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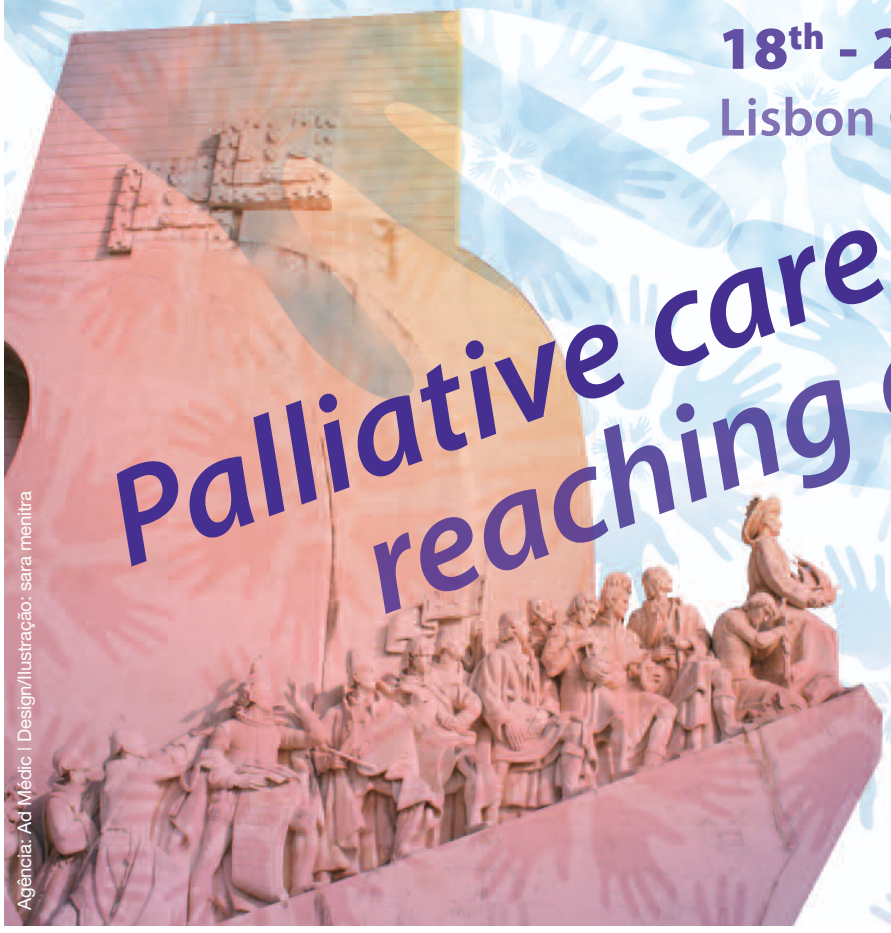
Palliative care reaching out



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Abstracts

conflicts that arise, not only in the initial phase of informing but also in the establishment and process of treatment and in the advance phases of the illness, as well identify the ethical issues related to the form in which bad news is delivered.
Methodology: Utilizing a qualitative research approach, 15 semi-structured interviews of oncologists from the municipal of Rio de Janeiro were conducted. Interviewees were selected on the basis of the following criteria: being a clinical oncologist or surgeon, either male or female. Pediatric oncologists were excluded.
Results: Disclosure of cancer diagnosis was considered a difficult task for physicians in oncological practice, especially when no alternative curative treatment was available to offer the patient. The difficulties are related to the stigma of the illness and the fantasies related to their knowledge, the difficulty of the professional in dealing with death, and the lack of specific training in graduate courses and were independent of sex and the period in which the doctor concluded graduation. Ethical conflicts were identified when the family calls that the diagnosis or prognosis of the disease is not disclosed to the patient. In the healing phase, the patient´s need to know the diagnosis, so it can cooperate with treatment became crucial to the revelation of truth. We identified a strong influence of spirituality and religiosity in the doctors interviewed, especially religions that ascribe a meaning to suffering of the individual and to support the idea of continuity of life after death.
Conclusion: The advances in medical technology were not enough to help the oncologist at the time of revelation of truth to the patient, especially in advanced stages of disease. The autonomy of the patient is harmed and also the doctor-patient relationship.
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Abstract number: P253
Abstract type: Poster

What Are the Physicians Attitudes towards Advance Directives (AD) in the End of Life Care? A Hospitalary Survey

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Aims: To describe the opinions and attitudes towards Advance Directives of physicians involved in the care at the end of life.
Methods: Descriptive qualitative study. Setting: Urban hospital. Subjects: Physicians from different services.
We organised 5 focus groups with some hospitalary services involved in the patient care at the end of life. The moderator introduces the concept of AD, and explains the ethics and legal frames, registration of the AD documents and the access to the register. An observer takes notes of the assistants oppinions about Advance Directives. The attitudes and non-verbal communication of the subjects and the groups were registered too. Finally, we deliver an anonymous survey to the assistants.
Results: At the moment of abstract submission 4 focus groups have finished with 41 assistants. Medical Oncology 13, Geriatricians 12, Palliative Care 4, Therapeutic radiology and oncology 11. 90% of assistants know the existence of an AD Document but 63,4% of them do not know the content of this document.
29% of the phisicians were ansked about AD by his patients, but only 3 doctors delivered a AD document to his patients. 12% of the assistants advised the patient in relation to AD.
We asked to the groups about the usefulness of the AD in their clinical practice. 80,6% answed that AD was a usefull or very usefull tool for the clinical practice. Only 17% thought that AD was not much usefull or not usefull at all. 75% of phisicians detects dificulties in the general population for sign an AD document. 71% believes that is important to promote the knowledge of AD in the general population.
Finally only 1/3 of assistants had thougth to sign his own AD document.
Conclusions: In the study the physicians have a positive and opened attitude towards the AD and believes that is usefull.There is a lack of information about the contents of AD and the registration of this documents.

Abstract number: P255
Abstract type: Poster

The Prosess of Developing Focus Values at a Hospice

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The Hospice developed a new set of values for the institution, called focus values.
The process was done with our own resources.
This poster explains the methods used and the results that were finally agreed upon and will also present the survey mention below in more detail.
A definition of the hospice was agreed upon in the advisory board of the Hospice: Our Hospice is a palliative unit based on the hospice tradition and exists in the tension field between the hospice tradition and the palliative medicine.
First a number of different values were evaluated at a day conference in the advisory board of the hospice. These values were taken back to the staff members in a staff meeting and a survey was done among the employees. The staff had to validate the different values both to degree of importance for the Hospice and also to assess the degree of realization of the different values at the Hospice. Thereafter the staff was divided in several groups and ask to choose the three most important values with concretizations. The results were presented in a plenum session in the end of the meeting. From this material the advisory board choose the values most agreed upon and presented for the staff in a second staff meeting later on. The employees were now in groups asked to comment on the values chosen, to propose new values if they wanted and discuss how these values could be implemented in the daily routine work of the hospice. The results were again presented in a plenum session.
Finally the advisory board worked out the values to be in focus for the next to years.
Conclusions: The three focus values that evolved from this prosess were
1. Understanding of total care
2. Stimulation of participation from both patient and next of kin.
3. Curiosity on new knowledge and professional development
We experienced great enthusiasm from the employees in this process and a shared responsibility for implementing the values in the daily routine work.

Abstract number: P256
Abstract type: Poster

Ethical Challenges for the Staff in a Norwegian Nursing Home - First Results

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Research aims: There are many ethical challenges in nursing homes. Aim of the present study was to give a spotlight description of the experiences and opinions of the staff of one major Norwegian nursing home.
Materials and methods: The study included the staff of Fyllingsdalen nursing home (Fyllingsdalen undervisningssykehjem) one of the biggest Norwegian nursing homes in Bergen, Norway housing 188 people. First results from a questionnaire given to the staff are presented. The questionnaire was based on previous studies were mainly leaders in primary care and nursing homes have been interviewed and questioned using telephone interviews and a questionnaire. The results presented include 71 received questionnaires from staff members of Fyllingsdalen nursing home in Bergen.
Results: Of the 71 participants 59 were female and 12 male; 59 worked within a medical profession (nurses, nurse aids and physicians) and 12 within a non-medical profession. 62 participants stated to experience ethical challenges or problems in their daily work. 6 participants did not experience ethical problems as a burden in everyday work whereas 53 stated to do so in some degree and 12 to a large extent. 63 of the 71 participants think that there is a need to improve systematic ethics work in their own workplace. Ethical challenges or problems encountered by nursing home staff were lack of resources (79%); ethical challenges in end-of-life care (37%), communication and professional secrecy (30%); patient-autonomy / decision-making capacity (31%); lack of professional competence (35%); use of restraint (35%).
Conclusions: Many staff members experience lack of resources as an ethical challenge, but also other challenges are mentioned frequently. Systematic ethics work is needed. In the nursing home implementation of ethics working including education and discussion groups shall be started.

Abstract number: P257
Abstract type: Poster

Professional's Wishes for the Implementation of Ethics Support - Are they Different between Primary Care and Specialised Palliative Care?

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Research aims: Aim of the present study was to compare the professional's wishes for the implementation of ethics support in Primary Care and specialised Palliative Care. In addition the importance of ethical problems as strain in everyday work was investigated.
Materials and methods: Results from a previous pilot study with 52 health care personnel working in primary care (1) were compared to the opinions of 35 professionals working in hospital based specialised Palliative Care.
Results: Most participants experienced ethical problems as a burden in everyday work in some degree (80% of participants from primary care versus 58% from Palliative Care) or a large extent (19% versus 6%). A need to improve systematic ethics work in their workplace was stated by 96 % from primary care versus 94% Palliative Care. Participant's wishes for measures to improve systematic ethics work were (primary care vs. palliative care): ethics guidelines for special situations (85% vs. 68%); meeting-places to discuss ethical challenges and problems (77% vs. 73%); employee with special ethics competence (67% vs. 79%); ethics committee (33% vs. 68%); lawyer (4% vs. 15%).
Conclusions: Most health care personnel want ethics guidelines and meeting places to discuss ethics and support from an employee with special ethics competence. An ethics committee seems to be more important for those working with specialised hospitalbased Palliative Care. Interestingly the staff in Palliative Care experiences ethical problems as burden to a lesser extent than those working in primary care including nursing homes. One possible explanation might be that Palliative Care staff is more used to talk about ethical challenges in their daily work.
Literature: 1. Bollig G. Implementation of ethics support in nursing homes and primary care - what does health personnel want? (poster and lecture, 6th Research Congress of the European Association for Palliative Care in Glasgow 2010)

Abstract number: P258
Abstract type: Poster

Burnout in Palliative Care: An Ethical Perspective

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Burnout refers to a loss of energy, which usually happens when the person feels "burned", either in physical and psychological terms. A *burned out* person evidences signs of distress in his/her daily behaviour, and it turns to be almost impossible to function normally due to exhaustion. Repeated contact with suffering, dying and death and the need to face ethical challenges and dilemmas due to professional practice in palliative care may be stressful, demanding and a risk factor for *burnout*. Despite this fact, from a study conducted between September 2008 and July 2009, we realized that *burnout* levels in Portuguese nurses and physicians who work in palliative care teams were

low. One of the main protective factors enounced during interviews and observations was an ethic of care in the relation professionals have with patients, relatives and also between professionals.
Aims:
(i) to build an ethical perspective of *burnout* syndrome in palliative care;
(ii) to enounce the main ethical dilemmas considered by Portuguese physicians and nurses who work in palliative care;
(iii) to reveal the ethic of care as a protective factor for *burnout* in palliative care;
(iv) to consider the ethical principle of responsibility as a demand for *burnout* prevention.
Results: Although *burnout* is commonly studied by psychologists, it seems clear that it has en ethical perspective in a triple dimension: first, due to its consequences, both for patients and relative as for professionals themselves; second, due to the ethic of care as one of the most relevant protective factors that contribute to avoid *burnout*; third, due to the ethical demand in order to develop active strategies that prevent *burnout*, which is simultaneously an individual, team and organizational responsibility.
Conclusion: Our results structure an ethical view for *burnout* syndrome in palliative care, related to its risk and protective factors and also to the active prevention strategies used by palliative care teams.

Abstract number: P259
Abstract type: Poster

Ethical Dilemmas at the Intersection between Palliative Care and Emergency Medicine

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Aims: It is the purpose of emergency medicine to save patients whose lives are endangered. Nevertheless emergency physicians are called regularly to patients in their homes or in nursing homes who suffer from palliative conditions and for whom prolonging life is not the goal. The paper aims at demonstrating, analysing and suggesting options for situations in palliative care, in which emergency doctors are involved and which constitute an ethical dilemma.
Design and method: In our qualitative research we are regularly confronted with narratives of situations in which palliative care patients or their carers had to call an emergency physician. Three situations will be described, one in a nursing home and two situations that occurred in the home care setting. These situations will be analyzed with the help of a guidance that was developed by the authors and is used by the authors to facilitate case discussions. The guidance relies on the results of a prior research project on ethical decisions in nursing homes. It consists of the questions:
1. What is the situation what are the facts?
2. What are the emotions that are evoked by the situation? Who is concerned?
3. What are the underlying paradoxes?
4. What are the options for action?
Results: The analysis yields a better understanding of the situations and its dilemmas. Very often the options do not consist in "a bad solution" and an "optimum solution" but the decision has to be made between "bad solutions" and "worse solutions" (Loewy).
Conclusions: It can be shown that the dilemmas at the intersection between emergency medicine and palliative care cannot be resolved on an individual level by the physician involved. "Systemic" solutions on an organizational level, such as establishing cooperation between palliative care services and emergency medicine or implementing communication structures for decision making processes in nursing homes are required in order to successfully deal with the described situations.

Abstract number: P260
Abstract type: Poster

Knowledge and Attitudes of Medical Staff toward Advance Directives

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Research aims: To identify the knowledge and attitudes of medical staff toward advance directives (AD) in one health area.
Methods: Design: A cross sectional, descriptive study by means of a self-administered questionnaire.
Setting: Cáceres, healthcare area, Spain.
Participants: Physicians of primary and specialised healthcare.
Measurements and main results: A total of 105(142) questionnaires were completed. The physicians staff surveyed scored their knowledge with a mean of 4.66 points (0 to 10 points). Only 72,4% knew about the legislation on AD, and only 27.6% had read the document. The physicians believed that planning and writing down one wishes about the care to be received was advisable (mean 8, 40). The physicians professionals considered AD to be a useful tool for health professionals (mean: 8,41) and for relatives (mean: 8, 38). The physicians surveyed would register their own AD at some point in their lives (mean: 8, 11). However, when the physicians were asked if they would do so in the next year the mean score dropped to 3,63.
Conclusions: The physicians surveyed revealed a positive attitude toward the usefulness of AD s for patients' relatives and for health professionals, as well as positive attitudes toward the use and respect for AD. Among these physicians willingness to register their own AD was high, but few intended to do so in the short term. The development and the implementation of AD, as any other innovation, should be carefully planned. If it isn't done properly or it is done precipitately, it will not be understood neither the clients/patients nor the health professionals.

Abstract number: P261
Abstract type: Poster

End of Life and Interculturality

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Based on five clinical cases of muslim patients hospitalised in palliative care unit , we will begin to present the facility and its characteristics. In June 1978, the hospital set up 58 beds dedicated to the patients in the final stages of terminal cancer, which replaces the maternity ward. This new program is rooted in a long history of care for the most needy, as well as the professional dedication of the medical teams.
We will also explore the ethical and deontological issues posed by the patient, his family ans the institution´s medical team. We will develop the patient´s autonomy, the family´s role in the care, ans the triangular relationship of trust between the patient, the family and the carers.
We will also talk about the patient´s wishes, or those of their family, to return to their country of origin and the necessary arrangements to the made.
Finally, we will come to the subject of muslim views on approaching death.
The conclusion will lead us to define the ethics of the negociation, wich is based on the clinical practice, at the heart of a therapeutic alliance between the patient, his family and the carers.
We will focus on the hospitalised patient´s freedom in palliative care during the extent of development in this area.

Abstract number: P262
Abstract type: Poster

Knowledge and Attitudes of Nursing Staff toward Advance Directives

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Research aims: To identify the knowledge and attitudes of nursing staff toward advance directives (AD) in one health area.
Methods: Design: A cross sectional, descriptive study by means of a self-administered questionnaire.
Setting: Cáceres, healthcare area, Spain.
Participants: Nurses of primary and specialised healthcare.
Measurements and main results: A total of 110(194) questionnaires were completed. The nursing staff surveyed scored their knowledge with a mean of 4.58 points (0 to 10 points). Only 52.7% knew about the legislation on AD, and only 30.9% had read the document. The nurses believed that planning and writing down one wishes about the care to be received was advisable (mean 8, 91). The nursing professionals considered AD to be a useful tool for health professionals (mean: 8, 31) and for relatives (mean: 8, 79). The nurses surveyed would register their own AD at some point in their lives (mean: 8, 40). However, when the nurses were asked if they would do so in the next year the mean score dropped to 5.30.
Conclusions: The nurses surveyed revealed a positive attitude toward the usefulness of AD s for patients' relatives and for health professionals, as well as positive attitudes toward the use and respect for ADs. Among these nurses, willingness to register their own AD was high, but few intended to do so in the short term. Efforts should be made to improve nurses' knowledge of AD and of the organizational process that allows these health professionals to introduce advance care planning as a specific task within nursing care.
The development and the implementation of AD, as any other innovation, should be carefully planned. If it isn't done properly or it is done precipitately, it will not be understood neither the clients/patients nor the health professionals.

Abstract number: P263
Abstract type: Poster

Ethics in End of Life

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In the environment of acute services, there are many ethical issues involved in facing the care of people who experience the process of death and dying. Much has been discussed on this theme and in particular the patient´s right to die with dignity, therapeutic obstinacy, euthanasia, autonomy and palliative care. In reality, what we see daily, is the application of futile and useless
treatments, which leads to a slow and prolonged medicalized death, accompanied by suffering with little respect for human dignity. Given this, we decided to develop a descriptive, exploratory study using a questionnaire to health professionals in the service where we exercise functions.
Objective - To learn the attitudes and problems of health professionals on ethical issues in end of life in an acute service.
The results demonstrate the existence of difficulties in dealing with death often adopting attitudes of futility and obstinacy in treatment, insufficient or no information given to the ptient, poor control of symptoms resulting sometimes in a lonely death with a high degree of suffering, a clear disregard to human dignity.
It is necessary to reflect on the degree of legal autonomy that a person has about the process of dying. Moving away from euthanasia, the concept of good death enables the person to self-determination and respect of the last moments of his life. The recognition of the autonomy of the person about these moments is essential to ensuring their dignity.

Abstract number: P264
Abstract type: Poster

The Therapeutic Alliance

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This task consists of analysing the clinical cases of two patients under palliative care, one in Lisbon and the other in Paris.
Both the clinical cases presented challenge our pratice in terms of the role of our patients´ families:
- On the one hand, in terms of possible effects on our therapeutic attitude
- And on the other, in terms of influencing the caregiver/patient dialogue.
The discussion focuses on nutrition and the patient´s understanding, or lack thereof, of the diagnosis and prognosis, in light of caregiver/patient, family/patient and caregiver conflicts.
The idea is to discuss the attitudes of the caregivers, as based on their own values as well as on ethics.
If we consider the patient´s comfort to be of greatest value, a therapeutic alliance becomes necessary, founded on ethics and anchored in humain companionship. An ethical viewpoint where is both the driving force and result.