Care, on the recommendation of several public inquiries. Medical Examiners work independently to improve safeguards for the public, assist in formulating Medical Certificates of Cause of Death, support clinical teams in referring to Coroners and ensure that relatives have an opportunity to ask questions about the death of their loved one. In our Trust (a large University teaching hospital), a full Medical Examiner Service was introduced in February 2020. This study presents the findings of a service evaluation undertaken in June 2021.

Method(s) A questionnaire was sent to medical staff in the trust (5182) using both a Likert scale and a free text box for each question. 105 responses were received of which 99 were from Consultants. The responses in the free text boxes were analysed by 2 clinicians using two forms of thematic analysis: long table approach and line by line coding. Both clinicians identified the same 5 themes.

Results There were 5 very clear themes that emerged from the free text data in the survey.

1. The positive impact the service has had within the Trust
2. Better support around interactions with and referrals to the Coroner
3. The positive impact the service has had in supporting relatives
4. Some concerns that the service does not cover weekends and bank holidays
5. Some concerns about deskilling/increased administrative burden

Conclusion From the findings of the service evaluation, there has been an overwhelmingly positive response from senior medical colleagues in the trust. The service has added value and supports relatives at a very emotionally difficult time. The findings will ensure continued development of the service and concerns raised will be incorporated into service delivery plans for the coming year.

P-73 CASE REPORT: SUBCUTANEOUS TRANEXAMIC ACID ADMINISTRATION VIA A CONTINUOUS INFUSION SUCCESSFULLY CONTROLLED BLEEDING AT END OF LIFE

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10.1136/spcare-2022-SCPSC.94

Background Bleeding at the end of life is distressing. The use of enteral and intravenous tranexamic acid (TA) to manage bleeding is established. The delivery of TA via continuous subcutaneous infusion (CSCI) is an off-label administration of a licenced drug, with limited published data on this use.[1] We describe two cases in which the oral route was not reliable, topical agents were not indicated, and we were unable to give platelet transfusions.

Method Two patients received TA via a CSCI: doses were based on IV guidelines for weight and renal function (Palliative Care Formulary). TA was administered in a T34 McKinley syringe driver, made up to 21 mL with water for injection but no other medications.

The first patient with acute myeloid leukaemia had been platelet-dependent until he became unable to attend for transfusions. He was commenced on oral TA at home when he developed epistaxis and intra-oral bleeding. He was admitted to our hospice and was not able to take tablets. He was started on a syringe driver with 1 g TA/24 h. He died within 72 h of admission – bleeding was controlled for this period.

The second patient had bone marrow failure secondary to metastatic prostate cancer. He was commenced on oral TA 1g TDS for haematuria and intra-oral bleeding with good effect. When his oral route became unreliable, a CSCI with 2 g TA/24 h was commenced. No oral bleeding was seen, and haematuria improved, until he died 3 days later.

Conclusions TA given via a CSCI achieved haemostasis. No side-effects or problems at the infusion site were observed. Clot-retention was not seen in the catheterised patient. Based on oral bioavailability (30–50%) and doses used here, the oral to subcutaneous dose conversion may be 2:1. More data is needed to build evidence for this practice.

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P-74 THREATS TO DIGNIFIED END-OF-LIFE CARE IN LITHUANIA: THE ATTITUDES OF HEALTHCARE PROFESSIONALS AND CITIZENS

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10.1136/spcare-2022-SCPSC.95

Background Protection of human dignity, especially in case of terminal (incurable) illness, is among the main pre-requisites of a just society. Although everyone agrees that dignity is the core of human rights, there are many (mis-)conceptions of its meaning. It is important that healthcare providers recognize patient's needs that preserve his/her dignity most. The aim of this paper is to compare opinions of Lithuanian citizens and healthcare professionals on what may pose threat to human dignity in case of terminal illness at the end of life.

Methods In 2021, a national representative survey of citizens (N=1110) and a survey of healthcare professionals who cared for terminally ill patients (snowball sampling; N=166) were organized in Lithuania.

Results The findings revealed that higher proportions of healthcare professionals believed that 'Dependence on others' help' (78.9% vs 56.3%), 'Physiological problems' (68.7% vs 55.3%), and 'Reduction in or loss of privacy' (62.0% vs 26.1%) are the dominating threats to dignity of terminally ill patients. Meanwhile, more citizens believed that 'Difficulties in management of pain and unpleasant symptoms' (53.4% vs 27.1%), 'Knowledge that the illness is incurable' (43.3% vs 20.5%), 'Low quality of healthcare services' (28.4% vs 17.5%), 'Low accessibility to medicines and medicinal products' (24.4% vs 2.4%), and 'Difficulties in getting social support' (23.7% vs 13.9%) reduce human dignity.

Conclusion While health professionals saw physiological and autonomy related issues as negatively affecting patients' dignity, the citizens believed that, besides the knowledge that the illness is incurable, accessibility and quality of health and social care services need to be tackled with empathetic commitment and patient-centered approach. Health and social care systems should focus not only on the quality of health and