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Not Published, Not Indexed: Issues in Generating and Finding Hospice and Palliative Care Literature

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Abstract

Introduction: Accessing new knowledge as the evidence base for hospice and palliative care grows has specific challenges for the discipline. This study aimed to describe conversion rates of palliative and hospice care conference abstracts to journal articles and to highlight that some palliative care literature may not be retrievable because it is not indexed on bibliographic databases.

Methods: Substudy A tracked the journal publication of conference abstracts selected for inclusion in a gray literature database on www.caresearch.com.au. Abstracts were included in the gray literature database following handsearching of proceedings of over 100 Australian conferences likely to have some hospice or palliative care content that were held between 1980 and 1999. Substudy B looked at indexing from first publication until 2001 of three international hospice and palliative care journals in four widely available bibliographic databases through systematic tracing of all original papers in the journals.

Results: Substudy A showed that for the 1338 abstracts identified only 15.9% were published (compared to an average in health of 45%). Published abstracts were found in 78 different journals. Multiauthor abstracts and oral presentations had higher rates of conversion. Substudy B demonstrated lag time between first publication and bibliographic indexing. Even after listing, idiosyncratic noninclusions were identified.

Discussion: There are limitations to retrieval of all possible literature through electronic searching of bibliographic databases. Encouraging publication in indexed journals of studies presented at conferences, promoting selection of palliative care journals for database indexing, and searching more than one bibliographic database will improve the accessibility of existing and new knowledge in hospice and palliative care.

Introduction

RECENT STUDIES SUGGEST that hospice and palliative care's literature base is developing strongly.^{1,2} The absolute number of hospice and palliative care citations is increasing as is the proportion of hospice and palliative care citations as a fraction of all published papers. Hospice and palliative care clinical trials indexed on Ovid MEDLINE are also increasing at a higher relative rate than Ovid MEDLINE as a whole.¹

Access to this literature is important not only for individual practitioners in clinical decision making but for the academic discipline of hospice and palliative care in developing its fields of enquiry.^{3,4} At times, it is assumed that identifying this literature is straightforward, but as the source literature is systematically mapped, it is evident that it is widely dispersed across the refereed literature.^{1,5,6}

Evidence-based practice assumes that:

- Clinicians can access the literature and having accessed the literature, are able to synthesize the literature; or
- Clinical guidelines and systematic reviews include all research relevant to the clinical question.⁷

Publication and subsequent indexing represent pivotal steps within the spectrum of disseminating new knowledge. Electronic bibliographic databases are significant components of this knowledge infrastructure, providing clinicians and academics with the capacity to easily engage with the literature. However, it is important to recognize that such databases do not contain all possibly relevant literature and that there are known limitations associated with publishing and indexing processes which in turn limit access to the whole knowledge base that could inform clinical decision-making.

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TABLE 1. ORGANIZATIONS THAT PROVIDED CONSECUTIVE CONFERENCE PROCEEDINGS BOOKS FOR EVALUATION FOR PALLIATIVE CONTENT, THE YEARS COVERED, AND THE FREQUENCY OF CONFERENCE

Organization	Conference	First year collected	Frequency of conference
Alzheimer's Association of Australia	National Conference	Since 1994	Annual
Australian New Zealand Society of Palliative Medicine (ANZSPM)	Conference and Scientific Meeting	Since 1994	Even years
Australasian Society for HIV Medicine (ASHM)	Annual Medical and Scientific Conference	Collected from 1990	Annual
Australian Association for Hospice and Palliative Care/ Palliative Care Australia (PCA)	National Conference	Since 1993	Odd years
Australian Pain Society	Annual Scientific Meeting	Since 1980	Annual
Cancer Nurses Society of Australia	Winter Congress	Since 1999	Annual
Clinical Oncological Society of Australia (COSA)	Annual Scientific Meeting	Collected from 1982	Annual
One off and <i>ad hoc</i> conferences	Palliative care education	Various dates	Intermittent
Palliative Care Queensland	State Conference	Since 2000	Even years
Palliative Care Victoria	Palliative Care Victoria Conference	Since 1999	Even from 2000
Royal Australasian College of Physicians	Annual Scientific Meeting	Collected since 1981	Annual
Rural Palliative Care Group of South Australia	Annual conference	Since 1992	Even years
Western Australia Hospice Palliative Care Association Inc	State Conference	Since 1998	Even years

It is important that sources of "missing" hospice and palliative care literature are identified and quantified in order to encourage maximum inclusion and assess the relative importance of possible losses.

In particular, known gaps in the aggregated biomedical literature include:

1. Research work that will never be published in journals.⁸⁻¹¹
2. Journals that are not indexed on major bibliographic database such as MEDLINE, Embase, or CINAHL.¹²⁻¹⁴
3. An expected lag time between when a journal is first published and when it is selected for indexing.¹⁵
4. Idiosyncratic omissions from the indexing process even when a journal is included in electronic bibliographic databases.¹⁶

Many publishing and indexing issues are not widely understood and the impact of them on the evidence base is poorly quantified. However, separately and collectively these systematic and *ad hoc* omissions could reduce the available literature to inform the evidence base of hospice and palliative care.

The aims of these two substudies are to describe conference conversion rates that may influence information dissemination and to highlight indexing considerations, two key aspects of information loss.

Methods

CareSearch (www.caresearch.com.au) is a project funded by the Australian Government to support health professionals by providing access to evidence for hospice and palliative care. As part of this project, work has been undertaken to identify sources of "missing" literature¹⁷ and to locate, and

make available to the clinical and research community, literature and evidence that may otherwise be unavailable electronically.

Substudy A: Conference abstracts to journal article conversion study

Conference abstracts are one of four gray literature collections held within CareSearch.¹⁸ To be included in the CareSearch repository, these abstracts have been reviewed for relevance to hospice and palliative care and include sufficient detail of results to suggest the study was likely to have been completed.

To locate possible conference abstracts, organizations hosting conferences likely to include presentations of relevance to hospice or palliative care were contacted and asked for conference proceedings and for permission to host all selected abstracts in the CareSearch database. The abstracts presented at more than 100 conferences in Australia between 1980–1999 were reviewed (Table 1). Two senior palliative care clinicians independently hand searched all conference proceedings and assessed abstracts for relevance to palliative care. Disagreements were settled by consensus.

Following this process of identification and review, 1338 conference abstracts for the period 1980–1999 were selected for the CareSearch database. This set of 1338 conference abstracts was used in the study to determine the conversion rate from date of conference presentation to journal publication by 2004. Although abstracts for conferences after 1999 continue to be reviewed and included in the database, the set for the study only used conference abstracts presented up to and including 1999. This break of 5 years from 1999 to 2004 was chosen arbitrarily to optimize the likelihood of conversion to

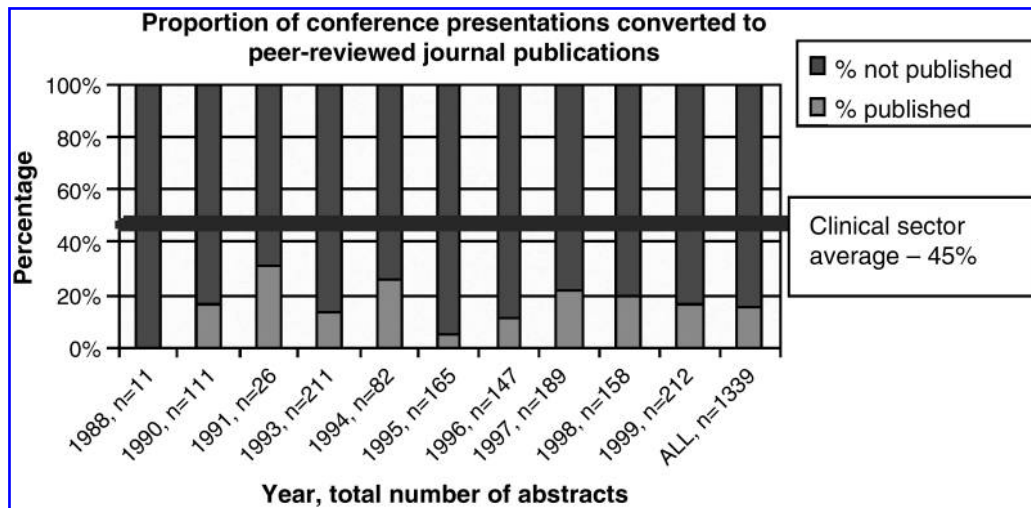


FIG. 1. Graphic representation of number of abstracts published from number of conference abstracts presented by year of initial presentation 1980–1999 where more than 10 abstracts were indentified.

publication given the time required for preparation, drafting, peer review, and publication.

Data items entered on an Excel spreadsheet included conference source, year of presentation, number of authors noted on abstract, number of institutions involved in the study, and the type of presentation (plenary, oral, workshop or poster). To determine if an abstract had been published included abstract details (names of presenting author(s), text words from the title and abstract, and appropriate index terms for the content) were used to search four electronic bibliographic databases:- Ovid MEDLINE, CINAHL, Embase, and PsycINFO. Retrieved citations were compared to the original conference abstract to determine if it was the same body of work.

Citation details of published articles were added to the spreadsheet. The journals within which the associated papers were published were allocated to broad domains based on the purpose and readership of the journals.

Substudy B: Indexing

A list of hospice and palliative care journals was developed as part of the project’s initial activities based on a search of Index Medicus (MEDLINE’s now discontinued journals listing), discussions with librarians and suggestions from the project’s National Reference Group. From this list, three journals were selected for the indexing study in December 2002:

1. *Palliative Medicine*
2. *Journal of Palliative Medicine*
3. *International Journal of Palliative Nursing*

These journals were selected for the study because they reflected a multidisciplinary approach to care, needs-based rather than disease-based scope and coverage of both Europe and North America. Date of first publication and date of journal indexing in each database were determined by reference to the individual bibliographic database’s journal listings.

An Excel spreadsheet of refereed articles in each issue for each journal from first publication until 2001 was also created. Items that were editorial policies, conference and research abstracts, journal abstracts, product news, meetings and events, and book reviews were all excluded.

Each article citation was then individually searched for using author and item title in each of four bibliographic databases—Ovid MEDLINE, CINAHL, Embase, and PsycINFO—to determine if it was included in that database.

Results

Substudy A: Conference abstracts to journal article conversion study

The conference conversion study found that only 213 of the 1338 (15.9%) of conference abstracts had been published in one of the journals indexed on the four major bibliographic databases. The publication rate within years varied from 0% to 100%. Figure 1 shows comparatively the number of conference abstract presentations and the number that have been published by year of initial presentation where more than 10 papers were identified.

The 213 published articles were found in 78 separate journals. Fourteen percent of articles were published only in an Australian journal. Of the papers that were published, only one third that had previously appeared as conference abstracts were found in specialist hospice and palliative care journals, with others spread across a wide number of journals in a range of domains (Table 2).

TABLE 2. OF THE ABSTRACTS EVENTUALLY PUBLISHED, THE DOMAINS OF JOURNALS IN WHICH THESE ARTICLES APPEARED (1980–2001)

Journal domain	Abstracts published	
	Number	Percentage
Specialist palliative (medicine and nursing)	70	32.9%
General medical	47	22.1%
Other medical specialty	57	26.8%
Other nursing	18	8.5%
Allied health	1	0.5%
Miscellaneous	20	9.4%
Total	213	100%

TABLE 3. DATES OF FIRST PUBLICATION AND DATE THREE PALLIATIVE CARE JOURNALS WERE FIRST INCLUDED FOR INDEXING BY FOUR BIBLIOGRAPHIC DATABASES

Journal	First published	First Indexed			
		MEDLINE	Embase	CINAHL	PsycINFO
<i>Palliative Medicine</i>	1987 ^a	1993	1993	1994	Not indexed
<i>International Journal of Palliative Nursing</i>	1995 ^b	2000	Not indexed	1996	Not indexed
<i>Journal of Palliative Medicine</i>	1998 ^c	2001	1999	2000	Not indexed

^a1987–1993.

^b1995–2000.

^c1998–2001 all indexed on www.caresearch.com.au

Type of presentation and subsequent publication: Workshops had the lowest conversion to publication rate of 6.5% and oral presentations had the highest rate at 17.4%. Publication rates for posters and plenary sessions were 14.3% and 14.8%, respectively.

Number of authors and subsequent publication: Conference presentations with a single author only had a conversion to publication rate of 10% while multiple authors more than doubled the likelihood of publication to 24%.

Substudy B: Indexing

Twelve hundred and fifty-three articles were published in the three journals by the end of 2001. The indexing study shows that there is a more than 3-year lag time between first publication and MEDLINE journal indexing for all three journals and that the *Journal of Palliative Medicine* and the *International Journal of Palliative Nursing* were both indexed first by a database other than MEDLINE (Table 3).

Once the journals were indexed, Table 4 identifies the possible size of the indexing loss for these journals, individually and collectively, before and after listing. By 2001, of the 1253 referred articles published in the three journals only 661 (53%) were indexed in MEDLINE. Importantly, Table 4 also shows that more comprehensive retrieval of the items would have been achieved by combining searches in all four bibliographic databases in which 973 items (78%) of the collection would have been retrieved. Effectively, early indexing of *International Journal of Palliative Nursing* by CINAHL and *Journal of Palliative Medicine* by Embase made the content available to researchers and clinicians who had access to these particular bibliographic databases (Fig. 2).

Discussion

These studies add to what is known about “blind spots” in retrieving hospice and palliative care literature. They highlight previously unknown and unquantified sources of information loss for this field. Earlier work has already shown

TABLE 4. INDIVIDUAL AND SUMMARY FIGURES FOR JOURNALS: NUMBER OF ARTICLES, NUMBER INDEXED IN MEDLINE, AND NUMBER INDEXED ON ANY OF FOUR DATABASES—MEDLINE, EMBASE, PSYCHINFO, CINAHL

Year	Number of articles				Number of articles indexed in Medline				Number of articles indexed on any database					
	PM ^a	JPM ^b	IJPN ^c	ALL ^d	PM ^a	JPM ^b	IJPN ^c	All Medline	All Medline/ALL %	PM ^a	JPM ^b	IJPN ^c	All indexed	All indexed/ALL %
1987	21			21	0			0	0	0			0	0
1988	24			24	0			0	0	0			0	0
1989	20			20	0			0	0	0			0	0
1990	38			38	0			0	0	0			0	0
1991	45			45	0			0	0	0			0	0
1992	38			38	0			0	0	0			0	0
1993	51			51	51			0	0	51			51	100
1994	47			47	45			45	96	45			45	96
1995	44		31	75	44		0	44	59	44		0	44	59
1996	57		37	94	56		0	56	60	56		36	92	98
1997	77		57	134	76		0	76	57	76		57	133	99
1998	66	45	37	148	66	0	0	66	45	66	0	37	103	70
1999	69	24	38	131	68	0	0	68	52	69	17	38	124	95
2000	78	45	62	185	72	0	32	104	56	76	43	62	181	97
2001	74	54	74	202	52	48	51	151	75	74	53	73	200	99
ALL	749	168	336	1253	530	48	83	661	53%	557	113	303	973	78%

^a*Palliative Medicine*—first published 1987.

^b*Journal of Palliative Medicine*—first published 1998.

^c*International Journal of Palliative Nursing*—first published 1995.

^dAll three journals.

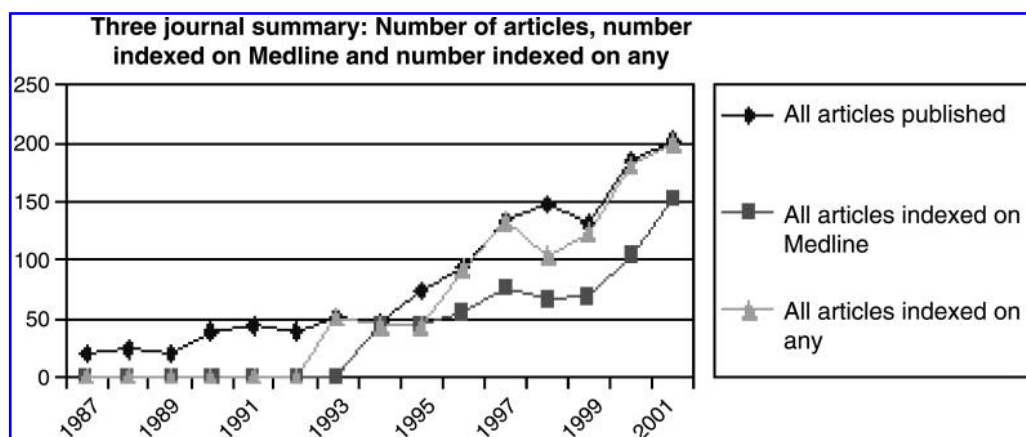


FIG. 2. Total number of articles from hand searching, articles indexed on MEDLINE, and articles indexed on any of four bibliographic databases for three palliative care journals from first publication to 2001.

the challenges clinicians confront given the diverse range of journals publishing palliative care literature^{1,5,6} and the difficulty in comprehensive and precise retrieval using electronic search strategies.¹⁹ These two studies demonstrate that information “loss” can occur when:

1. Research is not published;
2. Research is published in journals that are not selected for journal indexing on bibliographic databases;
3. Searching is restricted to a single bibliographic database as databases differ in their journal inclusion strategies, and
4. Indexing processes and policies affect complete table of contents indexing (e.g., supplements are not indexed, in progress indexing, idiosyncratic omissions, etc.).

While the two studies have shown that such losses occur, the impact of such losses on the evidence base for palliative care can not be determined from these studies. However, other work has looked at the effect of information losses generally and in other disciplines. A Cochrane review has shown that published trials show an overall greater effect than trials captured only in the gray literature, thereby introducing bias when only published studies are included in reviews.²⁰ Trials with neutral or negative findings take longer to publish which introduces a more subtle source of publication bias.²¹ A 2006 analysis of acute stroke trials showed a significantly greater proportion of harmful outcomes in unpublished studies compared with published trials.²² Hence relying on published indexed work alone may bias findings and potentially clinical decisions.

Substudy A highlights the need for further work to understand why presented work is not being published. In the interim, gray literature repositories such as the CareSearch Grey Literature^{18,23} and hand searching of conference abstract reports in relevant journals may help ensure that any missing literature is captured. The importance of hand searching for comprehensive retrieval has been recognized for similar reasons in a recent Cochrane review.¹²

Indexing is an organic process with journals being added and removed constantly. MEDLINE’s own FAQ on journal selection notes that while there are approximately 14,000 biomedical titles only approximately 5300 titles are currently

indexed in MEDLINE. Furthermore, only 20%–25% of titles submitted for review are selected for indexing.¹⁵

Substudy B demonstrates that in palliative care, as in other fields, publishing in a journal does not necessarily mean automatic inclusion in MEDLINE. For the three journals studied, the lag time between first publication and first indexing on MEDLINE was between 3 and 6 years. While content may subsequently be retrospectively indexed, these time lags still represent an effective loss of accessibility to new knowledge.^{12,20,21}

Substudy B also showed that all three journals were indexed on more than one database and that relying on a single database to look for material from first publication to 2001 could have resulted in nonretrieval of up to 75% at different time points. As such, searching in more than one database would have retrieved more of the items in the three journals for 7 of the 9 years in which the journals were indexed. This supports the findings of a recent bibliometric study identifying the proportion of unique hospice and palliative care literature on CINAHL, Embase, and PsycINFO compared to MEDLINE.²⁴

It is also worth noting that even after a journal was selected for database indexing not all items were indexed as some citations simply never appear (Fig. 2). This is likely to reflect the individual indexing processes of bibliographic databases. For example, reports included in journal supplements are not routinely indexed on MEDLINE.¹²

Substudy A highlighted the broad number of potential journals hosting hospice and palliative care literature. Published abstracts were found in 78 journals; only a third of the papers were published in specialist hospice and palliative care journals. While not surprising because hospice and palliative care literature reflects the many contributing disciplines, specialties, and professions engaged in caring for people with progressive life-limiting illnesses, the complexity of the care needed and the different settings of care delivery, it reinforces that finding hospice and palliative care literature is a complex activity.¹⁷

Limitations

Publication is expected to take some time given write-up, peer review processes, proofreading, and printing. Even the

5-year window in substudy A to ensure that every opportunity for conversion from abstract to peer-reviewed publication was allowed may not have been sufficient. The conference conversion study used a convenience sample of conference abstracts. They do not represent a set of abstracts from a single palliative care conference but were identified from diverse conferences which may introduce unknown bias into the conversion rate. However included items were from conferences that were seen to be potentially relevant to hospice and palliative care and had been reviewed for inclusion by clinical specialists. There is also no way of quantifying the number of authors who prepared work for publication but had the submission rejected or of identifying presentations that were published in nonindexed journals.

Indexing is a dynamic process. Access to content will change as journals are added (or removed) and as content is retrospectively added to the index. There is also a time gap between when journal articles are published and when the mechanical or electronic processes of including citation details and index terms is completed and the full record available within the bibliographic database for searching. This was dealt with by leaving at least 3 years between the last data point and the first evaluation of electronic bibliographic citations in substudy B.

Future research directions

There is an urgent need to understand why hospice and palliative care researchers and clinicians do not publish their findings. Not submitting work for publication fails to expose researchers in this discipline to the review provided by their peers, and also fails to share findings with their colleagues around the world that could be more broadly applied to clinical practice or policy. This suggests that there may be significant clinical and service knowledge that cannot be accessed and evaluated for integration into practice. Furthermore, doing a study, using resources including the time and good will of participants and not publishing in peer-reviewed literature is ethically unacceptable particularly in the hospice and palliative care populations.

Determining conference conversion rates for conferences in other countries and whether the publication rate is increasing over time would be valuable. It would also be useful to ascertain relative conversion rates for hospice and palliative care work presented at specialist palliative care conferences, other specialty conferences and generalist conferences.

There is a need for detailed work around journal indexing. Identifying journals publishing palliative care research and if, and where, they are indexed is important if all clinical findings are to be included in decision making. The three journals investigated in the indexing substudy were a cross section of key hospice and palliative care journals. The same methodology could be used to test other hospice and palliative care journals.

Implications for practice

Searching effectively is a highly specialized field and a systematic approach is needed. Researchers and clinicians need to be familiar with the structures, processes, and limitations of the individual bibliographic databases and be aware that potentially relevant literature exists outside of these databases. Making use of gray literature sources, hand searching

tables of contents, and checking conference proceedings could also capture missing work.

Researchers and clinicians need to be encouraged to publish their research work and to publish it in indexed journals. There is also a need to support journal publishers submitting nonindexed palliative care journals for indexing review to facilitate electronic retrieval of hospice and palliative care literature.

The wide array of journals in which key hospice and palliative care literature is published is staggering. It will continue to challenge the ability of the whole field to integrate existing knowledge into a meaningful and coherent corpus. Searching more than one database is likely to lessen poor retrieval practices and increase yields. When comprehensive retrieval is need for clinical or academic purposes, seeking assistance from those with specialist searching skills such as expert health librarians or utilizing validated search strategies¹⁹ will also improve results.

Conclusion

Not all research work and new knowledge within hospice and palliative care is converted to journal articles and published. Journal indexing does not equate with indexing all contents of all listed journals. There are journals that are not yet, or may not ever be, indexed on a major bibliographic database. Ensuring that clinicians and researchers are able to access all literature is as important as carrying out the research to develop this evidence.

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References

1. Tieman J, Sladek R, Currow D: Changes in the quantity and level of evidence of palliative and hospice care literature: The last century. *J Clin Oncol* 2008;26:5679–5783.
2. Kaasa S, Hjermstad MJ, Loge JH: Methodological and structural challenges in palliative care research: How have we fared in the last decades? *Palliat Med* 2006;20:727–734.
3. Wiffen PJ: Evidence-based pain management and palliative care in issue one for 2009 of the Cochrane Library. *J Pain Palliat Care Pharmacother* 2009;23:166–168.
4. Kirkham SR, Togni M, Pickering RM: What do we publish? *Palliat Med* 2001;15:359–361.
5. Payne SA, Turner JM: Research in palliative care: A bibliographic analysis. *Palliat Med* 2008;22:336–342.
6. Borreani C, Miccinesi G, Brunelli C, Lina M: An increasing number of qualitative research papers in oncology and palliative care: Does it mean a thorough development of the methodology of research? *Health Qual Life Outcomes* 2004;2:7.

7. Glasziou P, Haynes B: The paths from research to improved health outcomes *Evid Based Med* 2005;10:4–7
8. von Elm E, Costanza MC, Walder B, Tramer MR: More insight into the fate of biomedical meeting abstracts: A systematic review. *BMC Med Res Methodol* 2003;3:12
9. Scherer RW, Langenberg P, von Elm E: Full publication of results initially presented in abstracts. *Cochrane Database Syst Rev* 2007(2):MR000005.
10. Christensen H, Griffiths KM, Gulliver A: Plenty of activity but little outcome data: a review of the “grey literature” on primary care anxiety and depression programs in Australia. *Med J Aust* 2008;188(12 Suppl):S103–106.
11. Tricco AC, Phama B, Brehautd J, Tetroef J, Cappellig M, Hopewell S, Lavis JN, Berlink JA, Moher D: An international survey indicated that unpublished systematic reviews exist. *J Clin Epidemiol* 2009;62:617–623.
12. Hopewell S, Clarke M, Lefebvre C, Scherer R: Handsearching versus electronic searching to identify reports of randomized trials. *Cochrane Database Syst Rev* 2007;(2):MR000001
13. Crumley ET, Wiebe N, Cramer K, Klassen TP, Hartling L: Which resources should be used to identify RCT/CCTs for systematic reviews: A systematic review. *BMC Med Res Methodol* 2005;5:24.
14. Subirana, M, Sola I, Garcia JMB, Gicha I, Urrutia G: A nursing qualitative systematic review required MEDLINE and CINAHL for study identification. *J Clin Epidemiol* 2005;58:20–25.
15. US National Library of Medicine FAQ: Journal selection for MEDLINE® Indexing at NLM. March 30, 2009. www.nlm.nih.gov/pubs/factsheets/j_sel_faq.html (Last accessed December 2, 2009).
16. Derry S, Kong Loke Y, Aronson JK. Incomplete evidence: The inadequacy of databases in tracing published adverse drug reactions in clinical trials. *BMC Med Res Methodol* 2001;1:7.
17. Tieman JJ, Abernethy AP, Fazekas BS, Currow DC: CareSearch: Finding and evaluating Australia’s missing palliative care literature. *BMC Palliat Care* 2005;4:4.
18. CareSearch Grey Literature page. <http://www.caresearch.com.au/caresearch/FindingEvidence/CareSearchGreyLiterature/tabid/82/Default.aspx> (Last accessed July 17, 2009).
19. Sladek RS, Tieman J, Fazekas B, Abernethy AP, Currow DC: Development of a subject search filter to find palliative care information in the general medical literature. *J Med Libr Assoc* 2006;94:394–401.
20. Hopewell S, McDonald S, Clarke M, Egger M: Grey literature in meta-analyses of randomized trials in health care interventions. *Cochrane Database Syst Rev* 2007(2):MR000010.
21. Hopewell S, Clarke M, Stewart L, Tierney J: Time to publication for results of clinical trials. *Cochrane Database Syst Rev* 2007;(2):MR000011.
22. Liebeskind DS, Kidwell CS, Sayre JW, Saver JL: Evidence of publication bias in reporting acute stroke clinical trials. *Nephrology* 2006;67:973–979.
23. Cook AM, Finlay IG, Edwards AG, Hood K, Higginson IJ, Goodwin DM, Norman CE, Douglas HR: Efficiency of searching grey literature in palliative care. *J Pain Symptom Manage* 2001;22:797–801.
24. Tieman JJ, Sladek RM, Currow DC: Multiple sources: Mapping the literature of palliative care. *Palliat Med* 2009; 23:425–431.

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