

P 035 **RELATIVES' PREFERRED PLACE OF CARE AT THE END-OF-LIFE: IMPLICATIONS FOR PALLIATIVE CARE IN THE FUTURE**

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**Introduction** Government policy stresses the need to include patients and relatives in decisions surrounding place of end-of-life care. Relatives play an important role in providing care at the end-of-life, therefore understanding their preferences is essential. While systematic reviews have explored patients' perspectives and demonstrated preference for home care, no such review considers relatives' preferences alone.

**Aim(s) and method(s)** The aim of this study was to systematically review and synthesise the qualitative literature exploring relatives' perspectives on preferred place of care for their relatives at the end-of-life. Ten databases were searched up until January 2014 and relevant studies were appraised for quality. The included studies (n=18) were thematically synthesised.

**Results** Relatives reported involvement in decisions surrounding place of end-of-life care, but described experiencing expectations from patients and health-care professionals to provide care at home. Home was relatives' preferred place of care; other locations of care were infrequently considered. Care at home was facilitated by resilience, positive family relationships and appreciation of the caregiving role. Caring for relatives impacted positively on families as they were able to demonstrate their love, but also led to feelings of loneliness. Relatives felt they had failed if the patient did not die at home.

**Conclusion(s)** Appropriate support mechanisms for patients and relatives are needed if end-of-life care at home is to be achieved. To improve patients' and relatives' experiences of end-of-life care, equitable support and real options for place of care are needed. Patients' and relatives' preferences need to be considered when forming future practice guidelines and policies.