Integrating palliative care in intensive care: results from a mixed-methods study with healthcare professionals

Niemeyer, Marcio^{1,2,3}, Martins Pereira, Sandra^{4,5}, Hernández-Marrero, Pablo^{4,5}

¹Instituto de Ciências da Saúde, Universidade Católica Portuguesa, Lisboa, Portugal, ²School of Medicine, Centro Universitário Serra dos Órgãos UNIFESO, Teresópolis, Brazil, ³Intensive Care Unit, Hospital Federal Servidores Estado HFSE, Rio de Janeiro, Brazil, ⁴CEGE Research Center in Management and Economics, Católica Porto Business School, Universidade Católica Portuguesa, Porto, Portugal, ⁵Instituto de Bioética, Universidade Católica Portuguesa, Porto, Portugal

Background/aims: Integration of palliative care (PC) in intensive care (IC) has been studied in recent years. Despite the likely benefits of this integration for patients, families and ICU staff, it appears to be overlooked.

Aims: To study healthcare professionals' (HCP) perspectives on the integration of PC and IC, identifying knowledge about integration, organizational models, barriers and facilitators. **Methods:** Mixed-methods study, including interviews and a questionnaire. A purposive and snowball sampling was done in Brazil for recruitment. Thematic content analysis and descriptive analysis were performed.

Results: 27 professionals (14 working in PC and 13 in IC) participated in the study from Feb-Oct 2019. The concept of integration seems fundamental among PC, while for IC HCP integration in ICU care is perceived as EOL and as a self-sufficiency of ICU multidisciplinary teams. An organizational model with integrated education is strongly recommended by PC HCP. Participants considered that there is PC expertise and integration in IC HCP practice - a consultation model is preferred rather than an education model, particularly in EOL situations or when forgoing life-support treatments. Behavior and lack of knowledge were barriers identified among IC, and the lack of institutional [meso] and public [macro] policy stood out among PC HCP. PC education was considered as the main facilitator for integration. Quantitative data showed agreement on dimensions of PC-IC integration, but not actually implemented in ICU practice: "patient-centered care", "participation in decision-making", "meeting persons" needs and values".

Conclusions: Evidence of integrating PC in IC is limited and heterogeneous, mainly among IC HCP. Integration is associated to EOL care, despite the recognition of its importance for

patients/families. More research is needed on the integration of PC in IC to strengthen its cultural implementation.

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