initiatives such as advance care planning, and the integration of early PC into disease-focused treatment. PC seems to not be directly associated with people's own end of life and PC interventions were rarely acknowledged. In modifying public misconceptions of what PC entails, professionals should move closer to community perceptions and shape more clearly the profile of PC.

Abstract number: P368
Abstract type: Poster presentation

Facts and Figures of Palliative Care Development in 15 Countries of the Eastern Mediterranean Region

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Background and aims: Information on the state of palliative care (PC) development in the World Health Organization's (WHO) Eastern Mediterranean (EM) Region countries has been recently published in the Atlas of PC in the EM. The aim of this study is to describe comparatively the status of PC development in the EM region countries with information derived from the Atlas.

Methods: Surveys were sent by email to two leaders of PC in each country. A follow-up telephone interview was conducted with one leader from each available country. Additionally, a scoping review of the state of PC in EM countries using the WHO PC Public Health Strategy framework was conducted using PubMed, CINAHL, Embase, and Google Scholar.

Results: Sixty-eight percent (15/22) of countries in the EM region responded to the survey, 64% to the interviews, and 73 unique articles were found in the scoping review regarding PC development in the EM. Saudi Arabia had the highest number of PC programs, followed by Egypt and Jordan, while Iraq and the Occupied Palestinian Territories reported none. Saudi Arabia, Iran, and Lebanon report having official licensing programs in PC for physicians, and an additional four countries (Egypt, Jordan, Oman, and Qatar) have developed other advanced training programs. In terms of education, Jordan, Oman, and Lebanon report having at least one medical school teaching PC as an independent subject, though four additional countries (Egypt, Kuwait, Pakistan, and Tunisia) report teaching PC integrated into other disciplines. There are no nursing schools in the region that teach PC as a dedicated subject. In terms of policies, only Tunisia has a stand-alone national PC plan but 11/15 of participating countries reported having a section for PC within their national cancer plan/strategy. In terms of medicines, Saudi Arabia reported the highest consumption of opioids and general availability of medicines.

Conclusion: PC development in the majority of the EM region remains poorly developed. All dimensions of the WHO Public Health Strategy should be addressed to enhance accessibility to PC across the region.

Abstract number: P369
Abstract type: Poster presentation

"No Mum, Don't Talk Like That"; Perspectives of Elders from Black and Minority Ethnic Cultures on End-of-Life Discussions with their Adult Children - A Systematically Conducted Metaethnography

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Background: Many older people, of all ethnicities, express a preference for a peaceful death. However, people from Black and Minority Ethnic (BME) backgrounds are more likely to die receiving life supporting measures. Adult children play an important role in the end of life decision making for these elders which can be difficult and cause distress for both the children and the health care professionals involved. Congruence of end of life preferences between elders and their children has been found to be low resulting in care preferences being contravened when elder's loose capacity. There is limited understanding of end of life planning conversations between BME elders and their children and how this influences the experiences of these elders at the end of life.

Review aim: To explore the perspectives and experiences of BME elders about sharing end of life preferences with their adult children.

Design: A search was carried out using Cinahl, Medline and Pubmed to find qualitative studies published between 2005 and 2017. Studies that related to BME elders and conversations with family about end-of-life care were included. Citation snowballing and information foraging was used to ensure all appropriate references were identified.

Results: 13 studies met the inclusion criteria. The studies were explored for the themes and the following metaphors were identified by two independent reviewers: I leave it in God's hands; I will go when it is time to go; No mum, don't talk like that; If I talk about this they will suffer; We don't talk about those things; My family will do right by me. The line of argument synthesis drawn out reflected the dichotomous balance of trust and burden avoidance that characterises the perspectives of BME elders to end of life care planning with their children.

Conclusion: Understanding the factors that influence anticipatory discussions may help to facilitate earlier discussion and congruence of preferences between BME elders and their children.

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Abstract type: Poster presentation

eHealth in Palliative Care: Introducing a Prototype to Monitor Comfort in Palliative Care Patients at Home

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Background: Palliative Care Patients at Home (PCPH) have more difficulties in reporting their symptoms, but monitoring comfort is important to address effective Palliative Care (PC). E-health can bring an opportunity to monitor comfort over time, and to enhance PC more efficiently.

Aim: To develop a web-based app to monitor comfort in PCPH.

Methods: A multi-phase electronic application development process was conducted. A literature review for the characterisation of comfort in literature, a concept analysis study, and a qualitative study about PC patients' experiences of comfort were conducted (content validity). The Portuguese version of the *Edmonton Symptom Assessment System* (α=.74) and the *Spiritual End of Life Portuguese Comfort Questionnaire* (α =.84) were used. The construct validity was discussed by 5 experts in PC (*Kappa coefficient*=.76). The app was designed using a web-based domain. Participants were purposely recruited from 2 hospitals with PC home visits (pre-test). Eligibility criteria included: age over 18 years, be followed by a PC team at home, have a computer device with internet access. Outcomes included: number of SOS messages, loading time, patient's opinion regarding ease of use, and usefulness. The project was approved by the ethics committee. Descriptive statistics were calculated (*SPSS*®) and specific data analysis methods were used, according to each phase.

Results: A web-based app compatible with *Android, iOS* and *Windows* was designed. Holistic comfort includes symptom management and spiritual comfort. The app assesses 11 items (pain, tiredness, drowsiness, nausea, lack of appetite, shortness of breath, depression, anxiety, fear of

the future, peace and the will to live). The app was used by 7 PCPH during 15 consecutive days (cancer: n=4; amyotrophic lateral sclerosis: n=2; multiple sclerosis: n=1). Electronic devices included smartphone (n=1), tablet (n=3) and laptop (n=2). Operative systems included *Android* (n=5) and *Windows* (n=2). Loading time ranged between 11-18 seconds. A total of 117 messages were received (n=12 in SOS: increased pain/ anxiety). Most data were sent after 2pm, and SOS messages were sent between 4.45pm-10.33pm. Patients considered the app very useful, simple, and easy to use.

Conclusions: This app could help to monitor comfort and improve early interventions in PCPH. Further studies should encompass larger samples, focus on the loading time and access through devices using *iOS* technology.

No conflicts of interest.

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Patient and Public Involvement in Palliative Care Research: A Qualitative Study to Identify Motivators and Meaningful Outcomes

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Background: Patient and public involvement (PPI) is increasingly valued and required in palliative care (PC) research. However, little evidence exists concerning the reasons why patients, their families, the public (collectively known as 'service-users') or researchers engage in PPI. This gap in knowledge hinders collaboration.
Aim: To identify and compare different motivations and meaningful outcomes among service-users and researchers in order to optimise PPI in PC research.
Methods: Focus groups were conducted with PC patients/unpaid carers and PC researchers at a research institute in London. Data were audio-recorded, transcribed verbatim and analysed using inductive, thematic content analysis. Core themes arising from the data were compared and contrasted between service-users and PC researchers.
Results: Seven service-users and six researchers participated in three focus groups (two service-user groups, one researcher group). Sixteen main themes emerged for both groups. Service-users were motivated to become involved in PC research to improve care, and as a way to overcome past negative experiences. They felt empowered by their role once involved. Researchers were initially motivated by funders' requirements. However, after perceived improvements in their research through PPI, this also motivated them to continue. Meaningful outcomes for service-users were identifying with a project, therefore developing a sense of ownership and feeling part of the research organisation. Lack of feedback from researchers was a major barrier for service-users, preventing them from identifying with projects and feeling ownership as a meaningful outcome. Researchers felt the outcome was meaningful when there was a collaboration in its true sense with service-users (i.e every member of the study team is listened to equally), and when service-users gained new skills or confidence in research throughout and after their involvement.
Conclusion: The quality of the interaction and feedback are essential components to ensure that meaningful outcomes are achieved and motivations sustained in PC PPI. Clear synergies emerged about the mutual interest in what service-users gain through involvement. Based on the findings of this study, evaluations of communication and feedback processes, time and money investment, and role definitions should be considered for future research activity with service-users.

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Mend the Gap - Palliative Care Education Students' Perspectives on Palliative Care Education

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Background: The need for palliative care is increasing. Since almost every doctor comes into contact with palliative care patients, it is important that, at the end of their undergraduate medical curriculum, students feel that they have acquired the necessary competencies to deal with this challenge. The objective of this study is to measure undergraduate students' confidence in, their perceived importance of, and knowledge about palliative care.
Methods: A questionnaire study was conducted with sixth-year medical students of four Dutch medical faculties. The questionnaire measured the self-estimated confidence of the students in dealing with palliative care patients, their perceived importance of palliative care education, and their knowledge about palliative care.
Results: 222 students of four Dutch medical faculties participated. A majority of the students (59,6%) does not feel confident about being involved in caring for a palliative care patient, especially when it concerns incorporating spiritual aspects of palliative care into the care plan. The students are overall neutral about the palliative care education that they received (58,1%). They state however that the psychosocial and spiritual needs are hardly addressed in their curriculum. The majority (86,5%) of the students perceived education about palliative care to be (very) relevant, especially education about patient-oriented care and communication with palliative care patients. The other students were neutral about the importance. The knowledge test shows that students lack knowledge: approximately half of the responding students (47,8%) answered more than half of the questions correctly.
Conclusion: The students in this study are almost junior doctors who will soon have to care for palliative patients. However, the results show that most students do not feel confident and that their education does not cover all important aspects of palliative care. For these reasons, it is important to pay more attention to palliative care in the medical curriculum.

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Abstract type: Poster presentation

Palliative Nursing Care: Analysis of the Academic Knowledge Production in Portugal

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Introduction: Palliative care has been recognized as an important social requirement by the Portuguese law since 2012. This acknowledgment is