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Palliative Care Service Provision for Veterans with Non-malignant Respiratory Disease and their Carers, in Rural America

McVeigh, C., Reid, J., & Carvalho, P. (2018). Palliative Care Service Provision for Veterans with Non-malignant Respiratory Disease and their Carers, in Rural America. Poster session presented at Royal College of Nursing 2018 International Research Conference , .

Document Version:
Other version

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Background/aims: Globally, the majority of patients diagnosed with a malignant disease will have access to palliative care. However, although palliative care programs have mainly focused on the needs of people with a malignant disease in the past, the majority of those worldwide needing palliative care have a non-malignant diagnosis. Palliative care service provision can also often be fragmented and varied dependent upon geographical location. This study aimed to explore palliative care provision for veterans with non-malignant respiratory disease and their carers living in remote areas of America.

Methods: Explorative study consisting of 4 focus groups with 16 healthcare professionals, in September 2014, from a large rural veteran hospital in America. Purposive sampling was employed to recruit participants who were involved in the care of patients with bronchiectasis, chronic obstructive pulmonary disease and interstitial lung disease. Focus groups were transcribed verbatim and data analysed using thematic analysis.

Results/Discussion: The uncertain non-malignant respiratory disease trajectory caused ambiguity amongst participants regarding palliative care. Participants also perceived a lack of availability of local palliative service provision in remote areas as hindering holistic care delivery. Additionally, the misconceptions held by the veteran population, and healthcare professionals themselves, was perceived to have impacted on veterans' willingness to accept palliative care. Findings illuminated perceptions that some veterans viewed accepting palliative care as 'surrendering' to their disease. Healthcare professionals expressed that the use of telemedicine may be beneficial to facilitate future access to specialist respiratory and palliative care for veterans with non-malignant respiratory disease, living in rural areas with limited service provision.

Conclusions: Reasons for inequalities in palliative service provision for veterans with non-malignant respiratory disease in remote areas are multi-factorial. There is a need for a stronger and more dynamic model of palliative care delivery to enhance holistic care in rural America to this particular population.