.* 2018; 19: 394–404.
46. Kripp M, Willer A, Schmidt C, Pilz LR, et al. Patients with malignant hematological disorders treated on a palliative care unit: Prognostic impact of clinical factors. *Ann. Hematol.* 2014; 93: 317–325.
47. Ng AYM, Wong FKY. Effects of a Home-Based Palliative Heart Failure Program on Quality of Life, Symptom Burden, Satisfaction and Caregiver Burden: A Randomized Controlled Trial. *J. Pain Symptom Manage.* 2018; 55: 1–11.
48. Fang JC, Ewald GA, Allen LA, et al. Advanced (stage D) heart failure: A statement from the heart failure society of america guidelines committee. *J. Card. Fail.* 2015; 21: 519–534.
49. Chang YK, Kaplan H, Geng Y, Mo L, et al. Referral Criteria to Palliative Care for Patients with Heart Failure: A Systematic Review. *Circ. Hear. Fail.* 2021; 1-11
50. Thorvaldsen T, Lund LH. Focusing on Referral Rather than Selection for Advanced Heart Failure Therapies. *Card. Fail. Rev.* 2019; 5: 24–26.
51. Szekendi MK, Vaughn J, Lal A, Ouchi K, et al. The Prevalence of Inpatients at 33 U.S. Hospitals Appropriate for and Receiving Referral to Palliative Care. *J. Palliat. Med.* 2016; 19: 360–372.
52. Wilson M, Anguiano RH, Awdish RLA, Coons JC, et al. An expert panel Delphi consensus statement on the use of palliative care in the management of patients with pulmonary arterial hypertension. *Pulm. Circ.* 2022; 12: 12003
53. Bakitas M, Macmartin M, Trzepakowski K, Robert A, et al. Palliative care consultations for heart failure patients: How many, when, and why? *J. Card. Fail.* 2013; 19: 193–201.
54. Slavin SD, Warraich HJ. The right time for palliative care in heart failure: a review of critical moments for palliative care intervention. *Rev. Española Cardiol.* 2020; 73: 78–83.
55. Diaz de Teran T, Barbagelata E, Cilloniz C, Nicolini A, et al. Non-invasive ventilation in palliative care: a systematic review. *Minerva Med.* 2019; 110: 555–563.
56. Sharp C, Lamb H, Jordan N, Edwards A, et al. Development of tools to facilitate palliative and supportive care referral for patients with idiopathic pulmonary fibrosis. *BMJ Support. Palliat. Care* 2018; 8: 340–346.
57. Kapnadak SG, Dimango E, Hadjiliadis D, et al. Cystic Fibrosis Foundation consensus guidelines for the care of individuals with advanced cystic fibrosis lung disease. *J. Cyst. Fibros.* 2020; 19: 344–354.
58. Smallwood N, Mann J, Guo H, Goh N. Patients With Fibrotic Interstitial Lung Disease Receive Supportive and Palliative Care Just Prior to Death. *Am. J. Hosp. Palliat. Med.* 2021; 38: 154–160.
59. Elborn JS. Adult Care in Cystic Fibrosis. *Semin. Respir. Crit. Care Med.* 2019; 40: 857–868.
60. Colman R, Singer LG, Barua R, Downar J. Outcomes of lung transplant candidates referred for co-management by palliative care: A retrospective case series. *Palliat. Med.* 2015; 29: 429–435.
61. Hanson LC, Kistler CE, Lavin K, Gabriel SL, Triggered Palliative Care for Late-Stage Dementia: A Pilot Randomized Trial. *J. Pain Symptom Manage.* 2019; 57: 10–19.
62. Murphy E, Froggatt K, Connolly S, Shea OE, et al. Palliative care interventions in advanced dementia. *Cochrane Database Syst. Rev.* 2016; 12:1–48.
63. Mo L, Geng Y, Chang YK, Philip J, et al. Referral criteria to specialist palliative care for patients with dementia: A systematic review. *J. Am. Geriatr. Soc.* 2021: 1-11

64. Opening Doors: The Palliative Care Continuum in Multiple Sclerosis. [[https://www.nationalmssociety.org/Programs-and-Services/Resources/Palliative-Care-\(-pdf\)](https://www.nationalmssociety.org/Programs-and-Services/Resources/Palliative-Care-(-pdf))].
65. Adamczyk A, Kwiatkowska M, Filipczak-Bryniarska I. Polish Association for Palliative Medicine stand on qualification for palliative care and management of patients with amyotrophic lateral sclerosis and multiple sclerosis. *Palliat. Med. / Med. Paliatywna* 2018; 10: 115–130.
66. Tarolli CG, Chesire AM, Biglan KM. Palliative Care in Huntington Disease: Personal Reflection and a Review of the Literature. *Tremor Other Hyperkinetic Mov.* 2017; 1-8
67. Hussain J, Adams D, Allgar V, Campbell C. Triggers in advanced neurological conditions: Prediction and management of the terminal phase. *BMJ Support. Palliat. Care* 2014; 4: 30–37.
68. Cheng HWB, Chan OMI, Chan CHR, Chan WH, et al. End-of-life Characteristics and Palliative Care Provision for Patients With Motor Neuron Disease. *Am. J. Hosp. Palliat. Med.* 2018; 35: 847–851.
69. Kluger BM, Miyasaki J, Katz M, Galifianakis N, et al. Comparison of Integrated Outpatient Palliative Care with Standard Care in Patients with Parkinson Disease and Related Disorders: A Randomized Clinical Trial. *JAMA Neurol.* 2020; 77: 551–560.
70. Vaughan CL, Kluger BM. Palliative Care for Movement Disorders. *Curr. Treat. Options Neurol.* 2018; 20: 2.
71. Beers EH. Palliative Wound Care: Less Is More. *Surg. Clin.* 2019; 99: 899–919.
72. Latimer S, Shaw J, Hunt T, Mackrell K, et al. Kennedy Terminal Ulcers: A Scoping Review. *J. Hosp. Palliat. Nurs.* 2019; 21: 257–263.
73. Castro MCM. Conservative management for patients with chronic kidney disease refusing dialysis. *J. Bras. Nefrol.* 2019; 41: 95–102.
74. Raj R, Thiruvengadam S, Ahuja KDK, Frandsen M, et al. Discussions during shared decision-making in older adults with advanced renal disease: A scoping review. *BMJ Open* 2019; 9: 1–19.
75. Bull R, Youl L, Robertson IK, Mace R, et al. Pathways to palliative care for patients with chronic kidney disease. *J. Ren. Care* 2014; 40: 64–73..
76. Verma M, Kosinski AS, Volk ML, Taddei T, et al. Introducing palliative care within the treatment of end-stage liver disease: The study protocol of a cluster randomized controlled trial. *J. Palliat. Med.* 2019; 22: S34–S43.
77. Macken L, Bremner S, Gage H, et al. Randomised clinical trial: palliative long-term abdominal drains vs large-volume paracentesis in refractory ascites due to cirrhosis. *Aliment. Pharmacol. Ther.* 2020; 52: 107–122.
78. Silva SV, Freire E, Pessequeiro Miranda H. Palliative Care in End-Stage Liver Disease Patients Awaiting Liver Transplantation: Review. *GE Port. J. Gastroenterol.* 2020; 27: 417–428.
79. Peng JK, Heggul N, Higginson IJ, Gao W. Symptom prevalence and quality of life of patients with end-stage liver disease: A systematic review and meta-analysis. *Palliat. Med.* 2019; 33: 24–36.
80. Perri G-A, Khosravani H. Complications of end-stage liver disease. *Can. Fam. Physician* 2016; 62: 44–50.
81. Souza PN, Miranda EJP De, Cruz R, Forte DN. Palliative care for patients with HIV/AIDS admitted to intensive care units. *Rev. Bras. Ter. Intensiva* 2016; 28: 301–309.
82. Kojima Y, Iwasaki N, Yanaga Y, Tanuma J, et al. End-of-life care for HIV-infected patients with malignancies: A questionnaire-based survey. *Palliat. Med.* 2016; 30: 869–876.
83. Lofgren S, Friedman R, Ghermay R, George M, et al. Integrating Early Palliative Care for Patients With HIV: Provider and Patient Perceptions of Symptoms and Need for Services. *Am. J. Hosp. Palliat. Med.* 2015; 32: 829–834.
84. Specner DC, Krause R, Rossouw T, Moosa M-YS, et al. Palliative Care Guidelines Plus. *S Afr J HIV Med* 2019; 20: a1013.
85. Teike Lüthi F, Bernard M, Vanderlinden K, Ballabeni P, et al. Measurement Properties of ID-



- PALL, A New Instrument for the Identification of Patients With General and Specialized Palliative Care Needs. *J. Pain Symptom Manage.* 2021; 62: e75–e84.
86. Willinger A, Hemmerling M, Stahmeyer JT, Schneider N, Stiel S. The frequency and time point of outpatient palliative care integration for people before death: an analysis of health insurance data in Lower Saxony, Germany. *J. Public Health (Bangkok)*. 2021.
  87. Osborne CM, Mullard AP. A review of systemic anticancer therapy in disease palliation. *Br. Med. Bull.* 2018; 125: 43–53.
  88. Mallett V, Linehan A, Burke O, Healy L, et al. A Multicenter Retrospective Review of Systemic Anti-Cancer Treatment and Palliative Care Provided to Solid Tumor Oncology Patients in the 12 Weeks Preceding Death in Ireland. *Am. J. Hosp. Palliat. Med.* 2021; 38: 1404–1408.
  89. Narsavage GL, Chen YJ, Korn B, Elk R. The potential of palliative care for patients with respiratory diseases. *Breathe* 2017; 13: 278–289.
  90. Hall ET, Singhal S, Dickerson J et al. Patient-Reported Outcomes for Cancer Patients Receiving Checkpoint Inhibitors: Opportunities for Palliative Care—A Systematic Review. *J. Pain Symptom Manage.* 2019; 58: 137-156.e1.
  91. Evans E, Staffurth J. Principles of cancer treatment by radiotherapy. *Surg.* 2018; 36;3:111–116.
  92. Gelfman LP, Kavalieratos D, Teuteberg WG, Lala A, Goldstein NE. Primary palliative care for heart failure: what is it? How do we implement it? *Heart Fail. Rev.* 2017; 22: 611–620.
  93. Pawlow PC, Doherty CL, Blumenthal NP, Matura LA, Christie JD, Ersek M. An Integrative Review of the Role of Palliative Care in Lung Transplantation. *Prog. Transplant.* 2020; 30: 147–154.
  94. Kim JW, Atkins C, Wilson AM. Barriers to specialist palliative care in interstitial lung disease: A systematic review. *BMJ Support. Palliat. Care* 2018: 1–9.
  95. Gillum LA. Palliative care and neurology: Time for a paradigm shift. *Neurology* 2015; 84: 1184.
  96. Wolanin N, Kamieniak M, Jarosz P, Kobińska I, et al. Treatment strategies for multiple sclerosis - escalation and induction therapies. *Med. Ogólna i Nauk. o Zdrowiu* 2020; 26: 336–342.
  97. Das J, Snowden JA, Burman J, Freedman MS, et al. Autologous haematopoietic stem cell transplantation as a first-line disease-modifying therapy in patients with ‘aggressive’ multiple sclerosis. *Mult. Scler. J.* 2021; 27: 1198–1204.
  98. Shah N, Mehta Z, Mehta Y. High-Flow Nasal Cannula Oxygen Therapy in Palliative Care #330. *J. Palliat. Med.* 2017; 20: 679–680.
  99. Spataro R, Ficano L, Piccoli F, La Bella V. Percutaneous endoscopic gastrostomy in amyotrophic lateral sclerosis: Effect on survival. *J. Neurol. Sci.* 2011; 304: 44–48.
  100. Ching AH, Le N, Norwich-Cavanaugh A, Hsia HC. Evidence-Based Gardening: Using Palliative Approaches to Cure Complex Wounds. *Ann. Plast. Surg.* 2019; 83: S45–S49.
  101. Mitchell LR, Shah N, Selwyn PA. Palliative Care in the Management of Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome in the Primary Care Setting. *Prim. Care - Clin. Off. Pract.* 2019; 46: 433–445.
  102. Principles of care on people infected with HIV - Recommendations of Polish Scientific Society of AIDS. 2019 [Zasady opieki nad osobami zakazonymi HIV - Zalecenia Polskiego Towarzystwa Naukowego AIDS]
  103. Standards of Care for People Living with HIV. [<https://www.bhiva.org/file/KrfaFqLZRIBhg/BHIVA-Standards-of-Care-2018.pdf>].