

- multivoiced understanding of the value of relationships in system change

Methods: Our study was co-designed with 11 patients/carers. CL is a formative intervention based on Cultural-Historical-Activity-Theory. Analysis is directed to how what people think/feel relates to what they do. Monthly workshops (Jan-Jul 2022) with patients/carers and professionals are exploring prompts (mirror data) derived from anonymised interviews and acute hospital/community observations ($n = 148$). Creative quality improvement activities help participants question system tensions/gaps, analyse challenges, model new ideas and consider transferability into practice. Audio-recording for transcription, researcher fieldnotes/reflexive notes and task artefacts are fed forward to later sessions and subject to qualitative analysis.

Results: The CL method helps move from problems to ideas for future practice. We will present full results with emphasis on expansive learning (creation of new knowledge/practices) as people shared expertise and experience. We are using our analysis to develop a framework for system improvement that integrates: 1. 'relational reach' (bridging work to link people across systems and hold complex situations) and 2. 'relational glue' (support constructed between people, mediated by trust, empowerment and ability judge customised, flexible responses are needed).

Conclusion: Our work can be used to design systems that encourage sustainable replication of relationships. This could reduce inequities by creating systems that facilitate relationship-based care.

Abstract ID: 75

Abstract Type: Free Communication - Loss and grief

Bereaved relatives' experiences with and expectations of hospital based bereavement care: a qualitative study

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Objectives: In Western countries, people most often die within hospitals. Hence, healthcare

providers (HCPs) are often confronted with the care for bereaved relatives. Due to a lack of literature on in-hospital bereavement care, this study aimed to explore relatives' needs and experiences regarding in-hospital bereavement care offered by HCPs.

Methods: 16 semi-structured interviews with adult family members bereaved after in-hospital death. Transcripts were analyzed using thematic analysis (Braun & Clarke, 2019).

Results: Participants did not perceive bereavement care as restricted to the post loss phase, but also communicated various antemortem needs, which constituted a founding base for continued interactions with HCPs. The pre-loss contacts with in-hospital health care providers formed the point of departure for renewed contact post-loss. Participants preferred HCPs who did not excessively interfered or patronized but were rather present on the background. After the loss, a minority of participants reached out to HCP themselves, but did not expect continuity of support from hospital staff. Nonetheless, several barriers and facilitators were experienced when relatives wanted to contact HCP post loss.

Conclusion and clinical implications: These findings illustrate the importance of understanding hospital based bereavement care as services that can be offered both pre and post loss. However, hospitals are not the sole provider and can benefit from collaborations with existing community-based initiatives. As such, hospitals may be better placed to fulfill antemortem needs and screen family members for bereavement-related challenges so they can identify, target and refer groups-at-risk towards adequate support (tiered or stepped model).

Abstract ID: 76 (& 244)

Abstract Type: Workshop

Settings of dying – The possibilities and limits of 'designing' at the end of life

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Based on our ongoing research project “Settings of Dying” (sterbesettings.ch/en), in this workshop, we aim to take a close look at the understanding and practice of “gestalten/designing” in end-of-life care settings (e. g. palliative care in hospitals or hospices). We approach “gestalten/designing” from an interdisciplinary perspective that includes social anthropology, nursing, literary studies, communication design, product design, philosophy, sociology of religion, and performative arts to explore the complexities, nuances, and contingencies of contemporary dying in Western European societies and beyond.

Conducting our research in Switzerland, a country that places a high value on individual responsibility, autonomy, and freedom of choice, allows for reflections on the possibilities and limits of “gestalten/designing”, of who is (co)designing for whom and with whom, and the role of caring and compassionate communities at the end of life.

In our research project, we look at a variety of settings to understand how practices, motives, and materialities shape the end of life: from hospitals to hospices, from autobiographical literature to digital spaces. Which images are used to illustrate dying or palliative care? And how could we contribute to the democratization of end-of-life care with the design of new images or products? Which potentials and challenges does palliative care, with its community-focused and family-centered approach, offer for the highly economized and fragmented healthcare system it is situated in? How does digitalization influence contemporary experiences of dying? And how do current literary accounts contribute to broadening our perspective, and vocabulary, of dying today?

Inspired by an interactive workshop format, we plan to have a mix of short presentations of individual research projects, demonstrations of design objects, and readings followed by a moderated

discussion centered around the workshop’s theme.

Abstract ID: 77

Abstract Type: Poster – COVID

Elderly Covid -19 patients in nursing home cared by young doctors together with Palliative Care teams. A model beyond pandemic?

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Background: The Special Units of Continuity of care (USCA in Italian) are one of the effective strategies to fight against the Covid-19 pandemic and to avoid the risk of the downfall of the National Health System: they are medical teams dedicated to the care and follow up of Covid-19 elderly patients who lived in long-term care facilities, to give relief to symptoms and related outcomes, assuring a proper follow-up or appropriate end-of-life care.

Method: The main aim of this workshop is to share an experience of the effective collaboration between the Palliative Care Unit of Ravenna and the “USCA” in the management, care and support of patients suffering from Covid-19. Since they have a higher risk of dying or having critical issues, this collaboration included a palliative care approach for informing, supporting, and training doctors serving within USCA and experiencing, for the very first time, end-of-life care needs.

Results: We will take advantage, together with presentation of this experience, from presenting the results of a phenomenological qualitative study conducted with doctors working in USCA and nursing homes during the pandemic.

Conclusion: We shall illustrate a narration of collaboration and comprehensive service whose primary outcome was to fill the potential gaps among actual needs, availability to the “right care in the right moment,” through the implementation of a palliative approach model that could help patients, families, and professionals not only in the dramatic scenario of the pandemic.

7th Public Health Palliative Care International Conference. Democratizing caring, dying and grieving: participation, action, understanding and evaluation

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Welcome from the PHPCI President

Dear colleagues

As President of Public Health Palliative Care International, it is a pleasure to welcome you to the 7th Public Health Palliative Care International Conference in Bruges, Belgium.

Three years ago in the Blue Mountains, Australia, we could never have imagined what was ahead of us. Many of you know that the magnificent natural environment around that venue was decimated by fire just a few months later when bushfires raged through many parts of Australia. And then, of course, the COVID-19 pandemic began and we have all experienced its impact in different ways. We pay tribute to the dedicated and resilient communities and healthcare service personnel who have supported others during this time, and honour all those whose lives have been lost, and those who grieve them.

Like many other Associations, PHPCI has not been immune from the pandemic's impact. Our practice has been to provide a conference every two years, but it was not possible to do this in 2021. In consultation with the PHPCI Council, the Conference Organising Committee committed to deliver the conference after a year's postponement. I express my gratitude to Prof. Luc Deliens and Prof. Joachim Cohen and their team for this assurance to continue with their preparations to meet face-to-face once more.

The scientific and cultural programs have been carefully prepared by the committees and this gathering promises to showcase the many elements of public health palliative care from all over the world. Future-focussed thinking and innovation will stimulate our vision for the future. The cultural engagement with the City of Bruges provides an opportunity to see how the civic, social and healthcare worlds can partner to support whole communities.

It is also an opportunity to see how Public Health Palliative Care International plays a role in the promotion of public health approaches to the issues of dying, death, grieving and caregiving. Please consider joining us as members (go to www.phpci.org) and contribute to this work.

On behalf of the Council of PHPCI, I wish us all a stimulating and engaging 7th International Conference.



Dr John Rosenberg

President, Public Health Palliative Care International

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