

aspirations to improve end of life care, there is a lack of information on implementation of plans or expected outcomes. The five themes identified should be used to guide clinical and academic engagement with STP policy leads to enhance their impact, for example through identification of existing evidence, and evaluation of new models to help ensure best practice is shared nationally and to inform future policy.

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#### Palliative Care Provision in Romania

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#### Introduction:

Since 2015 the health care reform in Romania financed through a World Bank loan has a palliative care (PC) component that aims to increase the capacity of services with 29 inpatient units, 90 home care teams and 90 outpatients' clinics

**Aim:** To understand the PC service provision in Romania in terms of quantity and quality

**Method:** The PC technical working group in Ministry of Health has developed a survey for PC providers in Romania that was sent through the 41 district health board to all PC providers in Romania. The survey had items concerning location and type of services, beneficiaries, resources available (human, equipment and materials), processes happening in the services (holistic assessment, use of standardized scales, family conference, interdisciplinary meetings) sources of funding and cost.

**Results:** Out of 125 providers available in 2016, 94 providers answered the questionnaires. 82 inpatients PC services, 8 PC home based services and 4 providers with services in multiple locations. This situation is contrary to the expectation of the population who prefers home care and is the result of a cumbersome and insufficient funding for home care services. Unequal distribution of providers in the country with more services around the education centers and a lack of services in the southern part of the country (13 out of 41 districts have no PC service). 3% service are pediatric 16% both adults and children and 81% are for adults only. Except 1 county Iasi all the others have less than the required numbers of beds for PC. Looking at admissions and deaths in the PC in patient services a quarter of the services are closer to long term care services than PC services. Only 2 services (one public, one NGO) comply totally with the staffing requirements (most services do not comply with requirements for social workers). Use of national PC protocols is unequal among providers, 20 % do not use at all the protocols. For pain assessment most of respondents use just VAS; 56 % of providers do not have bereavement services. Real cost/ day inpatient unit of both services who comply with the standards is above the allocated cost from the house of insurance

**Conclusion:** First thorough report from PC providers shows big variety in terms distribution, type and of quality of services, and ineffective funding mechanisms. This reporting will be done annually from 2018 onwards and will allow benchmarking and spotting areas that need development.

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#### Portuguese Medical Students' Perceptions and Willingness to Perform Euthanasia and Physician-assisted Suicide: Results from a Mixed-methods Study

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**Background:** Euthanasia and physician-assisted suicide (EPAS) have become a highly present and controversial subject of ethical, political and societal debates in Portugal. Few of these discussions are based on empirical research and evidence concerning end-of-life decisions. While medical students will face ethical issues throughout their lives as physicians, very little is known about their perceptions and willingness to perform EPAS.

**Aims:** To study medical students' perceptions and willingness to perform EPAS.

**Methods:** A mixed methods study was conducted with Portuguese medical students, including a nationwide cross-sectional survey among the medical students who attended a national assembly of the National Medical Students Association (ANEM) in 2016, and two focus groups with representatives from the Office on Human Rights and Peace of the ANEM.

**Results:** 84 students (100% response rate) completed the survey and 23 participated in the focus groups. In case of a terminal illness, 38.6% of the respondents expressed their willingness to perform euthanasia, 36.1% assisted suicide, and 44.6% and 39.8% responded "I don't know", respectively. These percentages dropped down to 19.3% both in terms of their willingness to perform euthanasia and physician assisted suicide in case of a non-terminal illness. In this case, 42.2% and 32.5% of the respondents answered "I don't know", respectively. 95.2% of participants did not have any education about palliative care before completing the survey. During the focus groups, discussions were raised among the participants about whether or not EPAS should be considered part of end-of-life care practices. The majority considered it as a no and highlighted the tension between the legalization and practice of EPAS and their ethical and deontological code as physicians.

**Conclusions:** This is the first Portuguese study to ask medical students about their willingness to take action as regards to euthanasia and physician assisted suicide without biased phrasing. Our findings show a profound problem and major concern in the actual discussion about EPAS in Portugal. The willingness to perform EPAS is high. If allowed, who would perform it? It seems that young medical students, still with neither clinical experience nor education about palliative care, are those willing to perform EPAS. Education about palliative care and research about end-of-life decisions and practices are needed before the legalization of EPAS in this country.

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#### Integrating Palliative Care and Intensive Care: A Spectrum of Ethical Issues

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