

# Exploring palliative care in Trinidad and Tobago: A scoping review of current practices and barriers for older adults

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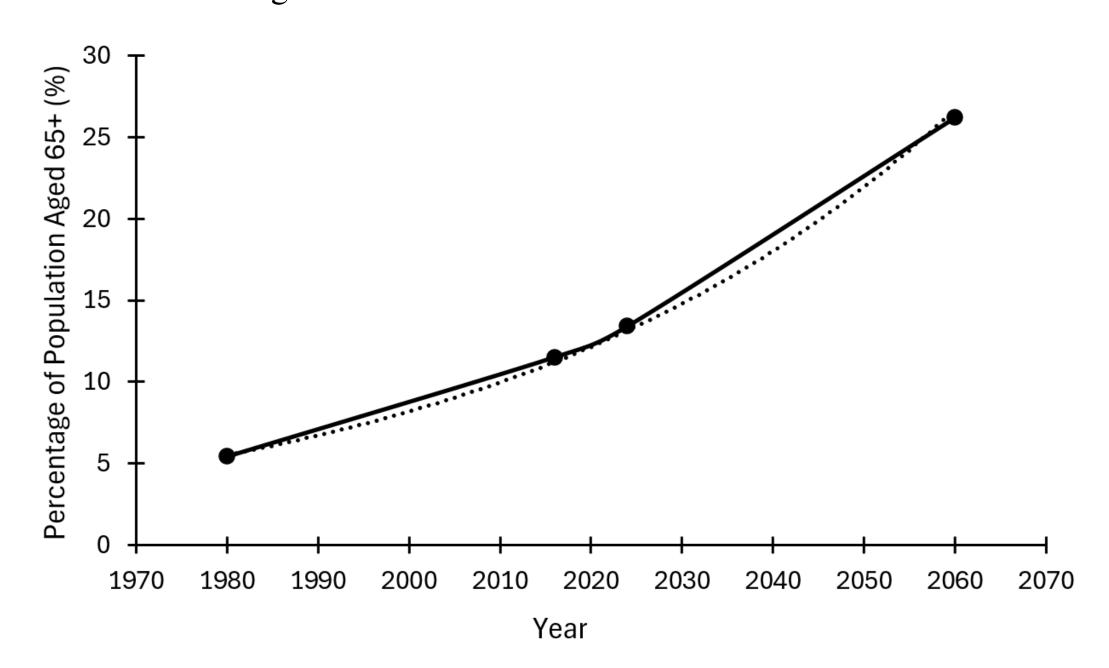
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## Background

Palliative care alleviates physical, psychological, and social suffering for individuals with severe illnesses. Despite its importance, only 14% of those in need receive adequate care globally.

In Trinidad and Tobago, the population aged 65+ has grown from 5.4% in 1980 to 13.4% in 2024, with projections reaching 26.2% by 2060. As chronic illnesses rise, the demand for palliative care increases, yet public awareness and access remain limited.

**Figure 1:** Exponential growth of the aging population (aged 65+) in Trinidad and Tobago



#### Purpose

This scoping review explores current palliative care practices, service availability, and challenges faced by older adults in Trinidad and Tobago to inform healthcare improvements.

### Methods

#### **Databases:**

Medline, CINAHL, PubMed, JSTOR, AgeLine, Caribbean Search, Scopus and Web of Science

#### **Keywords:**

Palliative care, hospice care, older adults, Trinidad and Tobago

#### Number of articles:

A total of 56 articles were located across all databases

#### **Inclusion Criteria**

Articles issued between 2014 and 2024, published in the English language, empirical studies, population, context, concept (PCC) framework: male and female older adults aged 65 and over in Trinidad and Tobago, hospice and palliative care services, barriers to accessing palliative care.

#### **Exclusion Criteria**

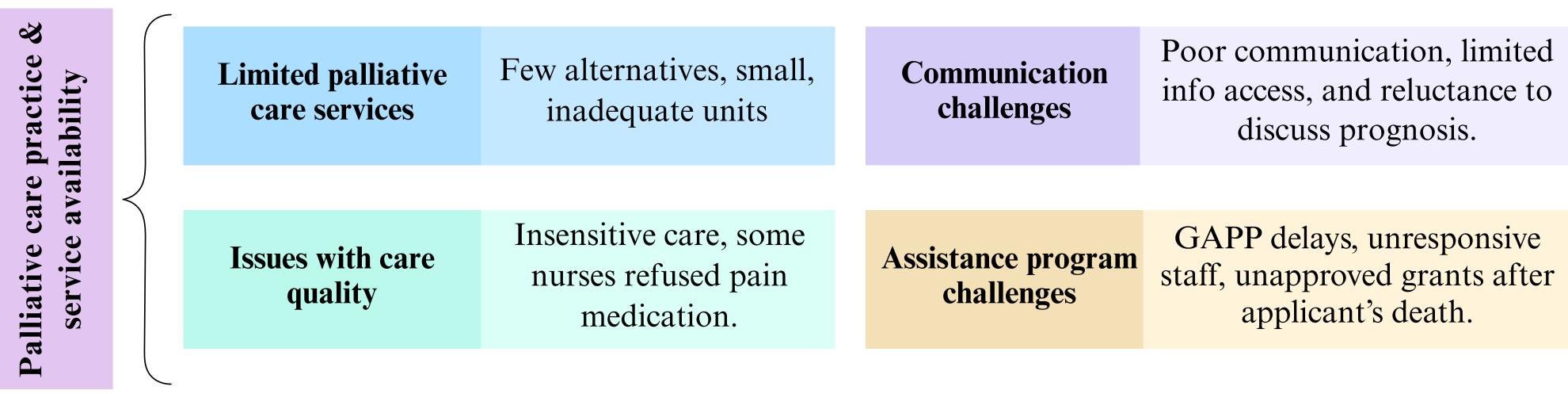
Children, middle-aged adults, not English, not Trinidad and Tobago, outside publication date criteria, not palliative care in Trinidad and Tobago.

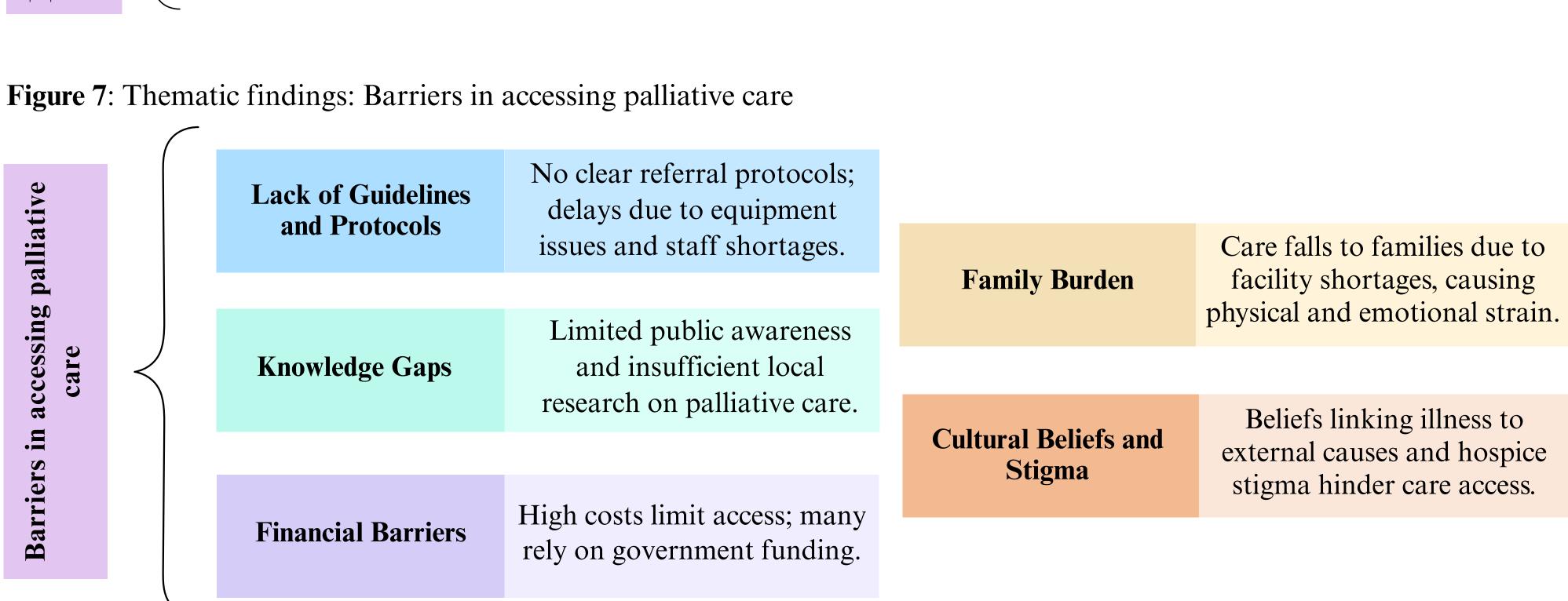
#### Analysis

After deduplication, title and abstract screening, and full-text review, a total of 11 articles were included in the scoping review. These were categorized into two key areas: palliative care practices and service availability, and barriers to access faced by individuals.

#### Results Figure 2: PRISMA model Identification Screening Included Records screened Records identified from\*: Databases (n = 8)Studies included in review: (n = 11)Medline: 5 CINAHL: Records not retrieved Reports sought for retrieval PubMed: 5 JSTOR: 3 AgeLine: 0 Caribbean Search: 6 Records excluded: | Reports assessed for eligibility Scopus: 27 Not Trinidad & Tobago Web of Science: 9 (n = 6)• Not palliative care in Trinidad & Tobago Records removed before (n = 15)screening: duplicate records (n Does not meet publication = 16) date criteria (n = 8)Figure 4: 70% of studies highlight Figure 3: Study details from identified studies unmet needs in accessing necessary • Quantitative (n = 5)care in Trinidad and Tobago Research Methodology • Qualitative (n = 2)• Mixed Methods (n = 4)• Hospitals and health care facilities Figure 5: 60% of studies highlight the (n = 5)need for palliative care in Trinidad and **Study Context** • Private homes of patients and Tobago to be further developed families (n = 2)

Figure 6: Thematic findings: Palliative care practice and service availability





#### **Discussion**

#### In Trinidad and Tobago

Palliative care is underdeveloped due to:

- Inadequate guidelines for referrals and care.
- Disengaged medical staff affecting quality of care.
- Discligaged incurcal stair affecting quanty of care.
- Limited access to pain medications, leaving symptoms unmanaged
  Communication gaps between providers and families add to patient
- Staff shortages and outdated equipment further limit care delivery.
- Although services have expanded, availability remains insufficient.
- Lack of awareness leaving many unaware of palliative care options.

#### **Barriers to care**

distress.

- Financial constraints
- Limited knowledge
- Family caregiving burdens
- Cultural beliefs in alternative medicine

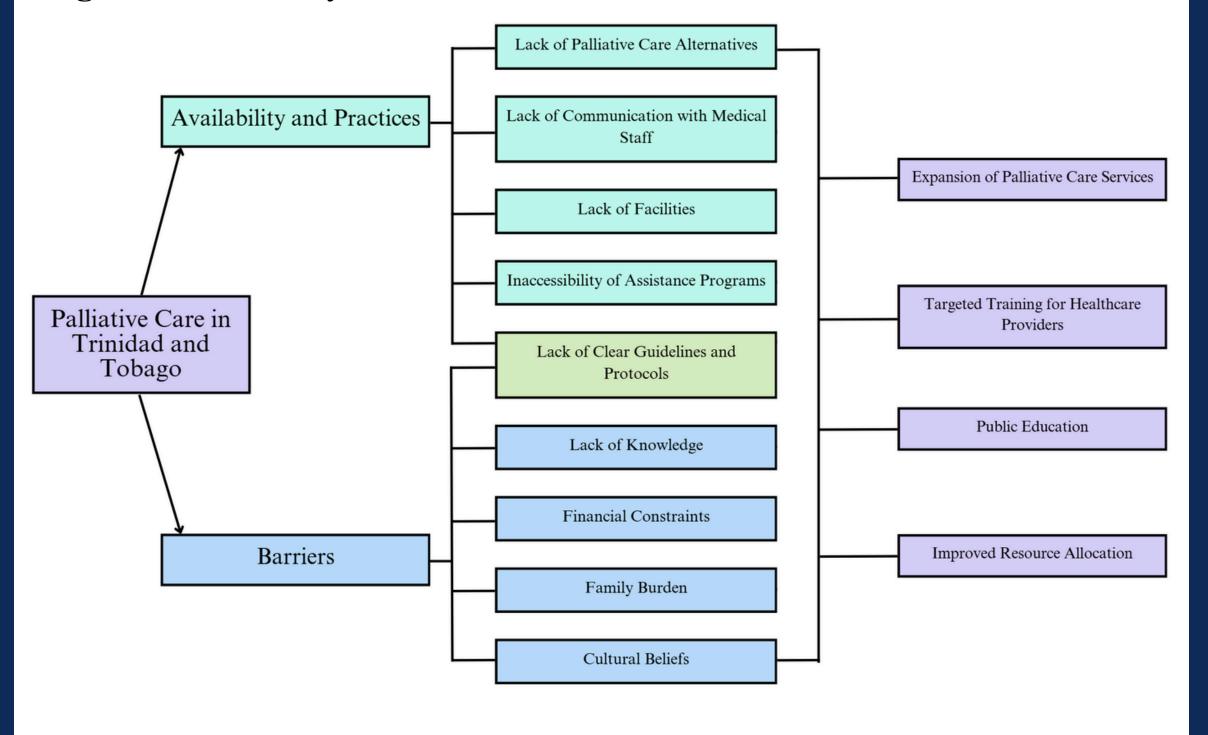
#### **Solutions**

- Better healthcare training
- Public awareness campaigns
- Expanded specialized services (e.g., hospice, home-based care)

## Conclusion

This scoping review examined palliative care in Trinidad and Tobago, revealing challenges like unclear guidelines, staff shortages, insufficient training, and limited facilities. Barriers include financial issues, low awareness, family burden, and cultural beliefs. Expanding services, training, resources and public education is crucial for better end-of-life care.

Figure 8: Summary of review



#### Acknowledgements

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