

Peer Review

Review of: "Palliative Care, Psychological Interventions, Personalized Medicine: The Triple 'P' Hypothesis For Enhancing Quality of Life in Palliative Care"

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This article builds upon the holistic biopsychosocial-spiritual model of quality palliative care, proposing a new theoretical framework that further emphasizes the psychological dimension of care. The authors introduce the "Triple P" model, which aims to enhance the quality of care by integrating psychological interventions and adopting a more personalized approach.

In my opinion, the major strength of this article is its success in sparking a vital conversation about the potential for more integrated and personalized care for patients with serious illnesses. Evidence indicates a significant gap in the psychological aspects of palliative care (Shalev et al., 2024a; Shalev et al., 2024b), and the authors effectively highlight this need. By initiating this discussion, they take an important step toward a more comprehensive and nuanced approach to care.

The article is both ambitious and aspirational in its conceptualization. However, it ultimately fails to deliver practical implications, aside from the suggestion of integrating more behavioral health professionals into palliative care teams. While the theoretical concept of the framework is bold and forward-thinking, the authors took leaps in the second part of the article, proposing interventions that lack robust evidence and practical feasibility. These suggestions feel disconnected from the realities of day-to-day palliative care work, leaving the model largely theoretical and underdeveloped in terms of actionable steps.

Another concern is the article's limited attention to the psychosocial, existential, and spiritual dimensions of care. While the focus on psychological integration is important, it risks overshadowing

the essential roles of social workers, chaplains, and other allied professionals who are pivotal in delivering truly holistic palliative care. A more balanced discussion that incorporates these dimensions would have strengthened the proposed framework and its applicability in real-world settings.

Thank you for inviting me to read and review this article.

References

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Shalev, D., Robbins-Welty, G., Ekwebelem, M., Moxley, J., Riffin, C., Reid, M. C., & Kozlov, E. (2024). Mental Health Integration and Delivery in the Hospice and Palliative Medicine Setting: A National Survey of Clinicians. *Journal of pain and symptom management*, 67(1), 77–87. <https://doi.org/10.1016/j.jpainsymman.2023.09.025>

Declarations

Potential competing interests: No potential competing interests to declare.