

LGBT+ PARTNER BEREAVEMENT: AN IN DEPTH QUALITATIVE INTERVIEW STUDY AND APPRAISAL OF THE ACCEPTANCE-DISCLOSURE MODEL OF LGBT+ BEREAVEMENT

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Introduction Support from social networks is vital after the death of a partner. Lesbian, gay, bisexual and/or transgender (LGBT+) people can face disenfranchisement and isolation in bereavement. The Acceptance-Disclosure Model of LGBT+ bereavement posits that LGBT+ bereavement experiences are shaped by the degree to which individuals feel able to disclose their bereavement to others, and how that disclosure is responded to.

Aims To investigate LGBT+ specific experiences of partner bereavement; determine decision-making processes regarding disclosure of relationships/identities; and appraise the Acceptance-Disclosure Model of LGBT+ bereavement using primary qualitative data.

Methods Exploratory in-depth qualitative interview study positioned within a social constructivist paradigm. Data were analysed using reflexive thematic analysis.

Results Participants: 21 LGBT+ people from across England bereaved of their civil partner/spouse. Findings: Participants described LGBT+ specific stressors in bereavement: lack of recognition of their loss; inappropriate questioning; unwanted disclosure of gender history; and fears of discrimination when accessing support. Direct questions about LGBT+ relationships and identities can feel confrontational due to fears and experiences of discrimination. LGBT+ people demonstrate agency in their decisions regarding disclosure of identities and relationships, with the extent of disclosure varying across social networks. Challenges were described due to intersections between LGBT+ identities and other aspects of culture or self. Some chose to hide their relationship and bereavement to retain relationships and avoid disenfranchisement. These findings provide primary evidence to support the Acceptance-Disclosure Model of LGBT+ bereavement.

Conclusions LGBT+ people face additional stressors in bereavement. Not all LGBT+ people want to talk directly about their relationships/identities. Sensitive communication is required to build trust, and explore support needs, in line with preferences around disclosure of identities.

Impact Five recommendations for inclusive practice are presented. Further research should consider the utility of the Acceptance-Disclosure Model to inform understandings of bereavement experience for other minoritised or marginalised groups.

THE ROLE OF ANTICIPATORY PRESCRIBING IN CARE HOMES: IDENTIFYING DYING, COMPLYING WITH REGULATIONS AND PREVENTING DEATH IN HOSPITAL – A QUALITATIVE STUDY

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Introduction Care home residents account for almost 30% of all deaths in England (NEoLCIN 2017).

Death and dying in very old age (80+) is extremely difficult to predict (Teggi, 2018), with 22% of care home residents deaths still happening in hospital (Ibid.). Inappropriate hospital admission in the last year of life has detrimental consequences for residents' end-of-life care (EOLC) quality (Kinley-et-al., 2014), cost (Marie Curie, 2012) and hospital bed capacity (Oliver, 2020). To address this, policy streamlined the anticipatory prescribing of injectable controlled drugs (CDs) to patients expected to be dying in the community through general practice. It is now common practice for GPs to prescribe a standard set of injectable CDs (opioids and midazolam) to care home residents ahead of death and potential need. However, evidence linking anticipatory prescribing to hospital death prevention is limited (Bowers et al. 2019), and so is the evidence base on the prescription and use of injectable controlled drugs in care homes (Majumder et al. 2022).

Aims To assess whether and how anticipatory prescribing affects residents' place of death.

To contribute to the knowledge base on the anticipatory prescribing and use of injectable CDs in care homes.

Methods Participant observation in five nursing and residential care homes in the South-West of England between May 2019 and March 2020. Observation was conducted by shadowing carers, senior carers and nurse 3–4 times a week for the duration of a 12-hour day (8am to 8pm) or night shift (8pm to 8am). Semi-structured interviews with 25 staff members (five managers, six nurses, four senior carers and ten carers) at the end of the observation period in each care home.

Results In recorded observations and staff's accounts of residents' deaths, residents who have GP-prescribed CDs available for them on the care home's premises die in the care home. This occurs even when many months or years have elapsed since CDs were first prescribed. By contrast, residents without GP-prescribed CDs available for them on the care home's premises die in hospital even in the presence of hospital discharge letters, treatment escalation plans (TEP) or ReSPECT forms advising against hospital admission. Care home nurses and senior carers report that prescribed doses of CDs are sufficient to control end-of-life symptoms in most residents, and injectable CDs are not needed in many deaths. No cases of residents being admitted to hospital for symptom control at the end of life were observed or reported by staff. Care homes employed district nurses or links with specialist palliative care service (hospices, McMillan nurses) when residents experienced intractable pain, agitation or distressing symptoms. The availability of injectable CDs on the care home's premises allowed staff to evidence and justify the resident's death from a clinical and legal perspective. This is linked to the legislative and regulatory framework mandating the provisions of safe and life-supporting care in care homes, and the Coroner's framework for death reporting and investigation.

Conclusions In the care home context, the availability of GP-prescribed anticipatory medication (injectable opioids and midazolam) on the care home's premises is considered by senior staff to provide sufficient clinical and legal evidence to withdraw of hospital-level care. If a resident with prescribed CDs dies within 14 days of their last doctor visit, no Coroner's investigation will take place and the GP can release a medical certificate of cause of death (MCCD)

based on their clinical assessment and the clinical history recorded in the resident's care plan. Beyond providing the potential for adequate symptom-control at the end of life, anticipatory medication frames a residents' death as expected, thus avoiding unplanned hospital admissions (and death) at the end of life.

Impact The anticipatory prescribing of CDs is a crucial tool for care home staff to allow residents die in place. No issues around the storing and monitoring of CDs in care homes were observed by this study. However, that CDs at times remain in place for many months or years before residents die calls for further investigation. Similarly, this study did not explore the disposal of unused CDs.

26 A RAPID REALIST REVIEW: HOW SHARED DECISION-MAKING APPROACHES AND PATIENT AIDS INFLUENCE TREATMENT DECISIONS FOR PATIENTS WITH ADVANCED (NON-CURATIVE) CANCER?

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Introduction Patients with advanced non-curative cancer are typically offered active palliative treatments (Chemotherapy, radiotherapy and immunotherapy). However, evidence suggests that when active treatment is used near the end of life it can result in worse quality of life, particularly those facing 30-day mortality. Patients' preferences should therefore be carefully integrated into these treatment decisions.

Aims We aimed to identify and explain contextual factors and intervention mechanisms that influence patients experiences in making decisions about palliative treatments and supportive care, when supported with patient aids and shared decision-making approaches.

Methods A realist review method (co-produced with public and clinical stakeholders) was used to search, appraise, synthesise and analyse the current research evidence. A theoretical model was produced to explain connections between contextual factors, intervention mechanisms and patient experience outcomes.

Results We included 41 papers in the review and produced a theoretical model which explains how patient (and family) experiences, clinician support, access to palliative care and communication can influence patients' engagement and satisfaction with decisions. It outlines how mechanisms such as enabling preparation for decision-making, providing accessible information, increased palliative care involvement, and supporting opportunities for patients to reflect on preferences and prior experiences of treatment decision-making.

Conclusions In order to improve patient's experiences of making difficult decisions about treatments for advanced cancer and supportive care they need time to engage with key information, revisit and re-evaluate information and decision-making before and during consultations. Multi-component, multi-format interventions that include additional input from palliative care specialists may prove most effective.

Impact These key contexts and intervention mechanisms identified can be incorporated in the design of a complex intervention aimed at improving treatment decision-making for patients with advanced non-curative cancer.

27 GOING BEYOND WORDS: BENEFITS AND CHALLENGES OF VISUAL RESEARCH METHODS FOR QUALITATIVE RESEARCH IN PALLIATIVE CARE

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Introduction Relying on written or spoken words, like questionnaires or interviews, has been criticised for not adequately communicating people's complex multidimensional experiences. Cognitive and physical efforts needed, and palliative patients' inherent anxieties in speaking with researchers, can limit the depth of data generated by verbal-only methods. Collage pictures and concept mapping are two visual methods. These promote researcher-participant collaboration, increasing the latter's autonomy and self-representation in the research process. **Aims** To explore two visual research methods to understand experiences of receiving and delivering emotional support by videoconferencing in adult palliative care looking at

- practicalities
- researcher-participant engagement
- credibility and trustworthiness of knowledge gained

Methods A multiple-site qualitative case study, with data purposively sampled from three UK hospices. Participants include patients, carers, health professionals, and hospice personnel. Data collection includes collages, concept maps and reflective journaling. Within and cross case analysis incorporates qualitative content analysis and critical visual methodology.

Results Summary of visual methods usage

- Practicalities (postage, equipment, dexterity, virtual whiteboards)
- Engagement (recruitment; managing research dialogues; task comprehension)
- Data interpretation challenges

Conclusions Collage pictures and concept maps can maximise engagement in research of diverse participants with a range of cognitive abilities, energy levels and verbal literacy. But researchers must address practical and interpersonal challenges to build reciprocity and rapport within the research relationship. This in turn may enhance credibility and trustworthiness of knowledge generated.

Impact Unless palliative care research methods fully engage participants' experiences information obtained will only have partial relevance to the population being investigated. Collage making and concept mapping provide people with limited time and energy the greatest opportunities to contribute their knowledge to the research process.

28 WHAT COMPETENCY FRAMEWORKS ARE AVAILABLE TO PROMOTE A CONSISTENT EDUCATION FRAMEWORK FOR THE PALLIATIVE AND END OF LIFE CARE WORKFORCE IN WALES? A RAPID EVIDENCE MAP

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Introduction Education frameworks identify specific learning needs, promote consistent, inclusive and flexible approaches to