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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

Granero-Molina J, Fernández Férez A, Fernández-Sola C, Ruíz-Fernández, MD, Jiménez-López FR, López-Rodríguez MM, Fernández-Medina, IM, Hernández Padilla, JM. (2020) 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). *Palliative Medicine*, 34(1\_suppl), pp. 156-157. <https://doi.org/10.1177/0269216320958098>

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

**Results:** 33,611 records were identified, of whom 13,725 had information on survival and the SQ and 25,668 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.

**Abstract number: P02-011**

**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.

**Abstract number: P02-012**

**Abstract type: Poster**

**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.

**Abstract number: P02-013**

**Abstract type: Poster**

**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.

**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.