at the request of a patient with capacity to make the relevant decisions.

These SPCT members work at a large specialist cardio-respiratory hospital and are often involved in discussions and decisions about, and the act of, withholding and withdrawal of treatment including oxygen and non-invasive ventilation.

This was the first occasion where team members specifically articulated distress, including moral distress, following their involvement in treatment withdrawal. Moral distress can be described as the ‘psychological disequilibrium associated with knowing the ethical/appropriate action but being unable to take that action.’

Initial explorations of the distress identified only that this case ‘felt different’ to other withdrawal scenarios and team members used different vocabulary to describe their experiences and their impact. Within ethical literature, ‘felt moral difference’ is not considered to be a reliable guide to ethical conduct but nonetheless is important to address.

One team member used the American ‘4A’s’ Approach to Moral Distress (Ask, Affirm, Assess, Act) to help better understand their experience.

Relevant individual case factors included the very high flow rate of oxygen involved and the time-bound nature of the request. Analysis revealed different weights that individuals (patient and staff members) placed on autonomy and non-maleficence as a source of tension. Furthermore, there were different views and values about individual and wider harms, including how these were explored and managed.

A combination of open communication, self-directed learning and reflection, enabled SPCT members to understand the source of their distress more clearly. Moral distress and a felt moral difference can impact on wellbeing, team functioning and ability to undertake specific work tasks. It is hoped this experience will enable the team to better articulate ethical dilemmas and understand their own perspectives.

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**WE TRY TO TRANSMIT PSEUDO STRENGTH TO OUR KIDS; IF WE ARE BROKEN, THEY WILL BE BROKEN AS WELL:** NATURE OF THE DIALOGUE BETWEEN MOTHERS, GRANDMOTHERS AND CHILDREN WITH LEUKAEMIA IN PALESTINE

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**Background** Mothers of children with life-limiting illnesses describe facing challenges such as sometimes finding it difficult to communicate with their children, for example when their children become irritable due to their illnesses. This study explored the experience of communicating regarding the care of children with cancer, from the perspective of physicians, nurses, mothers, grandmothers and children in Palestine. This paper reports on the perceptions of the mothers and the grandmothers.

**Methods** This study employed an ethnographic, collective, qualitative case study approach. It was conducted in one oncology unit in a Palestinian hospital. Two data collection methods were employed: participant observation and semi-structured interviews.

**Results** The study generated 70 hours of observation and 35 interviews; physicians (n=5), nurses (n=11), children aged 6–18 (n=6), mothers (n=7) and grandmothers (n=6). Findings: The mothers and grandmothers stated that they pretended to be strong in front of their children to prevent them from feeling distressed by witnessing their mother’s suffering and grieving. Protecting children from seeing their mothers’ distress was thought to be essential to help children face their illness and their own suffering. Mothers talked to their children about their children’s strengths rather than the deprivations caused by their illnesses. Although they did not feel strong, the mothers tried to transfer their own strength to their children to strengthen them and protect them from being broken.

**Conclusions** Being the mother of a child with cancer is clearly distressing and they suffer along with their child. Their maternal role drives them to conceal their own grief and their conversations with their children are strengths-based. There is clearly a role for nurses caring for families of children with cancer to support mothers and give them the opportunity to express and share their grief and distress.