

approved as a service evaluation by the Royal Marsden Hospital Committee for Clinical Research.

Results: 33, 611 records were identified, of whom 13725 had information on survival and the SQ and 25668 on survival and the temporal question (TQ). The SQ was found to be more accurate (88%) in comparison to the TQ (43%). The TQ in which clinicians were asked to estimate the prognosis of a patient in terms of days, weeks, months or years was more accurate for the choice "days" (81%) compared to other choices (39%).

Conclusions: This is the largest analysis of prognostic accuracy at end of life using routinely collected data from a digital clinical service. Analysis of these data allows for direct comparison between the two predictors to be made. Although estimates are more accurate in the last days-weeks of life, overall clinicians are significantly better at prognosticating using probabilistic rather than temporal measures. This analysis supports the use of the SQ to identify patients in the last year of life that may benefit from advance care planning as is provided through CMC.

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Abstract type: Poster

Polypharmacy among pediatric cancer patients dying in hospital

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Background/aims: To characterize medication use during the last hospitalization in children dying from cancer.

Methods: A retrospective cohort study based on the medical records of ninety pediatric patients who died from cancer in our hospital between January 01, 2010 and December 31, 2018. For the last hospitalization, we collected demographic (age, sex, ethnicity) and clinical information (cancer diagnosis, hospitalization department, "do not resuscitate"-status [DNR], as well details about all medications orders at the beginning (day of hospitalization) and the end (day of death). Medications were grouped into 8 subclasses (opioids, sedatives and anticonvulsants, steroids, antibiotics, chemotherapy, biologic medications and targeted therapy drugs, and "others", e.g., diuretics, antihypertensive and cardiac medications, laxatives, and antiemetics). Cancer diagnoses were classified as solid tumors, primary CNS tumors, or hematological malignancies (lymphomas/leukemias).

Results: At hospitalization the number of medication orders was higher in leukemia/lymphoma patients (median, 6 orders) compared to solid (median, 4 orders) or CNS tumor patients (median, 4 orders P-value for difference among disease groups=0.006). The total number of medication orders was similar on day 1 (n=437) and on the day of death (n=432). There was a trend for DNR order status to affect deprescribing (P=0.068). 15 patients died in the ICU. They had a higher medication burden at death (median=6 medication orders) than patients dying on the wards (median=3; P=0.001). Differences in changes of medication orders were statistically significant for opiates (P=0.019) and "other drugs" (P=0.008).

Conclusions: Polypharmacy is ubiquitous among pediatric oncology patients at the EOL. Disease type and DNR status may affect medication burden and deprescribing during the last hospitalization. More studies are required to better characterize and define rational medication use at the end of life.

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Dignity in end-of-life care in emergency departments: a qualitative study on families and patients (Research Project FFI2016-76927-P. AEI/FEDER, UE)

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Background/aims: In the absence of palliative care hospital units and home palliative care services, many patients with far-advanced diseases resort to emergency departments for end-of-life care. The objective of this study was to understand the perceptions of patients with far-advanced diseases and their families about care received when they go to hospital emergency departments seeking palliative care.

Methods: A qualitative phenomenological study was designed. Data collection included both participant observation in Hospital Emergency Departments and in-depth interviews with 25 patients with far-advanced diseases who attended Hospital Emergency Departments. Data analysis: field notes and transcriptions of interviews were added to an hermeneutic unit. Then, an inductive analysis was carried out using ATLAS.ti software to extract emergent themes.

Results: From the analysis, three categories were extracted.

(1) "Feeling abandoned, hopeless, and misunderstood", participants feel that they are unimportant or that there is no solution for their situation, in units that are destined to "save lives" or solve problems.

(2) "Absence of communication and clinical information", patients perceive misinformation about the diagnosis and their condition, feeling isolated and cut off from professionals and even their own families;

(3) "Undignified care", defined by feelings of loneliness (lack of company), lack of professional empathy, lack of intimacy, depersonalisation, fear and feelings of neglect.

Conclusions: Patients with far-advanced diseases perceive that care in hospital emergency departments is characterised by neglect, deficiencies in information and clinical communication, and the absence of empathetic care. All of this adds to the perception of loss of dignity in end-of-life care in emergency departments.

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Society facing death and its implications for end-of-life care: a qualitative study with healthcare professionals (Research Project FFI2016-76927-P. AEI/FEDER, UE)

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Background/aims: End-of-life care is conditioned by the social opinion towards disease, suffering, death, and life. In Western countries, the process of dying is often considered a taboo; however, the debate around the topic has led to attempts to dignify end-of-life care (regulation of the right to palliative care, advanced directives). The objective of this study was to understand how social patterns about death influence end-of-life palliative care from the perspective of healthcare professionals.