

EAPC Abstracts

EAPC President's Welcome

Dear Colleagues, Dear Friends,

On behalf of the Board of EAPC, and as President, I am delighted to welcome you to our 16th World Congress in Palliative Care. As ever, this Congress is two years in the planning and it has been my honour to work with a dedicated group of colleagues, who have worked tirelessly to bring this programme to fruition.

Berlin is an amazing choice of venue for our Congress for many reasons. Everyone can find something to capture the imagination in this beautiful city. It resonates with history, diversity and vibrancy but most of all, with life. And that, of course, is a key message for palliative care. We who work in this field are as much about life as death, supporting patients and families to live and live well until the end. So, as the people of Berlin, we should embrace life and savour every moment that this Congress and this city will offer us over the next few days.

The 16th World Congress focus on global health is a strong message that EAPC is a world player in the development and practice of palliative care. We have a voice which echoes the interface between clinical, research and policy engagement. We represent a critical perspective in national and international understanding of palliative care and showcase our work through this Congress and that of the EAPC Research Network (don't forget Palermo 2020!). Please take time to sit and listen, debate and reflect on the important issues to be discussed here at Congress. Your views are important and help us to shape our EAPC thinking on the way forward. I am also delighted that for the first time, we will have a parallel day on children's palliative care, ably organised by our CEO, Dr. Julie Ling. We expect over 700 delegates will attend this event, a remarkable achievement and one which heralds a new strand in our Congress material which I hope will continue in future years.

There are many people to thank for this event. Our Co-Chairs, Dr. Sébastien Moine and Dr. Anne Letsch, who was also leading the local organising committee, our debt of thanks for the hard work and long hours. Thanks also to the members of the Scientific Committee and Local Organising Committee who have provided the ideas and proposals which shape the 2019 Congress. Your support is, as always, much appreciated. We cannot forget our Conference Partner, Interplan and Elke Jaskiola in particular for organising us and keeping us to task. Of course, my personal thanks to EAPC Head Office, Julie, Eleanor, Cathy and Avril for the logistics, organization and managing all the other EAPC demands at the same time as bringing a world congress together. I would also like to give sincerely thanks to our colleague Claudia Sütfeld our congress administrator who has worked tirelessly to ensure that everything runs smoothly.

Finally, I wish to thank our German friends and colleagues for welcoming us to Berlin and for agreeing to host this Congress.

Liebe Freunde,

die Wahl des Landes und des Tagungsorts für einen EAPC-Kongress ist immer eine Herausforderung. Diesmal allerdings fiel es uns wirklich leicht, denn Sie haben uns überaus herzlich willkommen geheißen. Im Namen des EAPC-Vorstands danken wir der Deutschen Gesellschaft für Palliativmedizin für alles, was sie in den letzten zwei Jahren geleistet hat.

So, I wish you a wonderful Congress, time to meet old friends and make new ones and opportunities for creativity and relaxation when you can. Welcome to Berlin 2019.



Professor Philip J Larkin
President, European Association for Palliative Care

uptake was variable. Recent practice environment and legislative changes in Canada have led to a crucial need for an update.

Methods: From February 2017 - April 2018, a core project team for the Canadian Society of Palliative Care Physicians (CSPCP) Undergraduate Education Committee updated the EFPPEC competencies. They also aligned them with the revised 2015 CanMEDs framework. Support was provided by the project partners: Association of the Faculties of Medicine of Canada and Canadian Hospice Palliative Care Association. A multi-stage validation process for the bilingual document was conducted with stakeholders from across Canada, including representatives of all 17 medical schools, the Medical Council of Canada, palliative medicine practitioners, residents, and medical students.

Results: To reflect current discourse, we shifted from solely 'PEOLC' with the addition of 'an early, integrated, collaborative palliative approach to care' starting earlier in the course of both life-threatening malignant and non-malignant illness. Topic areas for new competencies and specific objectives in the 2018 EFPPEC update included opioid prescribing in the context of palliative care and the opioid crisis, role of cannabinoids, legalisation of Medical Assistance in Dying in Canada, and paediatric palliative care.

Conclusion: The final EFPPEC document has been circulated to all Canadian medical schools, with early integration and implementation occurring at some sites. The 2018 EFPPEC update will provide a foundation for undergraduate medical education programs transitioning towards competency-based models of education.

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Abstract type: Poster

Pediatric Palliative Care Training in a Referral Hospital in Bhutan

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Background: Pediatric palliative care and effective communication is much needed but often overlooked, particularly in low- and middle-income settings. Lack of resources and specialized training are major barriers to care provision. A number of curricula exist that address these educational needs in the United States. Our objective was to adapt our interactive curriculum to the Bhutanese context and evaluate the effect of its implementation on provider knowledge, skills and attitudes related to pediatric palliative care.

Methods: The workshop was conducted in January 2017 at Jigme Dorji Wangchuck National Referral Hospital in Bhutan. Mixed methods were used to collect and analyze responses of interdisciplinary pediatric providers to a pre-workshop, immediately post-workshop and 6-month post-workshop survey.

Results: A total of 41 providers participated in the workshop and pre-workshop survey; 38 completed the post-workshop survey; and 27 completed in the 6-month post-workshop survey. Respondents' comfort levels managing pediatric palliative care patients peaked immediately following the workshop, and remained higher 6-months later. Providers understood the importance of their role in communicating with patients and families experiencing life-threatening illnesses and reported feeling more capable initiating and guiding such difficult conversations. Respondents reported feeling better equipped to identify, assess, and manage pain in pediatric patients. Finally, respondents reported utilizing self-care techniques and spiritual beliefs in their own coping and ability to connect with children and their families.

Conclusion: The results of this first palliative care training in Bhutan suggests that even a short intervention, adapted to the local context, can improve providers' knowledge, skills, and abilities to provide high-quality pediatric palliative care and address gaps in capacity.

Funding source: The workshop and study were self-funded.

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Palliative Care Nursing Education Across the EU: Results from an International Survey Study

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Background: In 2004, an EAPC taskforce on palliative nurse education presented guidelines for the preparation of nurses for practice in palliative care (PC). There was an indication that the document was useful, but no systematic evidence of its impact through the EU was undertaken. Since its publication, there have been considerable national and international developments in relation to PC education.

Aims: To determine education and competencies of nurses working in PC in Europe; to assess the impact and uptake of the EAPC 2004 document for the development of PC nursing practice.

Methods: International online survey study with expert nurses (ie, nurses with relevant experience in nurse education and/or role in PC nursing) recruited via the EAPC collective associations and members of the current EAPC Nursing Taskforce Steering and Advisory Groups. The survey was built de novo for this study. Data collection was performed throughout 2016. All data were pseudo-anonymized. Descriptive analyses were conducted; country reports were built based on country-level descriptive analyses.

Results: A total of 135 expert nurses from 25 countries completed the online survey. In the majority (n=14; 56%) of the countries represented in our sample, PC was not identified as a mandatory subject within undergraduate nursing education. Post-graduate educational programmes for PC nursing were offered in 19 (76%) of these countries, and were mostly interdisciplinary. In the majority of the participant countries (n=13; 52%) there was no specialization in PC nursing with formal recognition and certification. A vast majority (n=20; 80%) of the participants was aware of the EAPC 2004 document. Large variations were found across and within country responses.

Conclusions: Palliative care nursing education varies largely in Europe. This taskforce will contribute to the work of the education stream of the EAPC and help to inform future initiatives for member associations and EAPC itself.