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## EAPC Abstracts

### EAPC President's Welcome

Dear Colleagues, Dear friends,

On behalf of the EAPC Board of Directors, and as President, I am delighted to welcome you to our 11th EAPC World Research Congress Online, the first ever palliative care virtual Congress. Although not exactly as we had originally planned, this congress has been a long time in the planning, and it has been my honour to work with a dedicated group of colleagues, who have worked tirelessly to bring this programme to fruition. Without your valuable contributions through the submission of regular and late breaking abstracts, this would not have been possible.

As you will all know the congress was originally planned to take place in Palermo in May 2020. This was a great choice of venue for our Research Congress for many reasons. Palermo hosted the 7th EAPC World Congress in 2001 at the same venue. Reflecting on the programme from 2001, the hot topics of the day included: Controversies in ethics, Prognostication at the end of life, Ethics within Latin Europe, Controversies in therapeutics, End-of-life care decision-making and End-of-life care in children. All giving the impression that many of the issues remain the same. Unfortunately, a global pandemic prevented the congress going ahead in person as planned. For us all, in particular for the Local Organisers led and inspired by the Local Chair Sebastiano Mercadante this was and remains a great disappointment. We would all have enjoyed the great weather, the wonderful city, the good food and the warm Sicilian hospitality! My special thanks go to Sebastiano and his team, their role in the conference organisation was enormous! Mille grazie per tutto President's quello che avete fatto. Speriamo nel futuro! We look forward to hearing Sebastiano's piano recital during the online opening ceremony.

There are many other people to thank for helping to bring this online event to fruition. Our Scientific Committee and the two chairs Marie Fallon and Lieve van den Block, our debt of thanks for their hard work over many long hours. We would also like to thank our Conference Partner, BIBA GROUP and Alessia Milella for supporting us through difficult times. Of course, my personal thanks to EAPC Head Office, Julie, Cathy, Avril and Claudia for the logistics, organisation and managing all the other EAPC demands at the same time as bringing a world research congress online together. I would also like to give sincere thanks to Augusto Caraceni and Alice Gallivanone, European Association for Palliative Care Research Network who have worked tirelessly to bring the programme together and ensure that the congress goes ahead despite the circumstances.

So, I wish us all a wonderful Congress Online, combined with the hope that we will soon meet again personally

Professor Christoph Ostgathe

President, European Association for Palliative Care

Hernández Padilla JM, Granero-Molina J, Correa-Casado M, Jiménez-Lasserrotte MM, Boucherant-Benavente M, López-Rodríguez MM, Fernández-Sola C. (2020) Contexts of awareness in end-of-life palliative care: a grounded theory (Research Project FFI2016-76927-P- AEI/FEDER, UE). *Palliative Medicine*, 34(1\_suppl), p. 157. <https://doi.org/10.1177/0269216320958098>

**Methods:** A qualitative study based on grounded theory was designed and carried out between 2017 and 2019. Forty-six professionals (6 doctors, 5 clinical psychologists and 35 nurses) took part in the study, selected through theoretical and convenience sampling. Four focus groups, with a total of 20 participants, and 17 in-depth interviews were conducted. The data were analysed following Grounded Theory procedure with the assistance of ATLAS.ti software (constant comparative analysis, open, axial and selective coding).

**Results:** Data analysis suggests that there may be two opposing social patterns of coping with death. One represents a "Positive way" that includes effort and internal work to make death a part of existence. The other is a "Negative way" that is dominated by a culture of concealment and stubbornness towards death. Participants also conceptualised "End-of-life and death as a care process", which encompasses "The facilitating role of health professionals" and "Conflicts in decision-making."

**Conclusions:** Health professionals have identified that socio-cultural patterns towards death influence aspects of the process of end-of-life care such as emergency departments attendance, demand for hospitalisation or management of clinical information. Healthcare professionals take action to facilitate acceptance within the social and family circle, but are faced with conflicts in decision-making when the patient's closest social and family network put pressure on the professionals or influence the patient's own free will.

**Abstract number: P02-015**

**Abstract type: Poster**

**Strengthening the spiritual domain in palliative care through listening consultation hours by spiritual caregivers in Dutch PaTz-groups: a mixed methods evaluation of a pilot study**

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**Background/aims:** Palliative care should be holistic, yet spiritual issues are not often discussed between GPs and patients. GPs and nurses working together in PaTz-groups (palliative home care groups) consider spiritual issues in palliative care as relevant, but also experience barriers in finding spiritual caregivers. This study aims to evaluate the process and added value of the implementation of a pilot involving listening consultation hours by spiritual caregivers in 3 Dutch PaTz-groups.

**Methods:** From January 2019 until September 2019, a weekly diary was used to monitor the implementation of this pilot. In-depth interviews were held with patients (n=5) and involved spiritual caregivers (n=5). Focus groups were held in 3 PaTz-groups (17 GPs, 10 nurses). Questionnaires were filled out after each referral by the GP and after each consultation by spiritual caregivers. Thematic and descriptive analyses took place.

**Results:** Instead of consultation hours, consultations took place by appointment. Consultations were most often with relatives (72%), followed by patients and relatives together (17%) and patients (11%). Relatives also had more consecutive consultations (mean 4.1 compared to 2.2 for patients). Consultations were mainly on loss, grief and identity. Start-up of the referrals took more time and effort than expected. In time, several GPs of each PaTz-group referred patients to the spiritual caregiver. Enthusiasm and perceived added value varied in each PaTz-group. All patients and relatives and several GPs and nurses experienced more attention for and awareness of the spiritual domain. Patients and relatives particularly valued professional support of the spiritual caregiver, as well as recognition of grief as a normal aspect of life.

**Conclusions:** If sufficient effort is given to implementation, the listening consultation hour could be a good method for PaTz-groups to find and cooperate with spiritual caregivers, in order to strengthen the spiritual domain, especially for relatives who experience mourning.

**Abstract number: P02-016**

**Abstract type: Poster**

**Contexts of awareness in end-of-life palliative care: a grounded theory (Research Project FFI2016-76927-P- AEI/FEDER, UE)**

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**Background/aims:** Clinical communication with terminally-ill patients guarantees dignity and facilitates decision-making. This communication is not always open and different contexts of awareness have been described. In these contexts, patients may or may not know the extent of their illness and prognosis ("open awareness", "closed awareness", "suspected awareness" and "mutual pretence"). The objective of this study was to understand the professional-patient communication process and the awareness contexts established in palliative care patients.

**Methods:** A qualitative study based on Grounded Theory was designed. For data collection, ten in-depth interviews were conducted on patients included in palliative care programmes. Data analysis was performed after including the transcription of the interviews and the field notes into ATLAS.ti software for coding. An open, axial and selective coding process was carried out by using the constant comparative method and theoretical sampling.

**Results:** From the analysis, the following central category emerged: Patients' pristine struggle to live prevents full acceptance of finitude and death. Three categories explain this central category:

- (1) Fear compromises the dignity of the person up until their final moment;
- (2) The state of open awareness liberates the communicative process of the person and
- (3) When facing death, a process of confrontation takes place that fluctuates between acceptance and denial.

**Conclusions:** Open and honest communication helps the patient enter in a state of open awareness about their disease and prognosis. In this way, coping process is eased, although it continues to be a tortuous process for patients and families alike. Closed awareness (silent conspiracy) and mutual misleading are roadblocks to the acceptance of death. A positive attitude, participating in leisure activities, or taking part in support groups all encourage acceptance in those facing the end of life.

**Abstract number: P02-017**

**Abstract type: Poster**

**Over-prescription and medication errors on palliative care referral: a single-center cross-sectional study**

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**Background/aims:** Many end of life patients are treated by polypharmacy while some of the drugs may no longer be beneficial and should be reduced. The aim was to assess the polypharmacy, overprescribing and the incidence of presumable pharmacological errors at palliative care referral.

**Methods:** Current medications of consecutively admitted patients were analyzed, based solely on clinical judgment on the first appointment by palliative medicine specialists. The number of drugs/tablets with pharmacotherapy inappropriateness were counted, analyzed and the new therapy was proposed.