

**124 PALLIATIVE CARE SERVICES FOR ADVANCED NON-MALIGNANT LUNG DISEASES IN TAIWAN**

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Although hospice services has been available for cancer patients for 20 years in Taiwan, that for non-malignant diseases was

started only since September, 2009. How well clinicians in this country are prepared for this challenge is unknown. A questionnaire was completed by 149 mostly respiratory clinicians (including 41 physicians, 65 nurses, 36 respiratory therapists,) in three large hospitals from northern, central and southern Taiwan. Although hospice inpatient, outpatient and home care services were provided by all 3 hospitals, only 24–35% of clinicians reported easy access of these services. Fifty percent of physicians had referred patients at risk of respiratory failure to palliative care team, and the main reasons of non-referral were resource factors and no request by patients. Only 8.1% of all respondents had explicit policies and procedures of end-of-life care for patients with non-malignant lung diseases in their hospitals. Such policies or procedures were thought to be developed by the hospice team in 8.1%, and by pulmonologist or intensivist in 6.7%. For COPD patients, majority of physicians suggested discussion of end-of-life issues when patients were in severe disease (GOLD stage III), less than 100 m in 6-min walking test, after 2 to 3 admissions or ER visits for acute exacerbations in the past year, or after 1 respiratory failure attack. Almost all of them considered current palliative care for non-malignant lung disease patients having a long way to go to meet their needs. Among others, professional recruitment and development, public education and medical practice guidelines were those most urgently expected.