Use of Augmentative and Alternative Communication (AAC) by Speech-Language Pathologists and other Allied Health Professionals in Palliative and End-of-life Care: An Exploratory Scoping Review

Lillian Krikheli, BHSc, MSpPath., CPSP.
Lindsay B. Carey, MAppSc, PhD
Caitlin C. Huynh, BHSc
Catherine S. Tresca, BHSc

Palliative Care Unit, Department of Public Health, School of Psychology and Public Health, La Trobe University, Melbourne, Victoria, Australia

Report Completion: 8 December 2017
Research Online: Borchardt Library, La Trobe University, Melbourne, Australia
http://hdl.handle.net/1959.9/563266
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface</td>
<td>3</td>
</tr>
<tr>
<td>Abstract</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Purpose and Method</td>
<td>5</td>
</tr>
<tr>
<td>Results – Key Themes</td>
<td>6</td>
</tr>
<tr>
<td>Results – Literature Summaries</td>
<td>7</td>
</tr>
<tr>
<td>Discussion &amp; Conclusion</td>
<td>14</td>
</tr>
<tr>
<td><strong>Appendix 1:</strong> Scoping review search terms and sources of research literature &amp; selection process</td>
<td>15</td>
</tr>
<tr>
<td><strong>Appendix 2:</strong> Literature and thematic coding</td>
<td>16</td>
</tr>
<tr>
<td>References</td>
<td>19</td>
</tr>
</tbody>
</table>

* Sections are hyperlinked directly to specified pages
PREFACE

Purpose and Report Focus:
This report is a scoping review prepared for Associate Professor Bernice Mathisen (Speech Pathology, La Trobe Rural Health School, Bendigo). Support for this report was provided by the Palliative Care Unit, La Trobe University, Department of Public Health, Participatory Field Placement Internship Program.

Department: 1. Palliative Care Unit  
Department of Public Health

Authoritative Support: 2. School of Psychology and Public Health  
La Trobe University  
Melbourne, Australia 3083

Amendments:  
Refer Recommendations.

Commencement: 01 September 2017
Completion: 08 December 2017
Revised: TBA


Publication Reference:  
Melbourne: Palliative Care Unit, La Trobe University: http://hdl.handle.net/1959.9/563266

POC Details:
Ms. Lillian Krikheli, Palliative Care Unit, Department of Public Health School of Psychology and Public Health, La Trobe University, Kingsbury Drive, Bundoora, Victoria, 3084;  
Email: L.krikheli@latrobe.edu.au

Dr. Lindsay Carey, Palliative Care Unit, Department of Public Health School of Psychology and Public Health, La Trobe University, Kingsbury Drive, Bundoora, Victoria, 3084;  
Email: Lindsay.Carey@latrobe.edu.au

Acknowledgements:  
Appreciation is acknowledged to Dr Alison Hughes, PhD. Department of Public Health, La Trobe University and Ms. Rosanna Ripoli (Senior Learning Advisor), Borchardt Library, La Trobe University, Melbourne, Australia.
Use of Augmentative and Alternative Communication (AAC) by Speech-Language Pathologists and other Allied Health Professionals in Palliative and End-of-life Care: An Exploratory Scoping Review

Lillian Krikheli, Lindsay B. Carey, Caitlin C. Huynh, Catherine S. Tresca

Palliative Care Unit, School of Psychology and Public Health, La Trobe University, Melbourne, Victoria, Australia

Abstract

Purpose: This project sought to explore the utilisation and effectiveness of alternative and augmentative communication by speech-language pathologists and other health professionals among patients in palliative care (PC) or end-of-life care (EOLC). Method: An exploratory scoping review was conducted aiming to discover key literature, research, approaches and results pertaining to the topic of AAC, SLPs, health practitioners, PC and EOLC. Result: A total of 817 articles were retrieved, however only nine (n = 9) literature reviews were found of relevance to the specific research. Conclusion: The literature identified that SLPs and health practitioners do utilise AAC in palliative and EOLC, however the main focus of the articles related to evaluating the significance and effectiveness of AAC in these settings. Due to the lack of explicit information regarding the utilisation of AAC by SLPs and other health professionals in EOLC settings, conclusions across the relevant literature were found to be similar. That is, AAC strategies were beneficial for patients in EOLC throughout the disease trajectory. AAC was found to increase patient quality of life, as patients were able to communicate their needs and wants to their loved ones and the health-care team. It is strongly recommended that future SLPs and other health practitioners gain appropriate exposure, experience and knowledge regarding AAC, in order to ensure patients and their families are aware of the various options that provide a smoother transition towards EOL.

Keywords: Augmentative and alternative communication; palliative care; end-of-life care; speech-language pathologists; allied health practitioners

Introduction

There is an abundance of research published, independently, on the topics of augmentative and alternative Communication (AAC), palliative care (PC) and end-of-life care (EOLC). However, limited research data is available on the actual prevalence and application of AAC in PC and EOLC. This indicates that the documented role of health professionals, and in
particular speech-language pathologists (SLPs), appears to be limited with regard to the application of AAC in these areas. The purpose of this paper is to present a systematic scoping review addressing the degree to which health practitioners (such as SLPs) utilise AAC in Palliative and EOLC, and if so, the effectiveness of this intervention.

Palliative care (PC) is commonly misunderstood as addressing symptomatic relief alone for those who are dying (Pollens, 2012). However, according to the World Health Organisation (WHO), Palliative Care is defined as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (WHO, 2016). Therefore, PC can still be received when there is no immediate progression to death (Pollens, 2012).

End-of-life care, on the other hand, has not been distinctly defined. In a broad sense, it can be said that its services are provided for those who: “…have an irreversible condition, require formal or informal symptomatic and impairment care, and are nearing the time of their death” (National Institutes of Health Consensus Development Program, 2004).

**Purpose and Method**

The purpose of the project was to investigate the use of AAC in Palliative and EOLC settings. Two target populations were assessed: speech-language pathologists and other allied health professionals. The first aim was to see if the populations utilised AAC in the particular settings, and secondly, if utilisation of AAC was present, to examine the effectiveness of the intervention.
Arksey and O'Malley's (2005) scoping review method was employed to undertake the research. The method was appropriate to use, as its intention is to identify gaps in literature where there has been insufficient focus (Arksey & O'Malley, 2005). This allowed for searching of numerous databases to collect key literature and relevant resources related to SLP and health professional utilisation of AAC in Palliative and EOLC settings. The key search terms and strategies used are displayed in Appendix 1.

Results

Key Themes

At the conclusion of conducting an exploratory scoping review, a total of 817 results were retrieved. The data retrieved at this first stage focused on AAC independently, and was not linked to utilisation of it in Palliative and EOLC settings. This indicated that there is a significant lack of information available based on the prevalence of AAC in this critical care setting. After further assessment into the data collected, a total of 9 articles specifically noted SLP and/or other health professional use of AAC in Palliative and EOLC (n=9, Appendix 1). Analysis of the nine sources resulted in the identification of key reoccurring themes as listed below (refer Table 1).

Table 1
Thematic Coding

<table>
<thead>
<tr>
<th>Thematic code</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Role of SLP in EOLC</td>
</tr>
<tr>
<td>2</td>
<td>Role of SLP in PC</td>
</tr>
<tr>
<td>3</td>
<td>Role of SLP in EOL and PC</td>
</tr>
<tr>
<td>4</td>
<td>Role of other health professionals in EOL and PC</td>
</tr>
<tr>
<td>5</td>
<td>AAC</td>
</tr>
<tr>
<td>6</td>
<td>PC</td>
</tr>
<tr>
<td>7</td>
<td>EOLC</td>
</tr>
<tr>
<td>8</td>
<td>SLPs</td>
</tr>
<tr>
<td>9</td>
<td>Other health professionals</td>
</tr>
</tbody>
</table>

Note: Acronyms used: EOLC= End-of-life care; SLP= Speech Language Pathologist; QoL=Quality of life; PC= Palliative Care
Literature Summaries

Nine articles were found to have relevance to the subject of AAC in PC and EOLC. The articles are summarised below and coded according to one or more of the identified themes (titles are hyperlinked to Appendix 2).

A cohort study conducted by Albert, Murphy, Del Bene and Rowland (1999), titled ‘Prospective study of palliative care in ALS: choice, timing, outcomes’, involves prospective followings of patients with Amyotrophic lateral sclerosis (ALS) over a 12-month period. The aim of this article is to examine patient experience with the full spectrum of PC. The study design involves recording patients when they reach well-defined PC milestones, done through domains of adjuvant therapies (e.g. speech therapy, occupational and physical) and adaptive aids (e.g. augmentative communication). The 121 ALS patients were enrolled into this cohort study receiving a follow-up interview every four months. The study’s results found that adjuvant therapies amongst recently diagnosed ALS patients were already heavily used at baseline, reporting 33.3% to 49.4% use. By the last follow up, half of the sample has used speech therapy or occupational therapy, 50.5% and 53.8% respectively. Use of augmentative communication devices increased with each follow-up, from '2.2% at baseline to 18.3%'. The findings of this cohort study show that patients took advantage of adjuvant therapies and adaptive aids, more so as their illness progressed. This suggests that the use of AAC can be helpful and beneficial for patients in PC.

A comprehensive literature review titled ‘Methods of communication at end of life for the person with amyotrophic lateral sclerosis’ by Brownlee, Alisa Bruening, Lisa M (2012), focuses on AAC- the communication needs and strategies of patients with ALS before death. By reviewing the communication needs of patients with ALS and the range of strategies used, focus on communication patterns used in the last six months as EOL approaches was
examined. The authors conducted a survey to collect data on the perceptions of
caregivers/family of those with ALS now deceased. From their survey, a decrease in
communication strategies were found as EOL approached. These strategies included all
modes of communication- natural speech, writing, gestures and electronic AAC. Less than
half of the persons with ALS had acquired an AAC device and most did not use one at the
EOL. A limitation of this study is that it involved a retrospective survey completed by care-
givers, because conclusions were made on the perceptions of individuals rather than actual
feelings experienced by persons with ALS. This study stresses the need for service and
research delivery needs related to EOL communication strategies. Including the need for
earlier and appropriate services focused on communication needs of persons with ALS, as
well as the preparation of SLPs to meet them. Whilst this study shows that modes of
communication including AAC were not strongly effective amongst persons with ALS; it is
evident that SLPs play a significant role in this process. They aid in monitoring speech
changes, providing assistance in making choices about communication options and educating
clients, health care providers and family members.

An article by Brownlee and Palovcak (2007) titled ‘The role of augmentative
communication devices in the medical management of ALS’, explores the great importance
of AAC in the medical management of people with ALS, in PC. This study explores AAC
and its importance in the medical management of persons with ALS. The study’s findings
show that motor speech assessment and compensatory strategies may lose its effectiveness
overtime, due to the progressive nature of ALS. With the progression of PC and EOL will
AAC be most effective. High technology AAC options were explored in this study, by which
a tremendous need was found amongst adults. The authors found that most people with ALS
aren’t aware of the options available when they have communication difficulties and aren’t
familiar with AAC devices. Patients rely on their health care team to inform them about
technology and if the profession is unclear about AAC, patient care may be compromised due to the lack of communication - to express wants, needs and health care decisions. The information gained within this research highlights how AAC can improve the quality of life for people with ALS, if effective communication is made between health care professionals and the patient. Awareness of the impact of AAC, including funding, access issues and acquisition of equipment must be understood across PC health care professionals. In absence of a cure in PC, quality of life interventions take on greater importance for people living with terminal diseases. Thus, AAC interventions can be seen as beneficial for patients in palliative or EOLC when health care professionals are well educated on available options and communicate this to their patients.

An article written by Costello, Patak and Pritchard titled, ‘Communication vulnerable patients in the pediatric ICU: Enhancing care through augmentative and alternative communication’ (2010), describes three phases of intervention for communication vulnerable children in the paediatric intensive care units (PICU). It provides examples of treatment approaches that ensure communication access as their medical condition changes. Each phase reflects the medical status and ability of a child to meaningfully interact with medical staff and family members. Authors discovered that when children are more able and interested in communicating and participating in their care; AAC options provide a broad range of tools and access strategies to support communication while accommodating for reduced motor skills. The study found that AAC strategies, technologies and supports play an important role in supporting patients through recovery processes and to children at EOL. In addition, simple and low technology solutions can help children gain attention and communicate messages of love and comfort to loved ones. These results suggest that the implementation of AAC strategies can address the communication needs of children in the PICU, enabling them to communicate themselves to healthcare professionals and family members. In conclusion, the
authors suggest that AAC can provide helpful communication support during each phase. There's also strong association between patient satisfaction of their treatment and effective communication between health practitioners and the patient. The information gained in this research highlights that when patient-provider communication improves, patient and family satisfaction improve as well. The importance of collaboration among health care workers, SLPs, audiologists, interpreters and family members provide effective communication interventions to support the needs of patients.

A literature review by Costigan and Light (2010), titled ‘A review of preservice training in augmentative and alternative communication for speech-language pathologists, special education teachers, and occupational therapists’, reviews the effectiveness of AAC training for SLPs, special education teachers (SETs) and occupational therapists (OTs); as all professions are likely to encounter patients who require AAC due to their complex communication needs. Retrospective surveys of practicing professionals collected data pertaining to preservice training. Results suggest that SLPs, SETs and OTs receive almost no exposure to preservice AAC training. Though there have been increases in the amount of AAC training amongst these professionals over the years; there's still an abundance of programs which do not pertain to training and education of AAC. Training remains optional for degree completion and that AAC courses aren't requirements of their degree, in turn limiting their opportunities to gain experience. Overall, with little knowledge regarding AAC, these health professionals may enter entry-level practice underprepared which limits the quality of care towards patients. Therefore, it is suggested that health professionals receive necessary AAC education and training to increase their delivery of essential for individuals with communication needs to receive effective AAC service provision.

A literature review titled ‘A systematic review of the effectiveness of nurse communication with patients with complex communication needs with a focus on the use of
Augmentative and alternative communication, and written by Finke, Light and Kitko (2008). Explores why nurse-patient communication is critical to ensure quality care provision. Difficulties in communication arise when patients are unable to talk, becoming an issue when nurses receive minimal AAC training. The aim of this article is to systematically review research pertaining to communication between patients with complex communication needs and nurses. By reviewing published research, authors found a common experience of concern and frustration when health care communication is not adequate. Authors were able to conclude that nurse-patient communication is pivotal to providing and receiving quality care. Nurses need to have the skills and tools such as AAC, that enable communication with patients who can or can't speak.

The article, ‘Case report of a computer-assisted psychotherapy of a patient with ALS’, is by Perez and Dapueto (2014), demonstrates that psychological care can be enhanced when AAC adapted computational systems are utilised in conjunction with (traditional) psychotherapy interventions. The authors emphasise that patient-therapist communication is key for those in the advanced stages of ALS, and that this enhanced intervention can be beneficial in improving the speech limitations that ALS entail. The authors based their study around a patient whom had been diagnosed with ALS for three years, which received treatment from an interdisciplinary team consisting of a neurologist, physical therapist, SLP, physician and psychologist. Results indicated that (general) psychotherapy worked well to improve utilisation of the AAC device and enhanced patient-therapist communication. The patient reviewed the AAC device positively, for maximising her participation in daily routines and familial commitments, and higher functioning, autonomy, symptom control, decision making was the outcome and increasing quality of life. On the other hand, the psychotherapy intervention worked well in minimising psychological suffering, regulating self-esteem and dignity, and allowing her personal growth. The patient was able to gain
stronger understanding of her personal and interpersonal troubles and more acceptance of her condition. However, there can be limitations in both the computed-adapted AAC and psychotherapy treatments for other patients with ALS. Since the patient had a high-educational level, she was sufficient in utilising the computer program, whereas, patients with cognitive disabilities would have difficulty in comprehending them. Another limitation are the financial costs for both interventions - neither treatments are government-funded in Uruguay. The authors stress the need for further cohort and clinical studies in this topic to inform on the suitability of this new intervention for other ALS patients. Overall, then integration of AAC services amongst health professionals in EOL treatment can have positive outcomes.

A comprehensive literature review by Radtke, Baumann, Garrett and Happ (2011), titled ‘Listening to the voiceless patient: case reports in assisted communication in the intensive care unit’, explores communication problems experienced by non-speaking, terminally ill patients in the ICU are found to experience implications of physical and psychological well-being of patients and their quality of care. The aim of this study is to assess SLP services used to provide multiple AAC assistance to this population in PC, their caregivers and medical staff. Three clinical cases were sought to apply AAC strategies ranging from the severity of communication impairment and illness level. The study found that the AAC device encouraged independence in communication, normalised non-speaking communication and accurate information transfer (medical needs). The results indicate that low-tech AAC strategies (written and picture communication) can be highly effective and low in cost. Overall, SLPs with AAC education and tools can develop communication strategies and help patients and their families use technologies (electronic speech-generating devices in hospitals). They may offer additional support and enhancement in communication outcomes and benefit PC services in ICU.
The final article is written by Toner and Shadden (2012), and it titled ‘End of life. An overview’. The ability for patients in EOLC to communicate during their final days can be just as important as pain relief. This article aims to explore the importance of SLPs and their services to progressing to EOL. SLPs provide realistic communication and swallowing recommendations, inform other health care professionals and counsel family members responses to terminal diagnosis. The authors discuss how SLPs can improve comfort for those dying and play a significant role in EOLC. It was found that means of communication may be more important than swallowing and hydration as they allow the person to interact with their loves ones and consolidate with their health practitioners in their own EOL planning, throughout their EOL process. In swallowing and communication, SLP can consolidate with family members, educating them about the changes that are taking place leading towards EOL; reducing family concern. This study shows that SLPs are significant members of the EOL interdisciplinary team as a point of information for other professions about swallowing, communication and cognition.

Discussion & Conclusion

It was identified that SLPs and health practitioners do utilise AAC in palliative and EOLC settings. However, this was not the major focal point of the articles. Instead, the focus was upon the significance and effectiveness of AAC in EOLC/PC settings. The utilisation of AAC by SLPs and other health professionals were not key themes identified in this scoping review. Rather, there was evidence within the literature of the success that AAC has on patients in palliative or EOLC, and the importance of SLP delivery of AAC services plus the education of multi-disciplinary teams.

As summarised in the results, there were nine pieces of literature relevant to the research topic that could be thematically coded. As shown in Appendix 2, the articles were
categorised according to the respective themes. Due to the lack of explicit information regarding the utilisation of AAC by SLPs and other health professionals in EOL settings, conclusions were found to be similar across the relevant literature. That is, AAC strategies were found beneficial for patients in EOLC as their illness progressed — increasing the quality of life given that they were able to communicate their needs and wants to their loved ones and health-care team. In addition, SLPs were noted to be important members of the EOL interdisciplinary team as a point of information for other professionals. As health provider-patient communication is pivotal when discussing options for EOL processes, it is strongly recommended that future SLPs and other health practitioners gain appropriate exposure, experience and knowledge regarding AAC to ensure patients and their families are aware of the various options that provide a smoother transition towards end-of-life-care.

- o O o -
Appendix 1

Scoping review search terms and sources of research literature & selection process

**DATABASES**
Ageline, AMED, CINAHL (Ebsco), Cochrane Library, EMBASE, ERIC, Google Scholar, Informit Health, Linguistics + Language (LLBA), Medline (OVID), Proquest Central, PsychARTICLES, PsycINFO, SCOPUS, SpeechBITE, Web of Science

**SEARCH LIMITS**
English language

**SEARCH #1 (Search Terms)**
("palliative care" OR "terminal care" OR "hospice care" OR "end of life" OR "end-of-life" OR "end of life care" OR "end-of-life care")
AND
("health professional*" OR "health personnel" OR "allied health" OR "health clinician*" OR "doctor**" OR "medical practitioner*" OR "physician* OR nurse* OR audiolog*")
AND
("Alternative communication" OR "Augmentative Communication" OR "AAC")

793 unique results returned (duplicates removed)

Abstract Screening for Relevance n = 9

Full papers read n = 9

9 Key Literature Articles

**SEARCH #2 (Search Terms)**
("palliative care" OR "terminal care" OR "hospice care" OR "end of life" OR "end-of-life" OR "end of life care" OR "end-of-life care")
AND
("speech pathologist" OR "speech language pathologist" OR "speech-language pathologist" OR SLP)
AND
("Alternative communication" OR "Augmentative Communication" OR "AAC")

24 unique results returned (duplicates removed)

Abstract Screening for Relevance n = 7
## Appendix 2

List of Key Literature and Thematic Coding - alphabetical order by author

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Summary</th>
<th>Thematic Coding</th>
</tr>
</thead>
</table>
| Prospective study of palliative care in ALS: choice, timing, outcomes | Albert, S. M., Murphy, P. L., Del Bene, M. L., & Rowland, L. P. (1999) | • Examines the time to endpoints amongst PC patients and whether they will take advantage of PC options before death; of which include adjuvant therapies (e.g. speech therapy) and adaptive aids (e.g. augmentative communication, wheelchair use)  
• Identifies experiences of patients with ALS with ameliorative and PC via prospective study; stressing the importance of this captures patient and family experiences. | 5, 6            |
| Methods of communication at end of life for the person with amyotrophic lateral sclerosis | Brownlee, A., & Bruening, L. M. (2012)     | • Reviews the communication needs and strategies of people with Amyotrophic lateral sclerosis (ALS) before death; including most forms of augmentative and alternative communication.  
• Stresses the need for knowledge of health care providers about communication options available  
• SLPs role in monitoring and providing speech changes and options, and educating clients and family members | 1, 5            |
| The role of augmentative communication devices in the medical management of ALS | Brownlee, A., & Palovcak, M. (2007)        | • Discusses the importance of AAC in the medical management of people with ALS, in PC | 5, 6, 7         |
| Communication vulnerable patients in the pediatric ICU: Enhancing care through augmentative and alternative communication | Costello, J. M., Patak, L., & Pritchard, J. (2010) | • A role for SLPs, healthcare workers, audiologists, interpreters and family members is proposed in paediatric intensive care units  
• AAC strategies play a critical role in supporting a patient through the recovery process and at the end of life. | 3, 4, 5, 9      |
<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
<th>Details</th>
<th>Pages</th>
</tr>
</thead>
</table>
| A review of preservice training in augmentative and alternative communication for speech-language pathologists, special education teachers, and occupational therapists | Costigan, F. A., & Light, J. (2010)          | • SLPs, special education teachers and occupational therapists are likely to encounter patients requiring AAC  
• Proposes a need for these health professionals to gain more education and skill in AAC service provision                                               | 5, 8, 9 |
| A systematic review of the effectiveness of nurse communication with patients with complex communication needs with a focus on the use of augmentative and alternative communication | Finke, E. H., Light, J., & Kitko, L. (2008) | • Communication between nurses and patients with complex communication needs is important to providing and receiving quality care  
• Nurses use specific AAC strategies to improve communication with patients                                                   | 5, 9  |
| Case report of a computer-assisted psychotherapy of a patient with ALS. | Pérez, A. I. G., & Dapueto, J. J. (2014)     | • Shows that regular psychological treatment can be (successfully) adapted to suit particular patient circumstances in end of life care.  
• The intervention used to treat the ALS patient was: Psychotherapy in conjunction with an AAC computational system.  
• Intervention was administered by an interdisciplinary team consisting of a neurologist, physical therapist, speech-language pathologist, physician and psychologist.  
• Suggests that further clinical trials are required in order to transfer findings to broader ALS population in PC. | 3, 4, 5, 9 |
| Listening to the voiceless patient: case reports in assisted communication in the intensive care unit. | Radtke, J. V., Baumann, B. M., Garrett, K. L., & Happ, M. B. (2011) | • Demonstrates SLPs applying AAC techniques to critically ill patients in the Intensive Care Unit.  
• Encourages ICU and PC services to utilise AAC strategies as part of their practice to strengthen medical provider and patient outcomes. | 2, 5, 8 |
End of Life. An Overview.


- Emphasises that SLP involvement in End-of-life Care health care teams is necessary in improving communication.
- They could provide useful input in improving communication, counselling family members and informing their health care team.

Acronyms used:

**EOL** = End-of-life; **SLP** = Speech-Language Pathologist; **QoL** = Quality of life; **PC** = Palliative Care

Codes:

1 = Role of SLP in EOLC; 2 = Role of SLP in PC; 3 = Role of SLP in EOL and PC; 4 = Role of other health professionals in EOL and PC; 5 = AAC; 6 = PC; 7 = EOLC; 8 = SLPs; 9 = Other health professionals
References


