

28

THE ETHNIC AND CULTURAL IMPACT ON DELIVERY OF PALLIATIVE CARE IN NEWHAM GENERAL HOSPITAL: A BRIEF REPORT

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Background Cultural beliefs and ethnicity can impact access to and delivery of palliative care. This includes the planning and communication of details surrounding end of life care such as advance care planning (ACP) and individualised end of life care plans, also known as compassionate care plans (CCP), in acutely deteriorating patients. Newham General Hospital (NGH) provides for a population with a significant ethnic minority. This study aims to investigate the quality of palliative care received by inpatients at NGH in their last days of life.

Methods This was a retrospective cohort study conducted in NGH. The study looked at patients admitted within 90 days of their deaths and the various aspects of palliative care received during their admission, including whether a palliative care referral was made, whether CCP was started and whether anticipatory medications were prescribed.

Results In this study, 56.3% of patients were from ethnic minorities. 99.6% of patients were reported to have palliative care needs during their admission. 98.5% of patients were referred to the palliative care team and 97.3% had anticipatory medications prescribed. However, only 53.2% of patients had a completed personalised CCP and only 6.13% had a completed urgent care plan (UCP), an electronic system sharing patients' ACP decisions with healthcare professionals across London.

Conclusions The vast majority of patients in this study were referred to the palliative care team, had discussions around ACP and anticipatory medications prescribed. However, this study highlighted important gaps in the form of poor uptake of personalised CCP and UCP documentation. Among patients in NGH, barriers to accessing palliative care could include language, religious or cultural beliefs surrounding death and lower health literacy. Further interventions to bridge this gap would minimise inappropriate admissions and treatment and improve quality of care for terminally ill patients.

Poster 29: Ethics

29

HOSPITAL ADMISSIONS TOWARDS THE END OF LIFE: AN ETHICAL EXPLORATION OF DECISION MAKING

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Decision making towards the end of life involves navigating and addressing the values, experiences, beliefs and fears of patients and their loved ones- more so than in other areas of medicine. This moral consideration of what we should do for an individual is largely uncontroversial but how it precisely translates into practice may be unclear. This presentation will focus on one aspect of ethical decision making at the end of life: whether or not a person should be admitted to hospital. It is important to consider the reality of situations where

hospital admissions decisions are made, and this presentation will include case examples and empirical research to ensure our discussion is relevant. We speak from a commitment to the importance of empirical work within ethics.

We will consider two separate aspects of hospitalisation decisions:

1. Why do hospital admissions specifically deserve moral scrutiny? We will illustrate some of the potential hazards of end of life admissions and then focus on the concepts of uncertainty, risk and the extent to which we can know the preferences of others.

2. The role of the clinician as a moral agent: Here we will consider how clinicians may face competing moral commitments or judgements and how these could be navigated. Not all questions of what we should do involve conflict but may still require reflection. We will discuss how ethical frameworks may be suited to retrospectively frame a problem but that thinking of the clinician as a 'moral craftsman' may be more appropriate to proactively help them make difficult decisions.

This presentation covers work within a larger PhD project exploring the lived experience of hospital admissions decisions and what 'good' decision making in this context might look like.

Posters 30–31: Global palliative care

30

ACCESS TO OPIOIDS FOR PALLIATIVE CARE IN HUMANITARIAN SETTINGS: TWO CASE STUDIES OF MÉDECINS SANS FRONTIÈRES (MSF) EXPERIENCE IN INDIA AND BANGLADESH

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Background Alleviating suffering and preserving dignity are essential components of healthcare. Patients in need of palliative care often require opioid medication to relieve breathlessness and pain. However, lack of access to essential opioids, particularly morphine, remains a major challenge in low and middle-income countries (LMICs). This is notably critical in the humanitarian context. We conducted two case studies to identify the barriers to and facilitators of access to opioids, particularly morphine, for palliative care patients in humanitarian settings, while exploring humanitarian healthcare workers' perceptions and experiences with opioid use.

Methods Two case studies were carried out based on Médecins Sans Frontières (MSF) projects which integrated palliative care: advanced HIV care in Patna, Bihar, India, and paediatric and neonatal care in the refugee context, in Cox's Bazar, Bangladesh. Six semi-structured interviews were conducted with key MSF humanitarian healthcare workers. Interviews were conducted in English, video- and/or audio-recorded and transcribed verbatim. Transcripts were coded and analyzed using the grounded theory approach.

Results Several barriers impeding access to and use of essential opioids in palliative care were reported by the participants. These included: limited availability, accessibility obstacles, socio-cultural challenges such as low awareness and misconceptions, lack of healthcare providers' training on opioid use,