

Luncheon Seminar 2

L2 **PALLIATIVE CARE IN MEDICINE AND IN LIFE: AN EXISTENTIAL ACCOUNT**Sheldon Solomon. *Skidmore College, USA*

10.1136/spcare-2023-SCPSC.29

‘...it is our knowledge that we have to die that makes us human’

Alexander Smith, *Of Death and the Fear of Dying* (1863)

In this presentation I will argue that: 1) the uniquely human awareness of death engenders potentially debilitating existential terror that is generally managed by embracing cultural worldviews that afford a sense that one is a person of value in a world of meaning; 2) terminal illnesses threaten to tear gaping holes in the culturally-constructed fabric of meaning that we all depend on for psychological equanimity; 3) palliative care, in addition to cutting edge medical attention, serves the critical psycho-social function of helping patients retain, restore, or reform a sense of meaning and significance to enhance existential maturity; 4) meaning-making and dignity-enhancing approaches to palliative care are demonstrably effective; and, 5) people in general would surely benefit from such elements of palliative care in a world presently saturated by intimations of mortality in the form of pandemics, environmental disintegration, economic instability, and political polarization.

Luncheon Seminar 3

L3 **SUPPORTIVE ONCOLOGY: A NOVEL DEPARTMENT IN A MAJOR US CANCER INSTITUTE**Declan Walsh. *Levine Cancer Institute/Editor-in-chief of BMJ Supportive and Palliative Care, USA*

10.1136/spcare-2023-SCPSC.30

The first palliative medicine program in the US was established in 1987 at the Cleveland Clinic. A broader concept of Supportive Oncology based on the Cleveland experience is in development at the Levine Cancer Institute in Charlotte, North Carolina.

The Institute is a clinical-academic hybrid with a multi-location structure and approximately 16,000 new cancer cases/year. The Department of Supportive Oncology (DSO) consists of nine Sections (8 clinical and one research). A section of Education is planned. The clinical Sections are: 1. Cancer rehabilitation 2. Integrative oncology 3. Navigation 4. Oncology nutrition 5. Palliative medicine 6. Psycho oncology 7. Senior Oncology 8. Survivorship. Clinical services are provided at 6 locations regionally with a dedicated 25K square foot DSO floor in the main Cancer Institute. DSO now has approximately 200 employees. Clinical services are provided

both face to face and virtually and include traditional patient-physician encounters as well as a full spectrum of other professional services such as psychotherapy, acupuncture and physical therapy. All services are fully integrated into the wider Cancer Institute structure including education of medical oncology fellows. New training fellowships have been established in cancer rehabilitation, palliative medicine and psycho-oncology. Niche clinical programs have been developed including lymphedema, sexual health and cardio oncology. There are now in excess of 150,000 DSO clinical encounters of all types annually. The research Section is separate from the cancer clinical trials structure because of the differences in philosophy and study conduct. Research focus is on malnutrition, fatigue and symptom assessment by a variety of investigative approaches. An endowed Chair in Supportive Oncology has been created. Key concepts in DSO development have been a formal business planning process, weekly interdisciplinary administrative, project management, clinical and research meetings. Lessons learned include the importance of DSO marketing, efficient services to support the medical oncologists and rapid access to clinical services. Based on our experience to date we believe every major cancer center in the US will establish similar departments in the next decade.

Evening Seminar 1

E1 **PALLIATIVE NURSING—AN ESSENTIAL COMPONENT FOR THE FUTURE OF PALLIATIVE CARE**Philip Larkin. *Lausanne University Hospital, Switzerland*

10.1136/spcare-2023-SCPSC.31

From its origins in the work of Dame Cicely Saunders, nursing has been a fundamental part of the international development of palliative care. As nursing has developed as a profession, nurses have become increasingly visible in the leadership of palliative practice, through enhanced clinical roles, including that of the advanced nurse practitioner, developing a body of research and scholarship which establishes the value of nursing to the care of people with chronic life-limiting illness and those at end-of-life.

However, there is a limited evidence base which debates or explains the role and function of the palliative care nurse (as opposed to other nurses who also care for patients with palliative care needs) and which specifically identifies the added value of nursing to palliative care.

This presentation will explore the art and science of palliative care nursing. It will consider what qualities and competencies are essential for a nurse to deliver high quality palliative care and the components of an education framework to establish excellence in clinical practice and research. Using international examples of palliative nursing leadership, the presentation will consider the future of palliative care nursing, what is necessary to ensure its survival and strategies to support future development.