44 HOW SHOULD COMPASSION BE CONCEIVED AND ENACTED IN END OF LIFE CARE? A PATIENT PERSPECTIVE

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Background As agency and capacity decline towards the end of life, compassion becomes an increasingly important and apposite feature of healthcare. Whilst more compassionate healthcare is being called for, especially in end of life contexts, there is relatively little understanding of what compassion actually is, or how it can be enacted.

Aim To conduct an empirical bioethics analysis to explore the concept of compassion and how this is understood by patients, in order to inform an ethical analysis of how compassion ought to be conceived and performed in end of life care (EOLC).

Methods An exploratory qualitative approach underpinned by Frith's Symbiotic Empirical Ethics methodology was used. Six semi-structured interviews were conducted in a UK hospice.

Results and discussion Compassion was conceived in different ways by different participants, but 6 key themes emerged that patient's identified as essential to a compassionate experience: 'caring motivation', 'attentive acts', 'caring what I care about', 'being relational', 'response to suffering' and 'time.'

However, these themes are not all compatible. Consequently, each constituent of compassion was explored; examining whether each was necessary for an acceptable definition of compassion. From this analysis, a conceptualisation of compassion in EOLC was developed that focuses on compassion being relational, centred on performing attentive individualistic acts.

Conclusion Compassionate care should be based on an individual patient's needs, and this study acts as a reminder that compassionate acts need not be lengthy. Moreover, compassion is a holistic concept, should be treated as such. Finally, through attentive practice, compassion can be 'learned'.

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