METHODS
The review followed the PRISMA 2009 guidelines1 and methodology by Whitemore & Knafl, 20052. A systematic search was carried out in Pubmed, Embase, CINAHL and Psychinfo, using terms related to ‘video consultations’ AND ‘palliative care’, published from 2005 – 2018. Titles and abstracts were screened followed by full article screening. Additionally, reference lists were hand searched. Included were primary studies involving video consultations between patients and/or relatives of all ages, and professionals in palliative care. The studies’ quality was assessed in accordance with Hawker et al., 20023.

AIMS
To gain insight into: 1) the advantages and disadvantages; 2) facilitators and barriers, when using video consultations in general, and specialist palliative care from the perspective of patients and relatives, healthcare professional, and society.

BACKGROUND
Access to palliative care remains inadequate worldwide. Video consultations are a promising approach to address challenges in palliative care provision. The technology enables real-time audio/visual interactions between patients, relatives and palliative care professionals at a distance. However, no attempts have been made to review the evidence solely on video consultations in palliative care.

RESULTS
The search resulted in 813 articles. 39 articles met the inclusion criteria: mixed methods (n=14), qualitative (n=10), quantitative (n=10) and case studies (n=5). The quality of the articles ranged from 20-36 points, corresponding to medium or high on the quality scale (10-40 points). The studies mainly originated from high income countries. Overall, the evidence showed that video consultations have advantages, disadvantages as well as facilitators and barriers:

<table>
<thead>
<tr>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
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<tbody>
<tr>
<td>Enable (non)verbal communication at a distance</td>
<td>Might have implications for patients’ privacy and security</td>
</tr>
<tr>
<td>Enable clinical assessment and symptom control at a distance</td>
<td>The majority of users were positive towards the technology</td>
</tr>
<tr>
<td>Can link up participants at several physical locations</td>
<td>Can be seen as disruptive if not part of the ordinary work routine</td>
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<tr>
<td>Potentially cost-saving</td>
<td>A glimpse into the homes and social contexts of patients and relatives</td>
</tr>
<tr>
<td>Can provide equal access to care</td>
<td>Lack of physical presence</td>
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<tr>
<td>The majority of users were positive towards the technology</td>
<td>The limited scope of the camera</td>
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</table>

FACILITATORS | BARRIERS
---|---
User-friendly and reliable technology | Technical challenges |
Training and support in how to conduct consultations and communicate via video | Organizational factors and practicalities |

CONCLUSION AND FUTURE PERSPECTIVES
The use of video consultations in palliative care is feasible. Evidence is however limited, and mainly deals with specialist palliative care and cancer patients. Future research should focus on general palliative care, patients with a non-cancer diagnosis and low and middle income countries.

REFERENCES

The authors have no conflicts of interests.