KNOWLEDGE AND UNDERSTANDING OF HEALTHCARE ETHICS: A SURVEY OF PALLIATIVE CARE TEAMS AT THE PRINCE AND PRINCESS OF WALES HOSPICE AND THE QUEEN ELIZABETH UNIVERSITY HOSPITAL IN GLASGOW

Introduction
Ethics is integral to palliative care, making staff knowledge of healthcare ethics critical. A survey was distributed to palliative care teams at the Prince and Princess of Wales Hospice and Queen Elizabeth University Hospital in Glasgow to assess staff self-reported knowledge of ethics and ethical issues encountered.

Aims
• To assess staff knowledge of ethics and confidence in applying knowledge;
• To determine the incidence of ethical issues in palliative care;
• To gain insight into the types of ethical issues staff encounter in their work and how they currently deal with these;
• To assess the desire for further staff training in ethics.

Methods
The survey was distributed to healthcare assistants, nurses, doctors, allied healthcare professionals and family support services at a hospice and hospital. Data was analysed using Microsoft Excel.

Results
• 35 out of 75 surveys were completed; 51% nurses, 23% healthcare assistants, 17% doctors, 3% allied healthcare professionals, and 6% family support services;
• 69% of participants had training in healthcare ethics;
• Participants demonstrated a high knowledge of the four main principles of ethics;
• There was ambiguity as to what constitutes an ethical issue;
• 86% had encountered at least one ethical issue at work;
• Most commonly reported issue was a patient who stopped eating, cited by 44% of hospice participants;
• 50% of hospital staff raised concerns about medical interventions at end of life;
• Majority of respondents felt able to deal with these ethical issues;
• Participants often turned to colleagues for support, benefiting from discussing ethical issues;
• 77% desired ethical training; a course was the most popular method.

Conclusion
• Staff knowledge of ethics appears solid;
• Self-reported staff confidence measures on applying ethical knowledge was high;
• There is a high incidence of ethical issues in palliative care;
• Common ethical issues reported were patients stopping eating and issues surrounding medical interventions;
• Majority of staff were desirous of additional ethical training.

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LEARNING FROM HOSPICE EXPERIENCES OF WITHDRAWING CONTINUOUS ARTIFICIAL NUTRITION AND HYDRATION IN PATIENTS WITH PROLONGED DISORDERS OF CONSCIOUSNESS

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Background
Following The Supreme Court judgement it is no longer mandatory to involve the court to make best interest decisions to withdraw clinically assisted nutrition and hydration (CANH) in patients with prolonged disorders of consciousness (PDOC). We anticipate a higher number of patients being admitted to the hospice setting for end of life care for this indication.

Method
Reviewed case notes of patients, with a diagnosis of PDOC, admitted to our hospice for discontinuation of CANH and analysed the content of interviews with multi-disciplinary health care professionals who had been involved in managing and caring for these patients.