

North Rhine (anonymous to us/spring 2017). Descriptive statistical analysis (SPSS), content analysis of free text entries (MAXQDA).

Results: Responders (R): n=284 (response rate 20.5%), 55.6% male, 40.8% in age group 46-55 years (y); most R with profound professional experience (16-25y: 38.4%; >25y: 37.7%)

Judgements on definitions of terms used in the law varied. Most actions were rated as legal, if covered by advance directive (>90%), apart from euthanasia (1%). Comparative analysis of case vignettes showed some differences: palliative sedation would not be performed in patient with dementia, as compared to breast cancer and COPD (64.8/13.4/13.4%), not providing medication for suicide 89.4/70.1/77.5%; not referring patient to colleague who would do so: 53.2/42.6/46.8%. About 90% would definitely deliver care to a patient who voluntarily wants to stop eating and drinking (VSED); 47.2% defined VSED as suicide.

Conclusion: The inhomogeneous understanding of the contents and terms of the law indicates the need for clarification. Attitudes seem to be influenced by the disease entity in the case vignettes.

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Clinical Ethics Consultation in the Field of Palliative Care: A Call for Italy

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In Italy, there are two types of Ethics Committees: Institutional/Research Ethics Committees (RECs) and Healthcare Ethics Committees (HECs). While the most recent organisation of RECs is regulated by the Decree February 8, 2013, HECs have not been regulated at a national level, and they depend on local or regional initiatives.

On March 31, 2017, the Italian National Committee on Bioethics (NBC) issued an opinion emphasising the importance for the RECs to evaluate all aspects of clinical practice which relate to "ethical healthcare profiles".

Palliative Care services address communication, decision making and management of end-of-life issues for patients and families and Clinical Ethics consultation is particularly helpful in this field.

We conducted a survey to demonstrate the underestimation of the role of ethics consultation in Italy.

The study followed a sequential explanatory design quantitatively driven. With our approach we 1) reviewed and analysed the 95 Italian RECs regulations listed in the Italian Medicines Agency registry at December, 1st 2015, 2) proposed a survey questionnaire on Ethics consultation activity, and 3) discussed REC history, their ethical consultation function, and the professional experience of consultants in a sample of 4 stakeholders by using semi-structured interview. Research data are currently being analysed and final findings are expected to be available soon.

At September, 2017 38 (40%) responded to the survey. 22 out of these provided Ethics consultation during the last two years (2015-2016). The specific cases for which RECs provided clinical ethics consultations concerned issues related to end-of-life, rare paediatric diseases, and geriatrics. These findings show the overlap of issues related to palliative care that ethics consultation can address.

Our study is preliminary to the implementation of an Institutional Healthcare Ethics Committee (IHEC), focused on clinical ethics consultation at the Local Health Authority-IRCCS, Reggio Emilia (Italy). Here is an in-hospital Palliative care Unit from 2014 and a Bioethics research area since January 2016. The IHEC can develop a structured approach to ethics consultation through the development of case commentaries and guidelines, researchers ethics supervision, and on-demand ethics consultation with specific attention to palliative care unit.

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Are the Ethics Procedures Reported in Clinical Dementia Research in Palliative Care Sound? Results from a Scoping Review

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Background: Clinical dementia research in palliative care (PC) has been increasing over time. There are ethical challenges when performing this type of research. Specific guidance on ethical rigor and procedures to safeguard vulnerable participants with limited decision-making is lacking, particularly in the context of international research.

Aims: To systematically review the literature on clinical dementia research in PC with respect to how ethics procedures are reported, and to determine their ethical rigor.

Methods: Scoping review, systematically undertaken following Arksey and O'Malley's framework. Data sources: PubMed, Web of Science, EBSCOhost searching CINAHL Complete, MEDLINE Complete, Nursing & Allied Health Collection: Comprehensive, Database of Abstracts of Reviews of Effects, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Library, Information Science & Technology Abstracts, MediciLatina, Health Technology Assessments, and NHS Economic Evaluation Database. Search terms: 'palliative care' AND 'dementia' AND 'clinical research' AND 'ethics'. Inclusion criteria: Research protocols/studies focused on clinical dementia research in PC, in English language with full text available. Searches were performed in October 2016 and updated in March 2017. Selected articles were independently reviewed by two investigators.

Results: Out of 28 records screened, 4 articles were included for analysis. In all articles, ethical approval was granted from local ethics review boards. 3 articles provided additional information on specific ethical procedures, mainly reflecting on ethical challenges; for instance: informed consent and capacity to consent; decision-making processes; and participants' vulnerability.

Conclusions: This study can be used to inform ethics review and editorial boards about specific features and cautious measures that need to be considered when assessing the ethical rigor of research projects in clinical dementia research in PC. A clear standpoint on ethical rigor and procedures in informed consent, decision-making processes and participants' vulnerability is important to foster clinical dementia research in PC to ensure best evidence-based practice.

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A Step Wise, Mixed Method Study Approach to Identify the Barriers to Dysphagia Care in Palliative Nurses

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Dysphagia is common in palliative patients and worsens quality of life. Nurses are the main provider of dysphagia care. An audit showed poor