

ajustado 7.35, 95%IC 2.56-21.05 vs. ausência ou pouca) e que foram surpreendidos pela evolução da doença (OR ajustado 4.08, 95%IC 1.71-9.76 vs. evolução bastante/totalmente esperada) são os com maior risco de PLP pré-morte. Os CF que não esperavam o diagnóstico oncológico (OR ajustado 2.96, 95%IC 0.72-12.13 vs. diagnóstico bastante/totalmente esperado) têm o maior risco de PLP pós-morte. No entanto, esta associação não se mostrou significativa.

Conclusão: Os resultados devem ser considerados com reserva pelo facto de a amostra ser pequena. Não obstante, sugerem diferenciação nos fatores de risco de perturbações de luto ao longo da trajetória do luto.

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ARE PORTUGUESE HEALTHCARE PROFESSIONALS WILLING TO HASTEN DEATH AT A PATIENT'S REQUEST? A VIGNETTE-SURVEY STUDY IN PALLIATIVE CARE CONGRESSES IN PORTUGAL

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Introduction: Euthanasia and physician-assisted suicide (EPAS) are being highly debated in Portugal. While vivid ethical, political and societal debates are being conducted all over the country, very few of these discussions are based on empirical research conducted in this country.

Objective: To study healthcare professionals' willingness to perform EPAS in Portugal.

Methods: Nationwide vignette-survey study with professionals attending scientific congresses and education events in palliative care in Portugal, including the Azorean islands. Data collection occurred from April 2016 to December 2017. The questionnaire consisted of 8 questions about end-of-life decisions based on proposed patient vignettes. One open question was added asking participants to write any further comments or remarks on EPAS. This study was based on a previously published one (Zenz et al. 2015);

no biased phrasing to refer to EPAS was used. Ethics approval was obtained together with the permission and collaboration of the organizing committees of the aforementioned congresses.

Results: 541 professionals completed the survey. The majority (55.3%) mentioned that they were not willing to perform euthanasia in case of a terminal illness. 14.8% expressed their willingness to perform euthanasia in such cases and 29.9% answered "I don't know". The willingness to perform EPAS was more frequent among young professionals (aged <30) and among those without education in palliative care.

Conclusion: This is the first Portuguese study asking healthcare professionals about their willingness to perform EPAS. The majority of the respondents were not willing to perform these acts. Moreover, it seems that those who are willing to perform these acts are young (and thus less experienced) and have no education in palliative care. Our findings suggest a challenging question to the actual debate about the legalization of EPAS in Portugal: If allowed, who would perform it? As a society, should we prioritize the legalization of EPAS or invest in policies that foster palliative care development and education? Education about palliative care and empirical research about end-of-life issues are needed before the legalization of EPAS in this country.

REFERENCES

1. Zenz J et al. Palliative care professionals' willingness to perform euthanasia or physician assisted suicide. BMC Palliat Care. 2015;14:60. doi:10.1186/s12904-015-0058-3.