The American Journal of Hospice & Palliative Medicine, a peer reviewed journal, considers articles in the related fields of hospice and palliative medicine which are scientifically sound and clinically relevant. The aim of the Journal is the dissemination of medical science to broaden education and advance understanding of the complex issues encountered in these areas. Articles related to multidisciplinary care, end of life issues, pain and symptom management psychosocial aspects, quality of care, and the like are appropriate for the Journal. As always emphasis is on information directly applicable to the care of the patient/family at the bedside.

For over 20 years, every peer-reviewed issue of the American Journal of Hospice & Palliative Medicine has supplied independent original articles and review articles relevant to clinical practice on:

* Practical medical, psychiatric, and nursing issues such as clinical indicators of treatment futility and imminent terminal decline, culturally competent end-of-life care, communication, management of cardiac devices, mental status evaluation, pain and symptom management, palliative oncology, pharmaceutical updates, pharmacotherapies, and therapeutic interventions.

* Psychosocial issues such as advanced care planning, dying with dignity, end-of-life care and family perspectives, ethnicity and end-of-life care issues, hospice patient and provider perspectives on quality of life, living wills versus the will of loved ones, and spiritual well-being.

* Administrative, ethical and legal issues such as advanced directives, pacemaker and defibrillator deactivation in competent hospice patients, palliative care services in hospitals, physician hospice referral decisions, programmatic barriers to culturally competent care, quality-of-life and appropriate treatment, sedation for palliation of terminal symptoms, reimbursement levels, self-care plans for hospice workers, and social service staff in selected palliative care tasks in nursing homes.

* Professional education issues such as addressing patient preferences at the end of life, knowledge and skills improvement after an elective rotation in a hospice and palliative care program for internal medicine residents, hospice and palliative care in a rural setting, and reducing death anxiety in undergraduate nursing students.

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