Pronúncia ao relatório preliminar da CAE do processo de avaliação do 2.º Ciclo em Cuidados Paliativos Pediátricos

Agradecemos todas as contribuições efetuadas pela CAE, que contribuem para o melhoramento deste CE, permitindo, também, alargar o seu âmbito internacional.

Ponto 3.6.1 Conta-se com a colaboração institucional do Hospital Bambino Gesù - Roma, do Hospital Universitário La Paz - Madrid, da Universidade de Bologna, do Hospital Pediátrico de Coimbra, cujos protocolos estão em desenvolvimento, bem como dos hospitais/unidades locais de saúde afiliados ao Mestrado Integrado da FMUP, que será pedida extensão para este curso de mestrado (total de 23, anexo).

Ponto 4.6.1 Os conteúdos programáticos de cada especialização serão revistos no sentido de garantir a especificidade profissional de cada uma destas áreas, nomeadamente na medicina um enfoque no diagnóstico e tratamento, com enfase na gestão médica dos sintomas e na tomada de decisões clínicas complexas; prescrição de medicamentos, realização de procedimentos e ajustes de tratamentos médicos baseados na avaliação contínua; comunicação sobre diagnósticos, prognósticos e opções de tratamento, incluindo discussões sobre decisões críticas e planeamento de cuidados e atualização contínua de conhecimentos médicos, participação em pesquisa e desenvolvimento de novas intervenções clínicas. Na área da enfermagem, especial enfoque no cuidado contínuo e holístico, com forte enfase no suporte direto ao paciente e à família; administração de cuidados diários, monitorização de sinais vitais, e uso de terapias complementares; comunicação contínua e suporte psicossocial, educação da família e facilitação do cuidado em casa. A área de cuidados pediátricos envolve os conhecimentos e habilidades específicas para atender às necessidades emocionais, sociais e espirituais de crianças com doenças graves e suas famílias. Pretende-se uma organização do programa simplificada e de refletir as especificidades das diferentes fases de desenvolvimento da criança, nomeadamente as necessidades físicas e o apoio à família no recém-nascido e latente, acrescendo o apoio psicológico e aspetos espirituais durante a primeira infância, pré-escolar e idade escolar e adolescência (ponto 3.6.3).

O corpo docente elencado é constituído por professores do atual quadro da FMUP. Enviamos uma lista de colaboradores (anexo) que caso este CE venha a ser aprovado serão integrados na FMUP como professores, existindo capacidade efetiva para integrar estes docentes à posteriori no corpo docente do ciclo de estudos. Estes colaboradores irão integrar as várias UCs, tendo em conta a sua área de especialidade, partilhar a carga horária das mesmas e adaptar os conteúdos às suas práticas e conhecimentos. A participação de conferencistas internacionais será no final de cada UC.

Mantêm-se os 20 ECTS, uma vez que as aulas online não ultrapassam os 50% no número total de ECTS no 1º ano. As técnicas de vídeo e audiovisuais serão utilizadas para o ensino. Todas as avaliações serão presenciais.

Ao transportar os conteúdos dos formulários para a plataforma, houve gralhas devido ao número de caracteres ser inferior. Daí a existência de frases inacabadas e outros erros.

UC Comunicação e o Trabalho em Equipa - os critérios de avaliação e conteúdos do trabalho em equipa serão mais aprofundados, como também na *UC Terapêutica e*

Controlo Sintomático em Cuidados Paliativos Pediátricos, garantindo que este tema é abordado de forma mais consistente e integrado ao longo do programa.

UC Luto e Apoio Psicossocial-espiritual em Enfermagem Paliativa Pediátrica - irá integrar um corregente da área e integra nos conteúdos “o papel do enfermeiro” (poderá ter sido o lapso da plataforma), com enfoque nas técnicas para se comunicar de maneira clara e empática com crianças de diferentes idades e suas famílias; métodos para avaliação e oferecer suporte emocional e espiritual às crianças e suas famílias, incluindo intervenções psicossociais e o apoio às famílias durante o processo de luto e adaptação à perda. Referente à UC na área da medicina, no papel do médico integra-se a especificidade da técnicas de comunicação eficaz e sensível com crianças e famílias, incluindo a abordagem de conversas difíceis sobre diagnóstico e prognóstico; métodos para avaliação de necessidades psicossociais e espirituais nas crianças e suas famílias e a sua integração no plano de cuidados e tomada de decisão compartilhada para envolver as famílias e crianças nas decisões sobre cuidados e tratamentos, respeitando suas preferências e valores. As três UCs também se distinguem, pois vão integrar profissionais que irão abordar as questões específicas a cada área profissional e casos práticos. Ir-se-á integrar o papel do psicólogo, assistente social, tendo em conta as várias fases de desenvolvimento da criança/adolescente. Será revisto o ponto 4.2.12 e integrada literatura sobre o luto.

UC Medicina Paliativa Pediátrica - serão incluídas referências detalhadas a métodos de avaliação de sintomas, incluindo escalas, instrumentos e estratégias, de modo a complementar o enfoque no tratamento e garantir uma abordagem mais abrangente e eficaz.

UC Princípios fundamentais das Ciências de Enfermagem - será atribuído à docente responsável o número total de horas, como também horas de outras UCs em que irá participar.

UCs de Projetos Individuais - serão adaptadas à investigação em cada área profissional, tendo em conta as suas especificidades, contando com a colaboração de vários especialistas das respetivas áreas. Serão abordadas as metodologias quantitativas e qualitativas, como também aprofundadas outras áreas, nomeadamente os *clinical trials* para as áreas mais clínicas e estudos sociais para as áreas das ciências sociais e da saúde.

UCs de Seminários - há temas transversais a todas as áreas, e existem outros específicos para cada área profissional, cujos métodos de lecionação e pelos próprios docentes são distintos. Os temas serão revistos conforme sugestões.

As metodologias e resultados de aprendizagem estão alinhadas com as orientações da *WHO, National Child Traumatic Stress Network, American Academy of Pediatrics, The Dougy Center*, entre outras. São fundamentadas em práticas reconhecidas internacionalmente e baseadas em evidência e a coerência é mantida através da integração dessas diretrizes no conteúdo programático e nas atividades práticas.

Independentemente do modelo do sistema de saúde, os CP em geral e os CPP em particular, são considerados hoje um imperativo ético e social de política de saúde. Assim sendo, um dos objetivos deste CE é contribuir para a formação académica e especializada de diferentes profissionais de saúde, de modo a exercerem a sua profissão em hospitais ou no âmbito dos cuidados de saúde primários, independentemente da natureza institucional dos mesmos ou do modelo do sistema de saúde em que se inscrevam. Em todo o caso, a formação ministrada ao longo deste mestrado terá especial sensibilidade para as diferenças culturais e organizativas dos diferentes sistemas de saúde.

Ponto 8.4 Atividades de desenvolvimento, formação avançada e desenvolvimento profissional de alto nível:

1. Tradução e disseminação da Carta dos Direitos da Criança com Doença Incurável nos países de língua portuguesa, criada pelo Hospital Bambino Gesù, Roma, Italy. Carta de Direitos da Criança Incurável (2019), chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://img.ospedalebambinogesu.it/images/2021/04/23/122341259-611cb5bf-d21d-43d9-ad5e-76f6348c8c07.pdf;

2. Projeto Bial nº 358/20: Study of end-of-life paranormal phenomena recognized by palliative care health professionals in Portugal;

3. Home Hospitalization in Palliative Care: Faculdade de Medicina da Universidade do Porto, International Chair in Bioethics, Vrije Universiteit Brussels, Universiteit Gent: DPC-ICB-2024-01;

4. Artificial intelligence-based health, optimist, purpose and endurance in palliative care for dementia: HORIZON-HLTH-2023-DISEASE-03;

5. Espiritualidade em Cuidados Paliativos: Faculdade de Medicina da Universidade do Porto

6. The Ethics of Paediatric Palliative Care: Associação Portuguesa de Bioética: P/17/APB/24;

7. Paediatric Palliative Care: An International Comparative Analysis: Department of Palliative Care, International Chair in Bioethics: DPC-ICB-2024-04.

Abstracts das Teses de Doutoramento e Dissertações de Mestrado em Cuidados Paliativos defendidas (em anexo).

Publicações:

1. Murteira, D., Rego, F. (2023). Integrating palliative care in patients with advanced multiple sclerosis: a scoping review. Annals of Palliative Medicine. In press.
2. Marques, P., Rego, F., & Nunes, R. (2023). Palliative Care in Portugal-From Intention to Reality, What Is Yet to Be Accomplished. Nursing reports, 13(4), 1477–1485. https://doi.org/10.3390/nursrep13040124
3. Schmauch, N.U., Pinto, E., Rego, R., Castro, L., Sacarlal, J., Rego, G. (2023). Communication strategies used by medical physicians when delivering bad news at the Maputo Central Hospital, Mozambique: a cross-sectional study. BMC Palliative Care 22(186). https://doi.org/10.1186/s12904-023-01309-y
4. Macedo, J. C., Rego, F., & Nunes, R. (2023). Perceptions, Attitudes, and Knowledge toward Advance Directives: A Scoping Review. Healthcare, 11(20), 2755. https://doi.org/10.3390/healthcare11202755
5. Cerullo, G., Videira-Silva, A., Carrancha, M., Rego, F., & Nunes, R. (2023). Complexity of patient care needs in palliative care: a scoping review. Annals of Palliative Medicine, 0. doi:10.21037/apm-22-894

6. Dias, L. M., Frutig, M. de A., Bezerra, M. R., Barra, W. F., Castro, L., & Rego, F. (2023). Advance Care Planning and Goals of Care Discussion: Barriers from the Perspective of Medical Residents. International Journal of Environmental Research and Public Health, 20(4), 3239. DOI10.3390/ijerph20043239
7. Brites, M. A., Gonçalves, J., & Rego, F. (2022). Admission to the Emergency Department by Patients Being Followed up for Palliative Care Consultations. International Journal of Environmental Research and Public Health, 19 (22), 15204. DOI:10.3390/ijerph192215204
8. Dias, L.M., Bezerra, M.R., Barra, W.B., Carvalho, A.E.V., Nunes, R., Rego, F. (2022). Advance care planning: a practical guide. Revista Bioética. 30 (3). DOI 10.1590/1983-80422022303546EN
9. Schmauch NU, Rego F, Castro L, Sacarlal J, Rego G. (2022). Coping Strategies Used by Patients After Diagnosis Disclosure in the Transition to Palliative Care: A Cross-Sectional Study. Journal of Palliative Care, 37(4):570-578. DOI:10.1177/08258597221113724
10. Dias, L.M., Bezerra, M.R., Barra, W.B., Carvalho, A.E.V., Castro, C., Rego, F. (2022). Advance care planning and goals of care discussion: the perspectives of Brazilian oncologists. BMC Palliative Care. 21(165). DOI: 10.1186/s12904-022-01052-w
11. Rego, F., Sommovigo, V., Setti, I., 2, Giardini, G., Alves, E., Morgado, J., Maffoni M. (2022). How Supportive Ethical Relationships Are Negatively Related to Palliative Care Professionals' Negative Affectivity and Moral Distress: A Portuguese Sample. International Journal of Environmental Research and Public Health. 19, 3863. DOI: 10.3390/ijerph19073863
12. Grijó, L., Tojal, R., Rego, F. (2021). The effects of dignity therapy on palliative patients' family members: a systematic review. Journal of Palliative & Supportive Care. 1–10. DOI: 10.1017/S147895152100033X
13. Dias, L.M., Bezerra, M.R., Rego, F. (2021). Refusal of medical treatment by older adults with cancer: a systematic review. Annals of Palliative Medicine. DOI: 10.21037/apm-20-2439.
14. Rego, F., Gonçalves, F., Moutinho, S., Castro, C., Nunes, R (2020). The influence of spirituality on decision-making in palliative care outpatients: a cross-sectional study. BMC Palliative Care 19, 22. DOI: 10.1186/s12904-020-0525-3
15. Rego, F., Rego, G., Nunes, R. (2020). Moral agency and spirituality in palliative care. Annals of Palliative Medicine, 9(4),2286-2293. DOI: 10.21037/apm-19-436.
16. Ikedo, F., Castro, L., Fraguas, S., Rego, F., Nunes, R. (2020). Cross-cultural adaptation and validation of the European Portuguese version of the heartland forgiveness scale. Health and Quality of Life Outcomes, 18(289). DOI: 10.1186/s12955-020-01531-9
17. Rego F, Nunes R. (2019). The Interface between Psychology and Spirituality in Palliative Care. Journal of Health Psychology. 24(3):279-287: DOI: 10.1177/1359105316664138.

18. Dahdah, D., Rego, F., Joaquim, R., Bombarda, T., Nunes, R. (2018). Daily life and maternal mourning: A pilot study. Death Studies, DOI: 10.1080/07481187.2018.1458762
19. Rego, F., Pereira, C., Rego, G., Nunes, R. (2018). The Psychological and Spiritual Dimensions of Palliative Care: A Descriptive Systematic Review. Neuropsychiatry, 8(2), 484–494.
20. Rego R, Nunes R. (2016). The Spiritual Advocate in Palliative Care. Journal of Palliative Care & Medicine, 6(5). DOI: 10.4172/2165-7386.1000283.
21. Rego F. Spirituality and Mental Health. In: Megan C. Best (Editor). Spiritual Care in Palliative Care - What it is and Why it Matter. Springer, in press.
22. Nunes, R., Rego, F., Rego G. (Coord). (2023). Encyclopaedia of Palliative Care (2nd Ed.). Almedina, Coimbra

Ponto 11.6.1 Os estudantes que optem pelo estágio serão distribuídos pelas equipas de CPP das instituições supramencionadas que se pretende desenvolver protocolo, tendo em conta o seu interesse e capacidade das mesmas, e supervisionados por profissionais experientes, incluindo médicos, enfermeiros, psicólogos e assistentes sociais especializados em cuidados paliativos pediátricos. Pretende-se que o estágio inclua as componentes hospitalares e domiciliares, e que capacitem o estagiário de competências clínicas, nomeadamente na avaliação e controlo da dor e outros sintomas, cuidados holísticos, atendendo às necessidades físicas, emocionais, sociais e espirituais das crianças e das suas famílias, em comunicação e suporte durante a doença e luto, considerando os desafios da gestão emocional e dos diferentes contextos culturais e éticos, e a avaliação através da autorreflexão e relatório de estágio, a ser apresentado e defendido no final do 2º ano. Estão a ser contactadas as instituições que constam na lista anexa para a concretização efetiva destes estágios por parte dos estudantes.

Ponto 10.3.1 Embora cada programa tenha seus próprios pontos fortes e enfoques específicos, todos compartilham o objetivo comum de melhorar os cuidados paliativos pediátricos através da formação de profissionais competentes e bem preparados.

Comparação dos objetivos dos cursos Máster Universitario em Cuidados Paliativos Pediátricos, UNIR; Professional Master programme in Paediatric Palliative Care, Università di Bologna; Advanced Certificate in Pediatric Palliative Care, MNJ Institute of Oncology, Hyderabad , Two Worlds Cancer Collaboration: relativamente à formação integral e avançada, UNIR e Università di Bologna enfatizam uma formação completa e avançada, e o MNJ Institute foca uma formação prática intensiva adaptada a contextos com recursos limitados. Todos os programas destacam a importância de desenvolver competências clínicas, e a Università di Bologna e a UNIR também enfatizam a abordagem multidisciplinar. O MNJ Institute tem uma abordagem mais prática e focada no controlo de sintomas e suporte familiar. Relativamente à pesquisa e inovação, UNIR e Università di Bologna incentivam a pesquisa e a inovação, preparando os alunos para contribuir para o avanço do conhecimento na área dos CPP, o MNJ Institute também valoriza a pesquisa, mas com um foco mais prático e aplicado, especialmente em contextos com recursos limitados. Todos os programas reconhecem a importância do apoio psicossocial à criança e família, o MNJ Institute e a UNIR colocam uma ênfase particular em ensinar técnicas para ajudar as famílias a lidar com a doença e o luto. A Università di Bologna destaca-se por preparar os alunos para se envolverem em políticas de saúde e advocacy, promovendo melhores cuidados paliativos pediátricos em suas comunidades.

O Espaço Europeu de Ensino Superior desempenha um papel crucial no fortalecimento dos cuidados paliativos pediátricos na Europa. Os cursos de mestrado em cuidados paliativos pediátricos no EEES representam um modelo de excelência na formação de profissionais de saúde, uma vez que combinam o rigor académico, prática clínica, pesquisa e mobilidade internacional. Ao harmonizar os currículos e manter os altos padrões de educação, como também ao dar a possibilidade de conhecer outros centros europeus de referência na matéria através dos protocolos em desenvolvimento, assegura-se que os estudantes sejam bem preparados para enfrentar os desafios desta área complexa e sensível, promovendo cuidados de alta qualidade para crianças e suas famílias em toda a Europa.

Response to CAE's preliminary report on the evaluation process of the 2nd Cycle in Paediatric Palliative Care

We are grateful for all the contributions made by CAE, which contribute to the improvement of this study cycle, also allowing it to expand its international scope.

Point 3.6.1 There is institutional collaboration with the Bambino Gesù Hospital - Rome, the La Paz University Hospital - Madrid, the University of Bologna, the Pediatric Hospital of Coimbra, whose protocols are under development, as well as local hospitals/units health professionals affiliated with the FMUP Integrated Master's Degree, who will be asked for an extension for this master's course (total of 23, attached).

Point 4.6.1 The program contents of each branch will be reviewed in order to guarantee the professional specificity of each of these areas, namely in medicine a focus on diagnosis and treatment, with an emphasis on the medical management of symptoms and complex clinical decision-making; prescribing medications, carrying out procedures and adjusting medical treatments based on continuous assessment; communication about diagnoses, prognoses and treatment options, including discussions about critical decisions and care planning and continuous updating of medical knowledge, participation in research and development of new clinical interventions. In the area of nursing, special focus on continuous and holistic care, with a strong emphasis on direct support for the patient and family; administration of daily care, monitoring of vital signs, and use of complementary therapies; ongoing communication and psychosocial support, family education and facilitation of home care. The field of pediatric care involves the specific knowledge and skills to meet the emotional, social and spiritual needs of children with serious illnesses and their families. The aim is to organize the program in a simplified manner and to reflect the specificities of the child's different stages of development, namely physical needs and family support in the newborn and latent stage, adding psychological support and spiritual aspects during early childhood, pre- -school age and adolescence (point 3.6.3).

The faculty listed is made up of professors from the current FMUP staff. We send a list of collaborators (attachment) who, if this SC is approved, will be integrated into FMUP as teachers, with effective capacity to integrate these teachers afterwards into the teaching staff of the study cycle. These employees will integrate the various UCs, considering their area of expertise, share their workload and adapt the content to their practices and knowledge. The participation of international speakers will be at the end of each UC.

The 20 ECTS are maintained, as online classes do not exceed 50% of the total number of ECTS in the 1st year. Video and audiovisual techniques will be used for teaching. All assessments will be in person.

When transporting the contents of the forms to the platform, there were errors due to the lower number of characters. Hence the existence of unfinished sentences and other errors.

CU Communication and Teamwork - the evaluation criteria and contents of teamwork will be more elaborated, as well as in the CU Therapeutics and Symptomatic Control in

Paediatric Palliative Care, ensuring that this topic is addressed in a more consistent and integrated way throughout the course program.

CU Bereavement and Psychosocial-spiritual Support in Paediatric Palliative Nursing - will include another responsible professor in the area and integrates “the role of the nurse” into the content (it could have been an error in the platform), focusing on techniques for communicating clearly and empathetically with children of different ages and their families; methods for assessing and offering emotional and spiritual support to children and their families, including psychosocial interventions and support for families during the grieving process and adaptation to loss. Regarding CU in the area of medicine, the role of the doctor includes the specificity of effective and sensitive communication techniques with children and families, including addressing difficult conversations about diagnosis and prognosis; methods for assessing psychosocial and spiritual needs in children and their families and their integration into the care plan and shared decision-making to involve families and children in decisions about care and treatments, respecting their preferences and values. The three CUs are also different, as they will integrate professionals who will address issues specific to each professional area and practical cases. The role of the psychologist and social worker will be integrated, considering the various stages of development of the child/adolescent. Point 4.2.12 will be reviewed and literature on grief will be integrated.

CU Paediatric Palliative Medicine - detailed references to symptom assessment methods will be included, including scales, instruments and strategies, in order to complement the focus on treatment and ensure a more comprehensive and effective approach.

CU Fundamental Principles of Nursing Sciences - the responsible professor will be assigned the total number of hours, as well as hours from other UCs in which she will participate.

Individual Project UCs - will be adapted to research in each professional area, considering their specificities, with the collaboration of several specialists in the respective areas. Quantitative and qualitative methodologies will be covered, as well as other areas, namely clinical trials for more clinical areas and social studies for the areas of social and health sciences.

Seminar UCs - there are themes that are relevant in all areas, and there are others specific to each professional area, whose teaching methods and professors are different. The themes will be reviewed according to suggestions.

The methodologies and learning outcomes are aligned with guidelines from WHO, National Child Traumatic Stress Network, American Academy of Pediatrics, The Dougy Centre, among others. They are based on internationally recognised and evidence-based practices and coherence is maintained through the integration of these guidelines into the program content and practical activities.

Regardless of the healthcare system model, PC in general and PPC in particular are today considered an ethical and social imperative of health policy. Therefore, one of the objectives of this study cycle is to contribute to the academic and specialised training of different health professionals, in order to practice their profession in hospitals or within the scope of primary health care, regardless of their institutional nature or the model of the health system in which they enrol.

Point 8.4 Development activities, advanced training and high-level professional development:

1. Translation and dissemination of the Charter of the Rights of Children with Incurable Diseases in Portuguese-speaking countries, created by the Bambino Gesù Hospital, Rome, Italy. Charter of Rights for the Incurable Child (2019), chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://img.ospedalebambinogesu.it/images/2021/04/23/122341259-611cb5bf-d21d-43d9-ad5e-76f6348c8c07.pdf;

2. Bial Project nº 358/20: Study of end-of-life paranormal phenomena recognized by palliative care health professionals in Portugal;

3. Home Hospitalization in Palliative Care: Faculty of Medicine of the University of Porto, International Chair in Bioethics, Vrije Universiteit Brussels, Universiteit Gent: DPC-ICB-2024-01;

4. Artificial intelligence-based health, optimism, purpose and endurance in palliative care for dementia: HORIZON-HLTH-2023-DISEASE-03;

5. Spirituality in Palliative Care: Faculty of Medicine of the University of Porto

6. The Ethics of Pediatric Palliative Care: Associação Portuguesa de Bioética: P/17/APB/24;

7. Pediatric Palliative Care: An International Comparative Analysis: Department of Palliative Care, International Chair in Bioethics: DPC-ICB-2024-04.

Abstracts of the Doctoral Theses and Master's Dissertations in Palliative Care defended (in attachment).

Publications:

1. Murteira, D., Rego, F. (2023). Integrating palliative care in patients with advanced multiple sclerosis: a scoping review. Annals of Palliative Medicine. In press.

2. Marques, P., Rego, F., & Nunes, R. (2023). Palliative Care in Portugal-From Intention to Reality, What Is Yet to Be Accomplished. Nursing reports, 13(4), 1477–1485. https://doi.org/10.3390/nursrep13040124

3. Schmauch, N.U., Pinto, E., Rego, R., Castro, L., Sacarlal, J., Rego, G. (2023). Communication strategies used by medical physicians when delivering bad news at the Maputo Central Hospital, Mozambique: a cross-sectional study. BMC Palliative Care 22(186). https://doi.org/10.1186/s12904-023-01309-y

4. Macedo, J. C., Rego, F., & Nunes, R. (2023). Perceptions, Attitudes, and Knowledge toward Advance Directives: A Scoping Review. Healthcare, 11(20), 2755. https://doi.org/10.3390/healthcare11202755

5. Cerullo, G., Videira-Silva, A., Carrancha, M., Rego, F., & Nunes, R. (2023). Complexity of patient care needs in palliative care: a scoping review. Annals of Palliative Medicine, 0. doi:10.21037/apm-22-894

6. Dias, L. M., Frutig, M. de A., Bezerra, M. R., Barra, W. F., Castro, L., & Rego, F. (2023). Advance Care Planning and Goals of Care Discussion: Barriers from the Perspective of Medical Residents. International Journal of Environmental Research and Public Health, 20(4), 3239. DOI10.3390/ijerph20043239

7. Brites, M. A., Gonçalves, J., & Rego, F. (2022). Admission to the Emergency Department by Patients Being Followed up for Palliative Care Consultations. International Journal of Environmental Research and Public Health, 19 (22), 15204. DOI:10.3390/ijerph192215204

8. Dias, L.M., Bezerra, M.R., Barra, W.B., Carvalho, A.E.V., Nunes, R., Rego, F. (2022). Advance care planning: a practical guide. Revista Bioética. 30 (3). DOI 10.1590/1983-80422022303546EN

9. Schmauch NU, Rego F, Castro L, Sacarlal J, Rego G. (2022). Coping Strategies Used by Patients After Diagnosis Disclosure in the Transition to Palliative Care: A Cross-Sectional Study. Journal of Palliative Care, 37(4):570-578. DOI:10.1177/08258597221113724

10. Dias, L.M., Bezerra, M.R., Barra, W.B., Carvalho, A.E.V., Castro, C., Rego, F. (2022). Advance care planning and goals of care discussion: the perspectives of Brazilian oncologists. BMC Palliative Care. 21(165). DOI: 10.1186/s12904-022-01052-w

11. Rego, F., Sommovigo, V., Setti, I., 2, Giardini, G., Alves, E., Morgado, J., Maffoni M. (2022). How Supportive Ethical Relationships Are Negatively Related to Palliative Care Professionals' Negative Affectivity and Moral Distress: A Portuguese Sample. International Journal of Environmental Research and Public Health. 19, 3863. DOI: 10.3390/ijerph19073863

12. Grijó, L., Tojal, R., Rego, F. (2021). The effects of dignity therapy on palliative patients' family members: a systematic review. Journal of Palliative & Supportive Care. 1–10. DOI: 10.1017/S147895152100033X

13. Dias, L.M., Bezerra, M.R., Rego, F. (2021). Refusal of medical treatment by older adults with cancer: a systematic review. Annals of Palliative Medicine. DOI: 10.21037/apm-20-2439.

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Point 11.6.1 Students who opt for the internship will be distributed among the CPP teams of the institutions mentioned above where the protocol is intended to be developed, considering their interest and capacity, and supervised by experienced professionals, including doctors, nurses, psychologists and assistants specialized in pediatric palliative care. The internship is intended to include hospital and home components, and to provide the intern with clinical skills, namely in the assessment and control of pain and other symptoms, holistic care, meeting the physical, emotional, social and spiritual needs of children and their families, in communication and support during illness and bereavement, considering the challenges of emotional management and different cultural and ethical contexts, and assessment through self-reflection and internship report, to be presented and defended at the end of the 2nd year. The institutions included in the attached list are being contacted to enable students to actually complete these internships.

Point 10.3.1 Although each program has its own strengths and specific focuses, they all share the common goal of improving pediatric palliative care through the training of competent and well-prepared professionals.

Comparison of the objectives of the University Master's courses in Pediatric Palliative Care, UNIR; Professional Master program in Pediatric Palliative Care, Università di Bologna; Advanced Certificate in Pediatric Palliative Care, MNJ Institute of Oncology, Hyderabad, Two Worlds Cancer Collaboration: regarding comprehensive and advanced training, UNIR and Università di Bologna emphasize complete and advanced training, and the MNJ Institute focuses on intensive practical training adapted to contexts with limited resources. All programs highlight the importance of developing clinical skills, and Università di Bologna and UNIR also emphasize the multidisciplinary approach. The MNJ Institute has a more practical approach focused on symptom control and family support. Regarding research and innovation, UNIR and Università di Bologna encourage research and innovation, preparing students to contribute to the advancement of knowledge in the area of CPP, the MNJ Institute also values research, but with a more practical and applied focus, especially in resource-limited contexts. All programs recognize the importance of psychosocial support for the child and family, the MNJ Institute and UNIR place a particular emphasis on teaching techniques to help families cope with illness and grief. Università di Bologna stands out for preparing students to get involved in health policy and advocacy, promoting better pediatric palliative care in their communities.

The European Higher Education Area plays a crucial role in strengthening pediatric palliative care in Europe. The master's courses in pediatric palliative care represent a model of excellence in the training of health professionals, as they combine academic rigor, clinical practice, research and international mobility. By harmonizing curricula and maintaining high standards of education, as well as providing the possibility of getting to know other European centers of reference in the field through the protocols being developed, it is ensured that students are well prepared to face the challenges of this complex and sensitive, promoting high-quality care for children and their families across Europe.

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Lista Instituições Estrangeiras/ *Foreign Institutions list*

Conselho Federal de Medicina – Brasil / *Federal Council of Medicine – Brazil*

European Association of Palliative Care

Hospital Bambino Gesù – Roma / *Bambino Gesù Children's Hospital – Rome*

Hospital Universitário La Paz – Madrid / *La Paz University Hospital - Madrid*

International Chair in Bioethics

Ordem dos Médicos de Moçambique / *Medical Order of Mozambique*

Universidade de Bologna - Bologna / *University of Bologna*

Universidade de Harvard / *Harvard University*

World Hospice Palliative Care Organization

Lista Instituições Afiliadas/ *Affiliated Institutions list*

Casa de Saúde da Boavista

Centro Hospitalar Baixo Vouga

Centro Hospitalar de Leiria

Centro Hospitalar do Média Ave

Centro Hospitalar entre Douro e Vouga

Centro Hospitalar Póvoa Varzim - Vila do Conde
Centro Hospitalar Tâmega e Sousa
Centro Hospitalar Tondela – Viseu
Centro Hospitalar Trás-os-Montes Alto Douro
Centro Hospitalar Vila Nova Gaia – Espinho
Hospital CUF Porto
Hospital da Luz Arrábida
Hospital Divino Espírito Santos – Açores
Hospital Lusíadas Porto
Hospital Privado Boa Nova
Hospital Privado Trofa
Hospital Professor Doutor Fernando Fonseca
Hospital Santa Maria Maior – Barcelos
IPO Porto
Santa Casa Misericórdia Porto - Centro Hospitalar Conde Ferreira
Serviço Saúde Região Autónoma Madeira
Unidade Local Saúde Matosinhos
Unidade Local Saúde Nordeste

BOOK OF ABSTRACTS

PH.D. AND MASTER PROGRAM IN PALLIATIVE CARE

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UNIVERSITY OF PORTO – FACULTY OF MEDICINE

PORTO, PORTUGAL – 2024

Ph.D. in Palliative Care

1- SPIRITUAL ADVOCACY IN PALLIATIVE CARE: A MORAL AGENCY APPROACH

MARIA FRANCISCA MELO POJAL DA SILVA REGO

In the context of the growing need for quality palliative care worldwide and given the progressive aging of the population and the number of people suffering from serious chronic diseases, there is a need for the humanisation of healthcare, in general, and of an individualised care, considering all the dimensions of the person (physical, psychological, social and spiritual), in particular. For end-of-life patients, suffering encompasses all of these dimensions that need to be addressed in a holistic way in order to respect the patient's death process, promote patient empowerment, moral agency and involvement in decision-making. It is argued that spirituality is an essential element in psychological support and in decision-making, which promotes patient dignity, autonomy, and wellbeing. However, problems in addressing the multidimensionality of spirituality, which involves the individual, spiritual and cultural aspects of the patient, are associated with the lack of harmonisation of the definition and operationalisation of the concept, in both clinical practice and scientific research, as well as lack of healthcare professionals with adequate training and lack of recourses. Thus, there is the need to further study spirituality in palliative care in terms of what it represents for the patients, their experience of the psychological dimension and in their perception of the decision-making process.

Thus, this doctoral thesis seeks to: explore the relationship between the spiritual and psychological dimensions in palliative care and the inclusion of spirituality assessment in psychological care; understand the influence of spirituality in the decision-making process in palliative care. This second aim involved a cross-sectional study with 95 palliative outpatients and analysed the perception of conflict in decision-making and its relationship with spiritual wellbeing in palliative care patients, as well as explored the meaning of spirituality and perception of autonomy in decision-making in health. And lastly, this thesis aims to discuss an appropriate response for patients' spiritual needs and involvement in decision-making that promotes patients' moral agency, dignity, and empowerment.

This work is composed of eight papers, in which six are currently published – three book chapters, a systematic review of literature, an editorial and a letter to the editor – and a research article that was accepted for publication. Lastly, a theoretical article was submitted for publication. These articles aim to present and discuss the relevant issues of this thesis, and to answer each one of the aims presented. The three book chapters and systematic review of literature compose the theoretical and conceptual framework, and the editorial and letter to the editor, research article and theoretical article comprise the main results.

The cross-sectional study, carried out between March 2018 and May 2019, involved the administration of a battery of tests to 95 patients palliative outpatients from the Portuguese Institute of Oncology - Porto and Coimbra. The battery included a sociodemographic questionnaire, the Decisional Conflict Scale, the Functional Assessment of Chronic Illness Therapy - Spiritual Well-being and a semi-structured interview to explore the perception of spirituality and autonomy in decision-making. Data was analysised using, descriptive and inferential statistics, including correlations and Mann-Whitney test. The analysis of patients' definitions of spirituality were based on the interpretative phenomenological process. The results showed a significant correlation between spiritual wellbeing and higher levels of physical, psychological, and functional wellbeing and quality of life. There was also a significant association between higher spiritual wellbeing and lower levels of decisional conflict, uncertainty, as well as greater sense of information and support and satisfaction with the decision. The statements of 95 the outpatients were analysed concerning the description of patients' spirituality. The analysis was based on the initial stages of the interpretative phenomenological process, in which the researchers made an interpretation of the meaning of the lived experiences of the patients. The authors independently found expressions, which were then compared. This allowed to make theoretical connections, still reflecting the particularity of each experience. This process enabled the authors to reach a total of 16 consensual themes, in which family was the most frequent topic, followed by God/religion. Patients highlighted the importance of spirituality during the illness process and the need for spiritual care and a support that respects their values and beliefs to assist in decision-making related to care. Nevertheless, given the exploratory nature of this study, further validations in new studies based on independent datasets should conducted, as well as the validation of the semi-structured interview. Future developments should include a more indepth qualitative analysis of patients’ experience of spirituality.

Even though studies report the importance of spirituality and spiritual care in palliative care patients, this dimension of the patient is still poorly addressed. The interdisciplinary team is essential to adequately address patients’ spiritual distress, however most healthcare professionals consider they do not have the appropriate skills to provide this type of care. The systematic review of literature conducted found that the integration of spirituality in psychological support in palliative care is of great importance, given the frequent presence of spiritual and psychological suffering in this population, and the contribution that spiritual assessment can have in psychological care to improve patient wellbeing and quality of life. To understand how spiritual assessment in psychological care may enhance the quality of care and address the patient’s needs and a whole, an editorial based on the existing literature was published. It discusses that an implicit integration of spirituality in psychological care, with an added initiative from the professional to introduce the patient’s spiritual dimension, will allow the mental health professional to assist in identifying patients' values and beliefs, spiritual history, distress and needs. Patients have different needs and may need more explicit religious or spiritual guidance, the mental health professional needs to be aware of their limits and refer the patient for appropriate religious/spiritual support. Chaplains are trained to give a more explicit spiritual/religious support and address existential/religious distress, regardless of their beliefs. However, psychological support may be underutilised in palliative care and patients usually are not aware of the spiritual dimension of care and/or believe that this kind of care only addresses religious practice.

Since palliative care patients do not usually address spiritual issues in the medical consultation or may even not be aware of their spiritual dimension in life and its influence during the illness process, it is necessary to integrate a non-directive approach of patients’ spirituality and their preferences across all patients in palliative care. Therefore, the integration of new role in the palliative care team that addresses, from a neutral and multidisciplinary perspective, the spirituality, individuality, and cultural diversity of all patients, would allow the early identification and integration of patients' care preferences in the healthcare plan, as well as the identification of patients’ spiritual needs and suffering - Spiritual Advocate. This is a theoretical proposal, discussed in a publish letter to the editor and in a developed theoretical article, that may contribute to a more efficient multidisciplinary and equitable therapeutic practice and lead to the development of two articles. So, by addressing spiritual and moral needs of patients, considering their cultural and ethical context, it is possible to protect and promote their moral agency and empowerment, thus respecting the patient’s sense of dignity, autonomy and death process.

The importance of spirituality was highlighted by patients, namely in patients experience of the illness. The impact of spirituality on the decision-making process and in patient psychological and physical wellbeing and quality of life is evident, as well multidimensional characteristics of patient spirituality. It is important to consider that palliative care patients may feel overwhelmed by their diagnosis and treatment options, or reluctant to transition to palliative care, which can lead to conflicts and distress. Therefore, the provision of individualised care that considers the patient’s spirituality, the promotion of patient autonomy, dignity and empowerment is essential to enable patients’ involvement in decision-making in health. The role of the spiritual advocate would enable healthcare professionals to overcome the limitations that prevent them from appropriately addressing spiritual concerns. They would be able to adequately assess patients’ spirituality given their specific training and goals that aim to transversally address all palliative care patients’ spirituality. This approach would enable to develop an adequate care plane, working with the interdisciplinary team of healthcare professionals, and enable adequate referrals, according to the patients’ needs and will. The assistance of a mental health professional and/or chaplain may be beneficial, given their specialised training.

Keywords: Empowerment, decision-making, moral agency, psychology, palliative care, spiritual advocate, spirituality.

2- EVALUATION OF PALLIATIVE CARE NEEDS IN MOZAMBIQUE AND A PROPOSAL OF ITS INTEGRATION IN THE NATIONAL HEALTH SYSTEM

EMÍLIA PINTO MIQUIDADE

Introduction: Palliative care (PC) is an integral part of the management of all patients with incurable and non-communicable chronic incurable disease, allowing all of them to die with dignity. Their prevalence has raised many challenges in structuring policies, services and assistance models for different countries. In 1996, the World Health Organization (WHO) established 4 measures necessary for the development of PC: 1) a government policy that guarantees its integration in the structure and financing of the national health system, 2) an educational policy that responds to training health professionals, volunteers and the public, 3) a policy that guarantees access and availability of essential drugs for the control of pain and other symptoms and 4) a research policy to assess PC needs and identify patterns and models of service that works, especially in environments with limited resources.

Objectives: 1st -To characterize the population of cancer patients in the 3 main hospitals in the country and in the Provincial Hospital of Xai-Xai with indication of PC, according to WHO guidelines; 2nd - To determine the clinical profile of cancer patients and compare them to each other; 3rd- Assess the degree of knowledge, attitudes and practices in pain and PC of health professionals, students and medical interns in the hospitals under study, and 4th - Assess the availability of essential drugs according to the WHO list.

Method: the objectives were achieved through 4 studies. Studies 1 and 2, qualitative and quantitative, were based on a survey of 344 cancer patients in the 2nd semester of 2018. Study 3, qualitative and quantitative questionnaire addressed to 120 5th year medical students, 98 medical interns, 306 doctors, 368 nurses, 42 psychologists and 29 social workers present in the 4 hospitals. Study 4 was carried out in the central pharmacies of the respective hospitals to check the availability of essential medicines. All data were analyzed using descriptive and inference methods suitable in SPSS®. The study was approved by the Institutional Committee on Bioethics in Health of the Faculty of Medicine / Maputo Central Hospital 08/2018) and by the Ethics Committee of FMUP.

Results: Health professionals and medical students have limited knowledge concern to PC. Kaposi's sarcoma and cervical cancer were the most common diagnosis, pain was the main symptom and HIV-SIDA the main associated pathology. The access to essential medicines according to the WHO list to PC was extremely limited, more than 90% of patients did not have access to morphine in these hospitals. PC Service was already integrated into the National Health Service.

Conclusions: Mozambique had an increased need for palliative care in the national health service. Most cancer patients suffered not only from the absence of these services, but also from the limited knowledge related to the provision of these services by the health professionals and the scarcity of essential drugs for palliative care, particularly opioids.

Keywords: palliative care, doctors, nurses, students, knowledge and attitudes symptoms, cancer, essential medicines.

3- THE DECISION-MAKING PROCESS IN HASTEN DEATH: IMPLICATIONS FOR THE ROLE OF THE PSYCHOLOGIST

SÍLVIA MARINA

Introduction: In several countries it is possible to make a request for hasten death, both in the form of voluntary euthanasia and physician assisted suicide. Social and political debate has taken place in the last few years, especially in Portugal, where the legislation for these practices has been discussed. The study of this subject has been increasing in medicine area, perhaps because the involvement of these professionals in the request of hastening death is clear in the legislation. In turn, clinical psychologists have not been included in this discussion. Clinical psychologists have experience in the field of end-of-life and can contribute significantly to the current discussion, in particular in relation to the decision-making of a request to die.

Objectives: To this end, the main goal of this thesis it is provide guidance for the role of the psychologists in this area.

Method: For this propose, research was carried out with qualitative analysis at its base, and from which resulted a set of papers. Primary data were collected from two samples of psychologists from two countries (Portugal and Luxembourg).

Results: We found psychological assessment, psychological support to the patient and family, explore patient’s decision-making, reorientation of patients, research and training, and public policy to be the possible roles of psychologists in requests to hasten death.

Conclusions: We highlight the importance of psychology, raising its profile in the study of voluntary euthanasia and physician assisted suicide.

Keywords: Decision-making, euthanasia, physician assisted suicide, psychological practice.

4- PATIENT REPORTED MEASURES IN INDIVIDUALS TREATED WITH HOME MECHANICAL VENTILATION IN THE OUTPATIENT SETTING

CARLA SUSANA MAIA FARINHA RIBEIRO

Introduction: Home mechanical ventilation (HMV) utilization has been increasing, due to widening indications, increased patient survival and improved health care setting organization. Of all the major reasons for prescribing HMV, Chronic Obstructive Pulmonary Disease (COPD) is the one where evidence of relevant outcomes, patient selection and timing of initiation (stable condition versus post exacerbation) is more controversial. Although one of the central objectives of every treatment is to improve survival, patient reported measures and outcomes are gaining momentum as endpoints in clinical research due to the need of promoting more people-centered care. Historically and in most relevant studies on HMV, it has been believed that initiation and titration of chronic HMV required a hospital admission. In recent years, this has proven impracticable in resource-limited systems based exclusively in inpatient initiation, adaptation and follow up. Therefore, other settings such as home and outpatient have been proposed as alternatives.

Objectives: The aims of this thesis were to address some gaps in knowledge regarding patient reported outcomes in HMV such as to characterize the current practices in HMV for COPD, to provide a Portuguese version of the S3-NIV questionnaire, to evaluate the patient experience related to adaptation and follow up of HMV in an outpatient setting, to analyze the long-term quality of life in patients treated with HMV and evaluate the predictive value of HRQoL in mortality in HMV patients and to investigate the factors influencing non-acceptance of HMV.

Method: In the large cross-sectional real-life study of HMV in COPD patients, an heterogenous population with multiple criteria for HMV, half of whom started HMV during or immediately after an exacerbation, was described with a high prevalence of obesity and obstructive sleep apnea (OSA), comorbidities usually excluded from RCTs.

Results: In Portugal, patients in stable condition were almost exclusively started in the outpatient setting, suggesting that this approach may be safe and effective, albeit it needs to be confirmed in an RCT. The professional Portuguese translation and cultural adaptation of the S3-NIV questionnaire has good psychometric properties, and it is a simple and valid tool for the routine clinical assessment of stable patients with CRF with HMV. The outpatient setting was perceived as a positive experience, both in HMV initiation and follow up, with good patient-physician communication leading to significant health reported gains, improvement of health status and well-being and good treatment adherence Health-related quality of life, measured by the SRI Questionnaire, remains stable at 5 years in patients with established HMV. The difference in HRQoL between survivors and deceased 14 patients suggests that SRI can be of important prognostic value and help predict the terminal phase of the disease course in patients with long-term HMV.

Conclusions: When addressing the factors influencing non-acceptance of HMV, it was found that older age, a history of non-compliance to other therapies and a previous history of two or more admissions with the need for NIV usage are independent factors associated with HMV nonacceptance. Treatment adherence is of upmost importance in HMV success. Thus, it is fundamental to understand and improve patients' experience with HMV and to pursue meaningful patient centered outcomes of treatment.

Keywords: Home mechanical ventilation, outpatient setting, patient reported experience measures, patient reported outcome measures, quality of life.

5- NATIONAL NETWORK OF PALLIATIVE CARE. THE STATUS OF THE NETWORK

JOSÉ VÍTOR REIS LOPES GONÇALVES

Background: Palliative care assumes an increasingly important and relevant role regarding the type of care provided in different health systems worldwide. They are active and integral care provided by a specialized, differentiated, and multidisciplinary team to the patients, caregivers, and/or family members. Due to the increase in average life expectancy because of the improvement in socioeconomic conditions and the quality of services provided in health, the number of pathologies that require palliative care has increased significantly.

Material and Methods: In this thesis, a review of the topic of palliative care was carried out concerning its development and historical evolution worldwide, up to the current concept and areas of action.

Results: The increased number of situations that require a palliative care response was also accompanied by a development in medical care and a change in the structure and family dynamics. Due to family members' impossibility or medical indication, this care may not be provided within the family, with the need to admit these patients to specialized structures with the support of different types of teams specialized in palliative care. Following the path developed in many countries, the National Network of Palliative Care was created in Portugal. For the correct planning of health policies, it is necessary to obtain as much information as possible about the care provided. Being a recent area and despite being fundamental for the entire Portuguese National Health Service, research in Portugal in palliative care is still scarce and there is a need to deepen knowledge in this area for a better definition of strategies and the type of care provided as well as a comparison with internationally defined solutions.

Conclusions: In this thesis, patients admitted to the National Palliative Care Network for five years were analyzed and characterized to evaluate the care profile in Portugal in an innovative work never carried out in Portugal. On the other hand, burnout is increasingly assumed as a topic of excellence worldwide due to the impact it has on different health professionals and, therefore, on patients. In this a study was carried out about burnout in physicians and nurses working in palliative care during the 2019 Coronavirus disease pandemic, concluding the high prevalence of burnout in these professionals in Portugal. Finally, a review was carried out on the theme of informal caregivers and their importance for palliative care. Informal caregivers are an integral part of care provision, but they are also an often-neglected element that is important to characterize regarding the type of support provided and the impact that caregiving has on the caregiver.

Keywords: Burnout, palliative care, national network of palliative care

6- PALLIATIVE CARE IN BURN INTENSIVE CARE UNITS. DEVELOPING A CONCEPTUAL FRAMEWORK FOR AN INTEGRATIVE MODEL BASED ON HEALTHCARE PROFESSIONALS' EXPERIENCES AND VIEWS

ANDRÉ FILIPE DE SOUSA RIBEIRO

Background: Palliative care has a multidisciplinary intervention for patients and families dealing with life-threatening and/or life-limiting illnesses, preventing, and relieving their suffering. It aims to improve their quality of life and is applicable in all healthcare settings and at all levels. Burn injuries have a major impact on patients and families, with a significant associated burden. Burn intensive care units are specialized units in the care provision of critically burned patients. The singularity of these patients' needs demands individualized and person-centered care planning. The integration of palliative care could improve the quality of care delivered to these patients and their families, and could also enhance decision-making processes, as well as professionals' and teams' well-being. Little is known, however, about this integration. The purpose of this doctoral thesis is to develop a conceptual framework for an integrative model of palliative care integration in burn intensive care units based on healthcare professionals' experiences and views.

Aim: To explore and understand how healthcare professionals working in burn intensive care units perceive the integration of palliative care in these units.

Method: This doctoral thesis embraces a constructivist approach. Besides a series of systematic reviews, a qualitative exploratory narrative study was implemented. In-depth interviews with professionals working in burn intensive care units were conducted. All five reference burn intensive care units in Portugal were invited to participate, out of which three agreed to participate. Ethics approval was obtained from all participant healthcare institutions. Verbatim transcripts of interviews and thematic analysis were conducted. QRS NVivo (version 11) was used as the qualitative data analysis software.

Results: 15 healthcare professionals were interviewed: 12 nurses and 3 physicians. Despite the small number of scientific publications about the integration of palliative care in burn intensive care units, findings from our systematic reviews suggest the potential to improve end-of-life care, comfort care, communication, and ethical decision-making processes in these units. Critically burned patients go through distinct trajectories while dying in burn intensive care units, often preceded by complex discussions and decision-making processes, such as forgoing treatment and do-not-attempt to resuscitate. Findings from the empirical qualitative study suggest that professionals working in burn intensive care units systematically and repeatedly face ethical challenges, such as: (i) intensifying pain and symptom control; (ii) therapeutic obstinacy; (iii) advance directives; (iv) managing hope and expectations; (v) family involvement in the decision-making process. Palliative care was never involved in these ethical-clinical decision-making processes, although participants recognized that this could be potentially helpful. Barriers and facilitators for this integration were also identified and systematized. The main barriers were (i) patients' conditions, (ii) the characteristics of the burn intensive care units, and (iii) teamwork dynamics within the burn intensive care units. As facilitators, professionals highlighted the improvement of patients' quality of life due to the interventions of the palliative care team. As the study was conducted during the COVID-19 pandemic, some challenges resulting from this emergency also emerged. Some professionals working in burn intensive care units were transferred to other services due to the need to reallocate human resources. Models and designs of end-of-life care in the burn intensive care unit had to be reorganized. Participant professionals contributed to the development of a list of triggers for palliative care referral in burn intensive care units. Three main triggers were identified (i) burn severity and extension of the burn injury, (ii) co-morbidities, and (iii) multiorgan failure. Additionally, the need for rehabilitative palliative care related to patients' suffering and changes in body image, family suffering and/or dysfunctional and complex family processes, long stay in the burn intensive care unit, and uncontrolled pain were also considered as criteria for palliative care referral.

Discussion/conclusion: To the best of our knowledge, this is the first empirical study exploring professionals' perceptions about the integration of palliative care in burn intensive care units. It is also the first empirical study identifying triggers for palliative referral, based on professionals' clinical experience and knowledge. The cooperation between palliative care and burn intensive care teams might benefit patients, families, and professionals. Timely palliative care referral is complex and challenging in burn intensive care units due to clinical uncertainty. This highlights the need for early identification of patients' needs and high-quality palliative and end-of-life care for critically ill burned patients, leading to an improved perception of the end-of-life in burn intensive care units. Identifying the triggers for palliative care referral, the barriers and facilitators of this process, and the preferred organizational models and designs for this integration is the first step in the development of an empirically constructed and evidence-based integration model. The identification of these elements contributes to ensuring a timely referral to palliative care. It can also foster the development of guidelines and a fast track for palliative care referral in hospitals with burn intensive care units. Promoting palliative care education among professionals is paramount to enhancing an integration process, improving the quality of care provided to these patients and their families, and enhancing ethical-clinical decision-making processes, including advanced care planning. The main strength of this doctoral thesis is its novelty. However, further research is necessary to evaluate the role of palliative care at the end of life in burn intensive care units, to build an international consensus and standardized use of triggers for palliative care referral, and to test different organizational models and designs for this integration.

Keywords: Burns, critical care, end-of-life care, intensive care, palliative care, terminal care, referral criteria.

7- PAIN CONTROL IN PATIENTS WITH ADVANCED DEMENTIA. THE ROLE OF BIOMARKERS IN PAIN CHARACTERIZATION AND THE ROLE OF PHARMACOKINETICS IN PALLIATIVE CARE PATIENTS' THERAPEUTIC STRATEGY

HUGO RIBEIRO

Introduction: Chronic pain is a public health problem, affecting around 40% of the Portuguese population. Dementia incidence and prevalence are rising, with nearly 6% of diagnosed patients in Portugal with more than 65 years. More than 50% of dementia patients will have chronic pain. As Portugal is an aged (nearly 24% are elderly) and aging country (in 2050 more than 34% of Portuguese population will be elderly), an increasing difficulty is expected in the pharmacological approach to pain. As dementia progresses, it causes increasing limitations, making communication (understanding and expression) difficult and affecting patient's ability to express and characterize pain. In patients with advanced dementia, pain often causes delirium, making the therapeutic approach more difficult and complex. Furthermore, many of the changes in body characteristics associated with patients with dementia and frailty syndrome are identical to aging and lead to important changes in pharmacokinetics. In this way, the safety profile of drugs is altered, and it is necessary to personalize therapies according to individual characteristics.

Objectives: This thesis aims to discover potential pain biomarkers, associated with platelets and monocytes in peripheral blood. It is also analyzed and reviewed the scientific evidence regarding changes in safety profiles of paracetamol, non-steroidal anti-inflammatory drugs (NSAIDs), and opioids in the context of pharmacokinetics changes that occur with aging, frailty syndrome, and the evolution of dementias, particularly in the distribution, metabolism, and elimination of drugs.

Methodology: The laboratory studies were observational, cross-sectional, and retrospective without intervention and carried out on peripheral blood cells (platelets and monocytes from patients with dementia (with and without pain) and in control patients (with and without dementia). For the identification of pain biomarkers, the laboratory study was carried out on platelets and monocytes using flow cytometry. In platelets, the absolute and relative membrane expression of CD36, CD49f, CD61, CD62p, CD59 and CD40 was evaluated and in monocytes and their subtypes, classic, intermediate and non-classical, the levels of CD11c, CD86, CD163 and CD206. The results were correlated with several variables including age, sex, type of dementia, type and intensity of pain (or controlled vs. uncontrolled pain through Advanced Dementia Pain Assessment Scale (PAINAD) value less than or greater than 5, respectively), analgesics used (opioid, NSAIDs, paracetamol), using appropriate statistical methods. A review of the literature published in the last 20 years was also carried out regarding pharmacokinetics and pharmacodynamics related to the most used drugs in the therapeutic approach to pain, taking as variables individual physiological and pathophysiological changes that may affect the behavior of drugs, comparing efficacy and safety for opioids, NSAIDs and paracetamol. Additionally, a narrative review was carried out on the role of apoptosis in chronic pain, with the identification of several cellular signalling pathways that may contain biomarkers for different types of pain and potential new therapeutic targets.

Results: Regarding the laboratory study, 95 patients with non-oncological disease were selected, and peripheral blood samples were collected from 53 patients. The percentage of platelets expressing CD36, CD49f and CD61 decreases with the presence of pain and the expression levels of CD49f and CD61 are significantly reduced when compared to patients without pain. The percentage of platelets expressing CD40 is significantly increased in patients with moderate to severe pain. Regarding the monocyte population, we observed in patients with pain a significant increase in the subpopulation of classic monocytes, as well as in the expression of CD206 and a reduction in the CD163/CD206 ratio when compared to patients without pain. CD11c is significantly increased in mixed pain, whereas CD163 and CD206 levels are increased in nociceptive pain, regardless of the type of dementia presented by the patients. However, CD163 values are significantly lower in the presence of opioids, which seems to

confirm the anti-inflammatory role of opioids through monocyte inactivation. For the review of NSAIDs, 18 articles were selected, among which levels of evidence I were obtained (naproxen has a worse renal and cardiovascular safety profile than coxibs and ibuprofen), strengths of recommendation B (acemetacin has a better profile of renal and cardiovascular safety) and strengths of recommendation C (acemetacin has a better hepatic safety profile). For the review of opioids, 22 articles were selected, among which strengths of recommendation A were obtained (hydromorphone, fentanyl and buprenorphine have a better renal safety profile, not requiring dosage adjustment in renal dysfunction), strengths of recommendation B (all opioids, except hydromorphone and morphine, should increase the dosage in populations with increased adipose tissue) and strength of recommendation C (the opioids with the best hepatic safety profile are tapentadol, hydromorphone and morphine). In the review on the role of apoptosis in chronic pain, NF-ƘB, pro-inflammatory cytokines such as TNF-α and oxidative stress were shown to be involved in modulating apoptosis and mediating peripheral neuropathic pain. Apoptosis involved in dorsal root ganglia has been associated with spinal nerve injuries, through caspase signaling and/or PKA activation through the p38MAPK pathway, originating and maintaining neuropathic pain.

Discussion and Conclusions: Body changes and organic functionality have a significant influence on the pharmacokinetics of paracetamol, NSAIDs and opioids. Water-soluble drugs usually require a dose reduction, while fat-soluble drugs require an adjustment in dosage (less frequently daily administrations if the patient is obese or elderly). Drugs with extensive renal elimination require dosage and posology adjustments. Finally, drugs with phase 1 hepatic metabolism should be replaced whenever possible by drugs with phase 2 hepatic metabolism or the dosages should be adjusted for more spaced administrations and with lower doses. Body characteristics and liver and kidney functionality are essential for the pharmacokinetics of the most prescribed drugs for pain treatment (paracetamol, NSAIDs and opioids), so individual characterization must be central for choosing the most effective and safe drug and its dosage. Modulation of apoptosis could enhance the control of chronic pain, with more therapeutic weapons for new targets. The inhibition of apoptosis, through the modulation of BCL-2, caspase 3, TNF-α, NF-ƘB, the proteasome (use of proteasome inhibitors) and oxidative stress (such as flavonoids), has potential to contribute to the control of neuropathic pain, although it still needs to be confirmed by clinical trials. Several potential biomarkers of pain were identified: an increase in the percentage of platelets that express CD62p and of monocytes, particularly the subpopulation of classical monocytes and the expression of CD206, as well as a decrease in the percentage of platelets that express CD36, CD49f and CD61 and of platelet expression CD49f and CD61 levels could be considered pain biomarkers. Furthermore, potential peripheral intensity and type of pain biomarkers were characterized, with emphasis on platelet CD40 for identifying moderate to severe pain, and platelet CD62p for identifying nociceptive pain. Furthermore, in classical monocytes, CD11c is significantly increased in patients with mixed pain, while CD163 and CD206 levels are increased in patients with nociceptive pain, regardless of the type of dementia. These results suggest the relevance of these markers in characterizing the intensity and type of pain and could contribute to a better therapeutic adjustment of adjuvants used in the pharmacological treatment of pain. Despite being the largest study carried out with patients with specialized palliative needs, totally dependent and close to the end of life, particularly patients with pain and advanced dementia, the data we present in this thesis require confirmatory, multicenter studies, with larger samples, comparing healthy people with patients with different causes of pain and different mechanisms of dementia, as well as different responses to established treatments. It will be equally important to evaluate pharmacogenomics and its potential to interfere with pharmacodynamics and pharmacokinetics. This thesis has the advantage of presenting a vision of the future for the treatment of pain, supporting precision medicine, which we believe will reduce iatrogenesis, improving the efficacy and safety of pharmacotherapy instituted in patients with chronic pain.

Keywords: Advanced dementia, Bbiomarker, pain characterization, pain control, pharmacokinetics, palliative care, therapeutic strategy.

8- DAVPAL STUDY (ADVANCED DIRECTIVES IN PALLIATIVE CARE). THE PALLIATIVE PHYSICIAN ROLE IN THE FAMILY MEMBER EMPOWERMENT AS THE PATIENT'S LEGITIMATE HEALTHCARE PROXY IN PALLIATIVE CARE

CATARINA MARIA AMARAL MADUREIRA SAMPAIO MARTINS

Background: Palliative care is characterized by holistic care directed to patients with suffering associated with severe or advanced illnesses, regardless of age, diagnosis, prognosis, and stage of the disease. It aims to offer personalized care but embraces the patients as one element integrated within their family unit. Therefore, family involvement and participation in the patients' disease process, and clinical orientation is advised and encouraged, ensuring that all aspects of their lives, as individuals and in society, are attended to and considered. As the disease progresses, palliative care patients often present a physical and cognitive decline, which prevents them from participating in decisions regarding their clinical guidance. Therefore, when patients do not have previously registered or expressed their wishes, family members assume the role of decision-makers and healthcare proxies, regardless of whether they are prepared or not, to exercise it. However, the literature describes that nearly 1/3 of family members do not know the patient's preferences and feel a physical and emotional burden in the proxy role.

Aim: That prompts the question of whether the health care that the patients receive at the end of their lives is concordant with their wishes, and whether the principle of respect for the patients' Autonomy is being remembered and attended.

Method: The DAVPAL Study (Advance Directives in Palliative Care) was a prospective, randomized, controlled, and participant-blind clinical trial that aimed to evaluate the effectiveness of medical intervention in promoting better agreement between the preferences of palliative patients and the decisions of their family members regarding their end-of-life care. The portuguese model of advance directives was used as a communication tool between the patients and their family members, to implement an informed discussion about the patients' preferences. Subsequently, we evaluated whether this intervention resulted in an improvement in the ability of the family members to exercise the role of healthcare proxies, manifesting decisions that are more in line with the wishes that patients had previously expressed in their Advance Directives.

Results: The DAVPAL study took place at the Trás-os-Montes and Alto Douro Hospital Center, from september 2018 to september 2019, followed all the standards recommended by the Declaration of Helsinki, and was approved by the ethics committee of that hospital center on june 18, 2018 (document nº 245/2018). It included 58 patient/caregiver pairs. In the first phase of the study, the patients and their caregivers separately filled out an advance directives model, with the family members being asked to fill out two documents, one as a healthcare proxy, recording what, in their opinion, would be the patients' preferences, and the other for themselves. The pairs were randomly allocated to 2 groups (Intervention vs Control). In the Intervention group, the palliative care doctor promoted a discussion between the patient/caregiver pair about the patients' preferences, expressed in their advance directives model; in the Control group, a conference was held to evaluate the patients' symptoms. In the study's second phase, one month later, the family members were asked to fill out a new advance directives model as a healthcare proxy. The results were analyzed with the global agreement proportions, which showed an improvement in the agreement between patients and caregivers, in 8/12 answers in the Intervention group, and in only 3/12 answers in the Control group. Although this difference did not reach statistical significance, this intervention was beneficial in improving agreement between the patient and their family member. Additionally, we found a high global agreement proportion between the family member's personal preferences and their decisions as a healthcare proxy, which significantly reduced after the Intervention Group interview, but not in the Control group. This reduction reached statistical significance in 4 of the 12 questions of the advance directives document, confirming the

effectiveness of this intervention in diverting the proxy's decisions from their own preferences, and in empowering them as the patient’s surrogate.

Discussion: In the contextualization and scientific support of the DAVPAL study, a literature review was also carried out on similar studies held in the palliative care context, which encompassed only one scientific article, highlighting this intervention's innovation and relevance. A content analysis of the sociodemographic questionnaires of the DAVPAL Study participants was carried out to find a possible association between the characteristics of the population and knowledge or completion of the advance directives, or knowledge of the role of healthcare proxy. We found a statistically significant, positive relationship between religion (non-catholic), the knowledge or completion of the advance directives, and the knowledge of the healthcare proxy’s role. We found the same results for population literacy, which showed a significative correlation with the knowledge of the advance directives and the healthcare proxy’s role. The change in the patients' hope was assessed before and after completing the advance directives formulary, using the Herth Hope Index. There was an improvement in hope in the two groups (Intervention group and Control group), reinforcing the benefits of the advance directives approach. The patients’ and caregivers’ preferences for their advance directives were analyzed. The results showed that a high proportion of participants chose invasive and potentially futile treatments, believing that they would receive them because they were registered on their advance directives. None of the participants was familiar with the concepts of “good medical practices” or therapeutic futility.

Conclusion: Because of these results, we suggest that advance directives must be preceded mandatorily by a detailed explanation of the issues contained therein and of the concept of therapeutic futility and “good medical practices”, by a competent health professional. In addition, we suggest a clarification of the advance directives document, to include detailed information about those concepts. Additionally, we propose a grammatical change in the legislated text, and in the advance directives document, replacing the phrase “Health Care to Receive/Not Receive” with “Health Care to Accept/Refuse” so that citizens implicitly understand that they can accept or refuse every treatment proposed to them, but cannot choose and demand treatments, as they might not be indicated in their clinical scenario.

Keywords: Advance directives, caregivers, decision-making, hope, palliative care, therapeutic futility.

Master in Palliative Care

1- PALLIATIVE CARE, TERMINAL ILLNESS AND THE MODEL OF HUMAN OCCUPATION

ANA PATRICIA PEREIRA DA COSTA

The objective of the article is to demonstrate how Palliative Care (PC) can be included in the theory of the Model of Human Occupation (MOHO). The philosophy of Palliative Care focuses on a client-centred approach like the Model of Human Occupation in Occupational Therapy (OT). The definition of Palliative Care and the role of OT in this camp are presented. A theoretical comparison was made of the perspective and theory of MOHO for Later Adulthood to Palliative Care, focused in dying persons.

A non-systematic review bibliography was made. The Occupational Therapist based on MOHO can evaluate and help the client to maintain or re-gain his/her Occupational identity, and life story. In the other hand, the Occupational therapist should help the client to accomplish their last wishes and live with quality of life till the last moment. It is possible to apply MOHO in PC but evidence is necessary.

Keywords: Client centred approach, dying person, last wishes, occupational therapy.

2- DEATH AT HOME OR HOSPITAL

JOANA HELENA ROQUE SAMPAIO

Death is a unique, individual and inevitable event. Like a childbirth, death is a natural process of life that causes the most different emotional reactions in humans. Nature shows every day that all human being always has a beginning and an end, and between this, life happens. But then why, despite being so natural, it causes such fear in people? There are many factors involved to make this happen and each case is particular and unique. Everyone has different ways of facing death. There are cultural, religious, economic and personal factors that are related with the past experience of connection with the death of each one. By experiencing the death of a family member or loved on, people can hardly find words to describe or express the whirlwind of emotions that are experienced. Thinking about death is, in itself, frightening to most people, it is preferable not to talk or think about this. The truth is that death is an inevitable outcome, and this must be faced and accepted if we want to fully live our lives, because death is part of it. When receiving the news of an incurable disease, the patient would need to restructure his life and set new goals and objectives appropriate to this new phase. It is a painful procedure for the person and his family, and often the patient, at a certain moment, defines and choose the place of his death to occur.

Therefore, it is essential to have the support of his immediate family and with health professionals, so that they can help fulfil the patient´s will, whatever it is. It becomes important to provide support and care to the patient not only itself, but also to the family, which play an essential and predominant role in this difficult phase. It is intended to hold a review of the literature surrounding the evolution of the concept of death as well as explain the existing view of the hospital palliative care and hospice home care, considering several studies and articles.

Keywords: Death, palliative care, place of death.

3- ATTITUDES AND REACTIONS OF THE FAMILY CONCERNING THE CONTINUOUS SEDATION OF THE PATIENTS IN PALLIATIVE CARE

NÁDIA TATIANA FERREIRA DE OLIVEIRA

Sedation in palliative care for the purpose of symptom relief in patients with refractory symptoms in end of life has been the subject of recent studies, however, the attitudes of the family has been little studied. This review aims to understand the attitudes and reactions of the family concerning the continuous sedation of patients in palliative care, that is, their level of satisfaction and concern, identifying the factors which have their origin in order to find effective strategies for health professionals to respond to their concerns. However, should previously know the definition of sedation, in which situation is recommended for their use and their frequency. Based on the studies analysed, it is concluded that although the predominant symptom appears as delirium, progressive sedation has been used not only by physical symptoms, but also existential and family suffering. Thus, reinforces the importance of this be done, preferably by health professionals with experience and expertise.

The receiving unit of care is always the "patient and family", so the family is mostly included in decision-making, either through incompetence of the patient, or because he gave his permission. The review suggests that, after the death of the patient, the family reported like emotions, for example, guilt and emotional exhaustion, as expressing desires: a real relief of symptoms of the patient, have been prepared for your death or have communicated with this before the start of sedation. About 78% of the families were satisfied with the sedation, 3 but 25% had high levels of emotional distress, are examples of determinants, providing insufficient information, the concerns that sedation might shorten the patient's life and the belief in the existence of other ways to achieve symptom relief. During the period of sedation, about half reveal the concerns of its objectives, the possible suffering of the patient and the well-being of their own families. The fact that family is included in the care and decision making, contributes to a positive experience, so the multidisciplinary team should keep a personalized support before and after sedation, transmit appropriate information and encourage family members to care for your loved one. The communication between the multidisciplinary team and family will be essential for the provision of palliative care excellence to the family of patients in continuous sedation.

Keywords: Continuous sedation, family, palliative care, refractory symptoms.

4- PAIN TREATMENT IN HUMAN IMMUNODEFICIENCY VIRUS INFECTED PATIENTS IN LATER STAGES – PHARMACOLOGICAL ASPECTS

ANA SOFIA PINTO FONTES

Pain is a common and debilitating symptom of HIV disease, although it is often underestimated and undertreated, especially in HIV - infected intravenous drug users. It is more likely to occur in later stages of HIV disease, where it assumes particular significance, especially in terminally ill patients. However, its successful management is possible, though the goal of effective therapy is hampered by highly active antiretroviral therapy side effects and drug-drug interactions. In order to appraise the pharmacological aspects of HIV treatment, in both infected patients with no history of drug abuse and intravenous drug users, throughout an integrated model, where curative and palliative elements coexist, a search in MEDLINE database was conducted. Book reviews and a search on relevant websites were also included.

HIV treatment is itself very complex and becomes even more difficult when palliative therapy is added. Most of drugs are metabolized by cytochrome P450 and many of antiretroviral are not only substrates of these enzymes, but may also inhibit or induct them, altering co-administered drug´s metabolism. Protease inhibitors, mainly ritonavir, and nonnucleoside reverse transcriptase inhibitors have the higher interactions potential, posing a risk when co-administered with palliative treatments, particularly analgesic and adjuvant analgesic drugs. These interactions were summarized in tables. Therefore, better outcomes in pain management in patients with HIV infection can be achieved with knowledge of pharmacological aspects.

Keywords: HIV disease, pain, palliative care.

5- SPEECH THERAPY IN HOSPICE CARE

RAFAELA FERNANDA DE ALMEIDA JORGE

Palliative care is an interdisciplinary field of active and total care provided to patients with any disease that threatens the continuity of life. It provides flawless control of physical, psychosocial and spiritual symptoms with the objective of providing a better quality of life for the patient and his family. Communication and swallowing disorders are symptoms of patients in palliative care, affecting their quality of life. The speech therapist is the qualified professional to assess and to provide specific care to patients with these symptoms. Within the principles of palliative care, the main objective of the speech therapist is to help alleviating the symptoms, providing maximum comfort for the patient in what regard to issues of nourishment and communication.

Throughout this study it is discussed the role of the speech therapist in palliative care, especially in issues relating to communication disorders and dysphagia. This project will be developed through an exploratory-descriptive study aimed to identify two symptoms in patients in palliative care: dysphagia and communication disorders. It is also intended to emphasize the importance of the presence of the speech therapist in the palliative care team, as this is a professional specialized in the treatment of these symptoms.

Keywords: Hospice care, palliative care, speech therapy.

6- THE SKILLS OF PROFESSIONS IN PALLIATIVE CARE

LILIANA MARIA DE JESUS RIBEIRO

Scientific advances in medicine have contributed to the discovery of new forms of prevention and disease control, this coupled with the improvement of living conditions of populations in Western societies, promotes an increase in disease regression and no prospect of even longer the end of life in terminal illness. People with incurable and terminally ill, experience a variety of physical symptoms, psychological and emotional which makes them unable to fight the disease without specialized assistance, giving rise to the need for a lot of care with the aim to preserve the dignity of sick and give you the highest quality of life in the terminal phase. Palliative care promotes a holistic model that includes the physical, psychological, social, economic and spiritual care to the patient end of life, consider the sick person in their entirety, and have as main objectives the alleviation of suffering, the promotion of well-being and quality of life for the patient and his family. The confrontation with a terminal illness causes great suffering to the patient and his family, changing family dynamics and causing symptoms of anxiety and stress, so both the patient and his family have a great emotional fragility that requires specific skills and appropriate for the professionals that perform functions in palliative care services. Therefore, health professionals must possess skills essential for the proper exercise of their functions in palliative care.

The basic professional training coupled with additional training throughout life is considered essential, the establishment of a humanized interpersonal relationship, the use of verbal and nonverbal effective and appropriate to each context, the practical knowledge of multidisciplinary teamwork; intrinsic personal characteristics that facilitate an contact humane, sincere and interested in the patients in end of life, however, all of these skills should be based on ethical principles essential to the exercise of clinical practice in palliative care, namely the truth about the condition of the patient respect for individual autonomy and decision-making process.

Keywords: Emotional fragility, palliative care, skills.

7- SPIRITUALITY AND HOPE IN THE PERSON WITH ONCOLOGIC DISEASE

SARA MARIA OLIVEIRA PINTO

Introduction: The disease brings with it a lot of concerns which, many times, go along with the patient toward the path of death. Cancer, in particular, has become a dreaded disease that threatens human health, leading people to wonder about the meaning of life. The spirituality and hope are, therefore, essential components of health care. Several studies have demonstrated its therapeutic power, proving that the experience of a healthy spirituality helps one to restore hope, to find meaning and direction to life and deal with the disease and the uncertainties of the future in a more effectively way. Its importance is especially relevant in the context of palliative care, whose objective is to promote comfort and relieve suffering.

Objectives: To analyse the levels of spirituality and hope of cancer patients who are undertaking chemotherapy; To analyse the relationship between spirituality and hope of cancer patients who are undertaking chemotherapy; To identify some variables which affect spirituality and hope of cancer patients who are making chemotherapy. Materials and Methods: Quantitative study, exploratory, descriptive and correlational. We used a questionnaire consisting of the Scale for Assessment of Spirituality in Health Contexts (Pinto & Pais-Ribeiro, 2007) and by Herth Hope Index - PT (Viana et al., 2010). The sample of the non-probabilistic, sequential, consisted of 92 patients in Day Hospital Chemotherapy Centre, Hospital São João. The data was analysed by Statistical Package for the Social Sciences statistical program, version 18 for Windows.

Results and Conclusions: The inquired have a high average of spirituality and hope, being these two constructs related to each other. The vertical dimension of spirituality is more pronounced in the elderly and in those who have a regular religious practice. The longer chemotherapy takes the less hope they have. Patients who are conscious of their poor health are unhappier and look at the future with less hope. Hope and spirituality are, therefore, two inherent characteristics in man, which follow him in the process of living and dying. They are influenced by the external environment and they affect the adjustment to a crisis influencing the wellbeing and the quality of life.

Keywords: Cancer patient, chemotherapy, hope, palliative care, spirituality.

8- DEATH AND DYING IN HOSPITAL CONTEXT

JOÃO ALEXANDRE MESQUITA REIS

Until the second half of the twentieth century, patients died at home surrounded by family and friends. Since the industrial revolution, breakthroughs in biomedical sciences and socio-anthropological developments opened possibilities for success in the treatment of many previously fatal diseases and increased life expectancy. This evolution sparked the general faith and utopic belief in beating the odds against certain death and the chance of extending life beyond possible. Medically assisted decease occurs mainly in hospitalized context in 61,4% of deaths, surrounded by technology and clinical procedures but impersonal and often dehumanized.

Objectives: The present study on contemporary socio-anthropological features of death and dying in the hospital addresses the following research questions: How do ones dies today in the hospital? Two endpoints elapse from this question. First endpoint: analyse how one dies today in the hospital. Secondary endpoint: 1)characterize the profile of affected individuals prior to the time of death; 2) survey hospital assistance procedures and medical and nursing attitudes applied to patients in the last days of life.

Method and Materials: In order to address the research question and attain investigation purposes, data will be collected from clinical files corresponding to deaths recorded in the Centro Hospitalar de Vila Nova de Gaia/Espinho between January 1st and December 31st, 2010. All collected data will be treated according to the quantitative methodology of software program SPSS ® (Statistical Package for Social Sciences) version 19.0.

Results and Discussion: The present study aims to characterize death and the process of dying in hospital context and give a positive contribute to medical practice adequacy to contemporary challenges and health policies qualification.

Keywords: Death, dying, hospital care.

9- THE ROLE OF PHYSICAL MEDICINE AND REHABILITATION IN PATIENTS WITH CANCER IN PALLIATIVE CARE

MARIA PAULA CORREIA RIBEIRO DA COSTA E SILVA

Bearing in mind the clinical practice of a Palliative Care Unit, we believe that the intervention of Physical Medicine and Rehabilitation in patients with advanced cancer helps to control some of the symptoms and it also contributes to the patients' functional improvement. The aim of this study was to determine whether this impression had scientific support or not. Therefore a bibliographic research was conducted. In the few articles found, the authors consider the intervention of physical medicine and rehabilitation beneficial in patients with advanced cancer in Palliative Care. However, most of these articles are supported on clinical experience and they are not based in evidence.

In an attempt to find articles evidence-based, supporting the contribution of this specialty, a survey was carried out for symptoms in patients with cancer that, by analogy, were applicable in palliative care patients. Pain and fatigue were selected for their high prevalence in patients with advanced cancer in palliative care, on the other hand dyspnoea was pointed for being the most difficult symptom to treat and support and finally, the lymphedema for being the symptom that, par excellence, is related with the physical medicine and rehabilitation area. The results confirm the initial premise, but even though, most of the articles mention that further investigation was needed.

Keywords: Advanced cancer, dyspnoea, fatigue, lymphedema, pain, palliative care, rehabilitation.

10-NATIONAL PALLIATIVE CARE NETWORK OF INTEGRATED CONTINUUM CARE, IN THE NORTH REGION

LÍGIA MARIA DE OLIVEIRA VIANA

In Portugal, as in Europe, there has been a continuous aging of the population as a result of declining fertility and increasing longevity. Palliative care arises from the understanding that each person is unique with its history, relationships and culture and as such should be respected. This respect includes the obligation of society to provide access to the best medical care so that every citizen can live better during the last days of his life. In the northern region of Portugal, despite the lack of provision of palliative care beds, the largest unit of the National Network for Integrated Continuous Care(Network), does not exhaust its capacity three years after its opening. The aim of this study is to contribute to the reflection on the organizational model of the Network by describing and analysing the characteristics of patients admitted to the palliative care of the Network of the Portuguese Institute of Oncology of Porto. The population studied was the patients admitted to the unit since its opening in June 2007 until January 2011.

The socio demographic and clinical characterization of the patients was carried out and a comparative analysis based on the patients' reasons for referral was made. Hospitalized patients are mostly male, have an average age of 65.5 years, have in 95% of cases an oncologic pathology, and are referred in 64% of cases for the provision of terminal care and 89% of cases die in unit. The average time of stay is 22.9 days and the median is 12 days. The comparison of patients depending on the subject referral evidences that patients referred for terminal care have a higher probability of dying without existing statistically significant differences regarding their main pathology and cancer topographic localization. Patients referred for symptom control return home more often. The study raises the question of the too late referral of these patients which may be explained by an unfamiliarity of clinicians who mistake terminal care for palliative care and by the reference model that places intermediate structures that render difficult the articulation of the different levels of healthcare.

Keywords: Death and dying, palliative care, supportive care, terminal care.

11-THE FACE OF CAREGIVERS

JOANA FILIPA BRANCO LOPES CORREIA

The informal caregivers of dependent patients on self-care with incurable disease must manage multiple emotional challenges, because they are confronted with the responsibility to assist emotional, physical, therapeutic and possibly financial. However, this assistance may interfere with personal, familiar and social aspects of their life. The "caregiver burden" is a disorder resulting from the contact with physical dependence and inability to care the patient that usually has a familiar relationship and strong emotional bond with the caregiver. Thus, all "stressors" factors that underlie this disorder, can lead to isolation and avoidance of personal caregivers, deteriorating relationship with the patient and quality of care provided. According World Health Organization (WHO) should be the objectives of Palliative Care support informal caregivers / families of these patients in order to decrease their emotional vulnerability and promote self-efficacy, hope and care in a consistent and integrated into the interdisciplinary team.

However, if the necessity to ensure adequate support for caregivers is recognized, it raises the question if it really exists and if exists, is it applied effectively in practice? What are the main difficulties of care? What are the physical, psychological, social and financial risks to which these people are exposed? What could improve the quality of life for those who care and thereby improve the welfare of those who are cared? How and who is "who cares"? The subject area of this work-project focuses on "informal caregiver claudication", namely the repercussions that arise from the act of caring. Its relevance is justified by the need to know the situation of caregivers of patients requiring palliative care, which in most cases do not have any support in the community.

Keywords: Burden, informal caregivers, palliative care.

12-FUNCTIONAL DECLINE AND REHABILITATION IN PALLIATIVE CARE: AN INTEGRATIVE REVIEW

JÉSSICA SPONTON MOURA MINOSSO

Objective: to analyse studies of functional decline in palliative patients, review the role and benefits of rehabilitation and study the effects of the interventions proposed for this population. Methods: integrative review, in MEDLINE and LILACS databases, resulting in the formation of a final sample of 16 articles that addressed the main question. Results: the evaluation of functional decline proved to be important to characterize the unmet needs of care, to compare the overall assessment of the condition of patients and caregivers, to identify problems which need intervention, assess efficacy of treatment, and estimate palliative patient survival time.

The studies also showed that, although rehabilitation in palliative care does not eliminate the damage caused by the disease, can certainly mitigate them. Conclusion: The results indicated that the functional assessment and rehabilitation are viable strategies to combat functional decline and improve the quality of life in palliative patients.

Keywords: Activities of daily living, hospice care, rehabilitation.

13-ODIVELAS. A STARTING POINT

FLORBELA TAVARES MONTENEGRO RESENDE

In our actual society, with wide open nest of change lacks from palliative care. These so called cares should be given at home, albeit not in Portugal. In retrospective look over the work developed in the community by a pioneer group over time could help to clarify 3 some essential aspects, so they can’t deny this situation. So, work experience carried out by the work force of the Portuguese team Odivelas ICU is the starting point of this reflection. By the screening of the actual model and the true reality turns up to have a lot of lacks. It happens to be, for example, that the palliative care changed itself. Given the insufficient ratio with specialized personnel in this area, the core activity lacks on itself, as training plans or personal management time are questionable.

More lacks are found when it comes to Health Care Centres and similar, simile patient referral. The same patients that, most of the cases, are denied with opiates, when needed Limitations that seem far from an end, but turn out to be quite stimulating to some healthcare practitioner. Therefore, some boundary clues are surfacing and paths for a promising future to came.

Keywords: Integration, investment, palliative care, training.

14-BURNOUT SYNDROME IN HEALTHCARE PROFESSIONALS

LUÍS MIGUEL COELHO DE SOUSA

The burnout syndrome occurs in individuals who have an interactional profession and is recognized as an increased occupational risk in healthcare workers. This burnout operationalizes in three dimensions: emotional exhaustion, depersonalization and reduced personal accomplishment. It is our belief that health professionals who work in palliative care units and frequently deal with serious and incurable diseases, being exposed daily to death, are in risk of developing feelings of dissatisfaction, stress, exhaustion and alienation of labour as well as professional burnout. A significant proportion of these professional shows adverse reactions to stress, affecting their personal well-being and their ability to provide adequate health care. It is common for professionals resorting to coping strategies to help them deal with problems and to control their emotions.

To deepen knowledge in this area and respond to a curricular requirement of the master degree program in palliative care, we have made this research project, which will be the foundation of a study that aims to determine the prevalence of burnout in health professionals performing duties in palliative care units in the north of Portugal and identify factors that correlate with this syndrome. The target population of the study will consist of nurses (71), doctors (10) and operational assistants (32) of palliative care units in northern Portugal. To achieve the objectives we will conduct an exploratory, transversal and quantitative study. The instruments in use will be a demographic and socio-professional questionnaire, MBI - Health Professionals scale and Ways of Coping Questionnaire scale. The data will be processed using the SPSS version 19.0, at a significance level of 0.05. In the analysis of the explanatory variables with more than two categories we will use the Anova test or alternatively the Kruskal-Wallis test. For dichotomous variables the tests in use, will be the t Student test or alternatively the Mann-Whitney test. The correlation between the variables under study will be evaluated by the Pearson correlation coefficient or the Spearman correlation coefficient.

Keywords: Burnout syndrome, health professionals, palliative care.

15-FEELINGS AND EMOTIONS OF NURSES TOWARDS THE PATIENT WITH TERMINAL ILLNESS AT HOME

LUÍSA FERNANDA MONTEIRO LOPES MARTINS

The growing need for palliative care is an increasing reality and home care is a high priority at the expense of hospitalization / institutionalization. The nurse deals with the physical and psychological suffering of patients and families and lives emotionally intense moments. There is, therefore, a need for reflection on the emotions and feelings that may flow. Thus, this document aims to study the emotions and feelings of nurses to the patient in terminal illness at home. We performed an observational- cross study, with the populations of nurses from AceS Grande Porto VIII Gaia that provide home care to patients with terminal illness. The sample is constituted by 11 nurses (non-random sample of convenience) and the instrument used for data collection was a semi-structured interview constituted for this purpose. With the results achieved we can say that although the nurses speak out, mostly, about feelings and emotions of negative nature, the same see them as impeller and beneficial factor for reflection and professional growth.

In terms of formal training in this specific area, only one nurse has formation, although it is considered beneficial by most participants. The difficulties expressed by the nurses participating in the study were diverse, having been expressed the difficulties inherent to the professional, the health system and liaison with other institution providing health care and / or professional groups and the family itself, although most noted establishing a close relationship with family members. Another important aspect to note is the absence of a formal support reported by nurses in mourning.

Keywords: Emotions, feelings, family nurse, terminal illness.

16-FEEDING AT THE END OF LIFE: NURSES OPINION

JORGE CARDOSO PINTO

The diet plays an important role at the end of life, as it affects the patient, family and professionals themselves. The nurses, those who are closest to the patient, have focused their attention and input power on the patient´s diet. However, little is known about their views on the diet of terminally ill patients (Bryon et al., 2008). This problem gives rise to two questions: “What is the opinion of nurses regarding the diet of terminally ill patients?” And “How nurses perceive the starting/stopping of the diet of terminally ill?”; as well as two main goals: “To find out the opinion of nurses regarding issues involving the supply of food at the end of life” and “Analyse the nurses’ opinion on the on commencing/discontinuation of the diet of terminally ill patients”. It was in this sense completed a descriptive study of the survey type and cross, where the population consists of all nurses who provide direct care to patients admitted to medical services (three) of the Centro Hospitalar do Porto – Hospital Geral de Santo António. For data collection a questionnaire was constructed from source. The sample consists of 74 nurses, with an average age of 31 years, mostly female and with an average of seven years of professional experience. Just over 66% of the sample has formation in palliative care, and the average hours of formation are approximately 73 hours. Most nurses (63%) practice a religion and the only religion that is practiced is the Catholic religion. Regarding the nurses’ opinions about the patient´s diet at the end of life we can say that:

- The overwhelming majority of nurses (95%) is of the opinion that one should respect the wishes of the terminally ill patient, if they refuse to eat;
- About 85% of respondents did not consider the suspension of the diet in terminally ill a negligent practice;
- The majority of nurses (85%) denied that their decision to suspend/resume the in a terminally ill patient was influenced by their religious beliefs;
- The overwhelming majority of nurses (92%) did not agree that suspension of the diet in a terminally ill patient is synonymous with dying from starvation;
- Most nurses do not consider that it is crucial to insert a nasogastric tube to continue feeding the terminally ill that have refused food (96%) or who are prostrate (80%);
- The majority of nurses (84%) believe that the decision to continue/discontinue the diet of a terminally ill patient should be taken by the interdisciplinary team (which includes the patient and family);
- Over 87% of nurses think that the family members believe that not feeding the terminally ill patient means they will starve to death; • Nearly 86% of nurses considered that there are often contradictory attitudes within the multidisciplinary team in the decision to suspend / resume the diet of a terminally ill patient;
- All nurses (100%) agree that the power to suspend the diet of a terminally ill patient is not synonymous with the act of killing the patient.

Keywords: Diet, nurse, opinion, terminally ill.

17-TERMINAL PATIENT CARE IN INTERNAL MEDICINE DEPARTMENT. A PHENOMENOLOGICAL VIEW ON NURSES EXPERIENCES

FERNANDA ISABEL DA CRUZ ALVES

In the recent decades we have witnessed an impressive progress in the health sciences, which fostered a considerable increase in longevity. The fact that people are living longer contributes, by itself, to increase the number of persons with chronic illness and / or living with disability situations. Chronic diseases are now the leading cause of death worldwide. Caring for dying people is undoubtedly a complex and sometimes distressing, which requires a number of skills, both technical and human. The theme " Caring of the terminally ill in internal medicine: a phenomenological look on the experiences of nurses", emerges from the concern, as people and nurses, in caring for the terminally ill patient with dignity, respecting their right to life till death, and is related to the need to explore and understand the experience/livings of nurses in caring for the terminally ill, in internal medicine. It is an exploratory study, in which a qualitative methodology is used and which is inserted in a phenomenological approach, following the guidelines recommended by Max van Manen. We began this study with the following question: What is the experience of the nurses associated with the caring for the terminally ill, in internal medicine? A semi structured interview was the instrument of data collection chosen, was performed with 11 nurses of the internal medicine service of a central hospital, recorded on magnetic device.

The analysis of data collected allowed us to better understand the phenomenon under study by describing the experiences, feelings and expectations of nurses in caring for the terminally ill, in internal medicine. After the initial reading and transcription of the interviews, we identified major themes that emerged from the material under consideration: caring for the dying, caring for the family of dying patient and caring for themselves. At the end of this trip, stays the conviction that, knowing the reality of better care to the terminally ill, in all its scope, we can improve the practice, with gains for all actors.

Keywords: Caring, dying patient, nursing, palliative care.

18-PALLIATIVE PATIENT CARE AT HOME. OVERLOAD OF THE INFORMAL CAREGIVER

CÁTIA MARIA ACÚRCIO FERNANDES

It is essential to reflect on the impact of the population aging in the so-called modern societies. The increase of the population aged 65 or over at the expense of young and / or active people, sets the ageing of global population. However this increase in longevity brings with it a higher prevalence of chronic conditions and dependency in daily life activities. So we can say that the formal and informal social network is important in terms of care, and it´s the family that is responsible for the daily care to the palliative patient continuously, which may imply a physical and psychological health erosion, which can generate burden on the caregiver. Caring is undoubtedly sustain life, guaranteeing the satisfaction of a set of essential needs, but that have diverse manifestations.

Caring for caregivers should be a concern and also a responsibility of all health professionals. With this study we want to know the sociodemographic characteristics of informal caregivers in the area covered by the Agrupamento de Centros de Saúde - Pinhal Litoral I- Pombal e da Cáritas Diocesana de Coimbra - Centro Social Comunitário Nossa Senhora dos Milagres, as well as analyse the burden of informal caregivers of patients in palliative care and the possible impact of this overhead with some variables associated with both the patient and the palliative caregiver, and the support received by the formal care. This is an exploratory study, quantitative in nature, descriptive, correlational, with transverse dimension, using the Zarit scale, and a sociodemographic questionnaire with a sample consisting in 93 accidental subjects.

The results are similar to those reported by other studies, and reported that the informal caregivers are mostly female, aged between 35-50 years old, married, low education, no contractual relationship, mostly children of the palliative patient, providing care 24 hours a day, from more than three years, with a sick family member dependent on four or more daily life activities. More than half of informal caregivers had levels of burden, corroborating other studies already carried out. There were no significant relationship between the burden and the sociodemographic characteristics of the informal caregiver, palliative patient and support received from the network of formal care. Although there are differences that aren´t statistically significant.

Keywords: Burden, informal caregiver, palliative patient.

19-DYING IN THE PRESENCE OF THE CAREGIVER. ATTITUDES OF DIFFERENTIATED CARE NURSES TOWARDS DEATH AND PATIENT AT END OF LIFE CARE

SARA SOFIA SANTOS SERRA

The nurse is the member of the healthcare team that follow, in a privileged and continuing manner the journey of the end-of-life patient, and therefore, what holds greater responsibilities in ensuring him personalized and quality care. For personal or professional reasons or even for facts related to the institutional environment, there is still a predominance of a paternalistic attitude towards the end-of-life patient concerning health professionals, avenging the conspiracy of silence about his prognosis and his clinical situation, and attitudes of escape and avoidance towards end-of-life patient care and his family. In Portugal the research on this topic is still in development, and there is no scientific evidence about nurses' attitudes towards death and end-of-life patient's care. This descriptive-correlational study was conducted to analyse the attitudes of nurses working in wards towards death and in end-of-life patients' care, using EAPAM and FATCOD scales, investigate relations between them, and lastly translate and validate the FATCOD scale for the Portuguese population. The sample consists of 87 nurses, mostly females, mean age 31 years with 9 years of professional experience. 73, 6% of this professionals have professional qualifications such as the Bachelor in Nursing and only 12.6% have specific training in palliative care. To validate the scale FATCOD were added to this sample over 64 nurses, attending courses or postgraduate Masters in ESEnfC, performing a total of 150 nurses.

The results noticed that most of the 87 nurses working in medicine wards presents attitudes of neutrality and fear before death, and tends to have positive attitudes towards end-of-life patient's care. However, analysing in detail FATCOD scale results, it appears that nurses showed difficulties in talking with patients about death and dealing with the his feelings, and also show resistance about involving patient's families in care. 9 It was also possible to verify that the variables involved in this study, such as age, marital status, number of children, and time of professional exercise, as well as professional education and regular contact with death influence attitudes towards death.

The education in end-of-life issues also influence attitudes towards death as well as attitudes towards end-of-life patients' care. This study concludes that nurses who have more education in the end-of-life patients' care has negative attitudes towards end-of-life patient's care. This relationship appears to be the result of constraints on the performance of nurses, namely the lack of human resources, environmental constraints, organizational culture and lack of training in palliative care, as well as the prevalence of a culture of medical obstinacy. The study reveals, moreover, the significant positive relationship between the EAPAM dimension neutrality and positive attitudes of FATCOD. Finally, the FATCOD instrument, translated and validated in this study showed good psychometric properties in terms of validity and reliability. Through this study it was possible to define a new structure for the instrument, with for dimensions, reducing the number of items for 29, and the total score of the scale for 145.

Keywords: Attitudes, nurse, end-of-life patient.

20-DYING IN THE MEDICINE SERVICE: A HEALTHCARE PROFESSIONALS' VIEW

MARGARIDA FÁTIMA JOÃO SANTOS

This master thesis was elaborated in the context of the II Masters in Palliative Care of the Faculty of Medicine of Porto University, aiming to investigate health professionals' perception when dealing with patients' death.

On the health professionals' perspective, death is not only an experience in terms of scientific knowledge, but also an intensive life experience, rich in motions and feelings. When a person is at the end of his/her life, the conditions surrounding that environment are vastly different and complex hence the need to understand how health professionals deal with these situations; therefore the question: What is the perception of health professionals when dealing with the death of a patient with a terminal condition of a chronic disease admitted in a ward oriented to acute situations?

In search of an answer, we reviewed the literature and outlined the main goals for our research which was sustained by a descriptive qualitative study as a result of interviewing 13 health professionals.

Data analysis indicate that taking care of terminal patients requires specific formation on palliative care, as well as team work in order to protect health professionals as human beings and to minimize their painful feelings. Moreover, this shall contribute to better health care services in a hospital context provided to patients and their families based on more humanized processed and resources.

Keywords: Acute situations oriented ward, health professionals, terminal disease.

21-NURSES IN A DEPARTMENT OF INTERNAL MEDICINE: LIFE EXPERIENCES DURING THE COMMUNICATION PROCESS WITH END OF LIFE PATIENTS AND ITS MEANING

SUSANA MARIA FERREIRA PINTO DA SILVA

Reflecting on the communication with the person with a terminal illness in a nursing perspective, means devoting special attention to what the nurses think, feel and experience, when facing the needs and expectations of the person at this stage of the life cycle. The evolution of an incurable illness together with the foresight of death itself, raises very strong feelings and emotions. Feelings of loss, fear, anxiety and uncertainty that are associated with needs of physical nature, tend to shape the situation of people with end-stage disease, into a unique and singular experience lived by her and her family. The formerly underrated concept, communication nurse / patient, currently plays a fundamental part, and is a key component that everyone wishes to improve, either due to its impact on the relationship established between these main actors in the care process, but also because of its relevance in the therapeutic process. Nevertheless, there's still little investment being done into training nursing professionals to become better prepared at a communication level, being a tool that sometimes is not the object of reflection, it is used accordingly too each one's criteria, leading to a wide spread of possible outcomes in the chosen relationship with the sick person. Diverse literature urges nursing professionals to acquire interest about communication skills, as an instrument to be valued by the team. Communicating with patients is a necessity and a constant in the daily practice of nurses, but the meanings they attach to their communicational experiences, depend on the encoding and decoding processes performed both by nurse and patient, which may result in problems at this level. The difficulties that may occur associated with the need to communicate with patients, aren't justified only by the expectable and undesired effects of chronic, progressive and incurable diseases that affect both the physical and psychological wellbeing of patients, but also arise due to the inexperience of the nursing staff, which tends to become a significant obstacle to a successful communication. In this context, we consider relevant and appropriate to highlight the object of this study: "The Nurse at the service of medicine: lived experiences during the process of communicating with a person with terminal illness and its meaning". The purpose of this study is to understand and explore the reality of nurses, who work in the department of medicine, regarding the communication process with the person with a terminal illness. Following this line of orientation, we chose to guide the development of this work, based on an exploratory study - descriptive, accordingly to the qualitative paradigm and with a phenomenological approach. In order to obtain a more comprehensive and holistic understanding of the phenomenon of nurses' communication with patients with end-stage diseases, the chosen target population for this study were nurses performing their activity in the department of medicine, and that often have people in their care with this specificity. A semi-structured interview was the instrument adopted by us, for data collection. We intend to process acquired data using the technique content analysis, with the help of software tool Nvivo8 ®. The development of this work allowed us to understand in greater depth the complexity of the phenomenon of communication nurse / person with terminal illness. A patient with a terminal illness, cancer / no cancer, struggles with a wide range of needs and feelings that are also shared with family members. The nursing care requires a supportive relationship with one another; caring for a person with a terminal illness is not easy, it is imperative to meet all of his needs. This requires nurses to have appropriate, technical and scientific knowledge, but also sensitivity, commitment and communication skills. Communication emerges as the key, to access and meet the person, with dignity in all of its dimensions.

Keywords: Care, communication, end-stage disease, nursing.

22-WHAT IS THE MEANING PALLIATIVE CARE PATIENTS GIVE TO THEIR SEXUALITY EXPERIENCES

JOANA FILIPA SALGADO FERREIRA BAPTISTA MIRRA

Palliative care is an important issue nowadays and studying the patients' perception of their sexuality seems to be a less studied topic. The purpose of this study is to describe what patients think about their sexual life at this point of their lives. To evaluate completely a patient with a terminal disease, one should evaluate his global functions, his sexual health, and the integrity of his skin, his personal security, nutrition and hydration. The term "total suffering" is used, in palliative care to describe the whole suffering of a patient and it includes his spiritual, social, psychological and physical pain. The diagnosis of a cancer has a devastating effect on people's physical and emotional wellbeing. Issues like death may be overwhelming in the initial stage after the diagnosis. As time goes by, most people can deal with their normal life again, including their sexual life. However, the diagnosis and the treatments can have a great impact on sexual activity, like fatigue, pain and restriction of common movements and the injuries associated to surgery, radiotherapy and chemotherapy may affect their partners' capacity or will to see them as sexually attractive.

The methodology for the research was qualitative in nature. With this study, we want to acknowledge patients' perception of their sexual life giving a better understanding of the social world, inside its natural contexts, highlighting the meanings, the experiences, the performances and the points of view of the ones involved in the study (Craig, 2004). Having this in mind, we want to start a project work with patients who are now being followed by Palliative care in Centro Hospitalar de São João. Through semi structured interviews we will collect data which will subsequently examined by a content analysis. The sampling method won't be random and of convenience, but chosen according to the investigator criteria (Fonseca et al, 2008).

The sample will consist of patients who have been diagnosed cancer, heterosexuals and with an active emotional relationship, over eighteen, conscious, time and space conscious and willing to 7 participate in this study. The size of the sample will be determined by the saturation of the data. As this is a new and complex issue that has not been addressed sufficiently in Portugal, this study aims at being a contribution to the palliative care research.

Keywords: Communication, quality of life, palliative care, sexuality.

23-INFORMATION IN TERMINAL ILL PATIENTS HOSPITALIZED IN THE INTERNAL MEDICINE DEPARTMENT IN A CENTRAL HOSPITAL: NURSES PERSPECTIVES AND WORK IMPLICATIONS

FILIPA DE LIMA MORAIS CARVALHO

Introduction: In general, most patients, but not all, want access to information on their diagnosis and prognosis. In Portugal, from the ethical and legal point of view, access to this information is part of a patient's rights and there is only room for exceptions in the rare situations in which the principle of therapeutic privilege has to be or may be applied, or when the patient does not wish to be informed, either fully or partially, as to his/her state of health. This all becomes even more sensitive and crucial when we are dealing with a terminally ill patient. Nevertheless, there are various opinions and practices among health professionals concerning the transmission of information to the patient, with the issue being the latter's right to autonomy in taking health-related decisions and, in this perspective, his/her wellbeing and that of other family members and carers.

Objectives: The general objective of this study was to discover what the current situation is regarding the information given to terminal patients, from the point of view of nurses in the internal medicine services of a general hospital. The following specific objectives were also established: To judge whether the time devoted to palliative care is essentially related to the need to inform the patient about the state of his health, of any condition related to the terminal illness and of possible family involvement; To gauge whether it is understood that the ideal practice for the patient diagnosed with a terminal illness is generally to inform him/her and the family of this fact; To assess whether nurses who would like to know about a situation of terminal illness would be more likely to provide information; To consider whether the perception of stress when caring for the terminal patient is related to the use of strategies for avoiding conversation. Material and Methods: In order to achieve the proposed objectives, questionnaires were developed which were then given by the head nurses on the Internal Medicine wards at the Oporto Hospital Centre (CHP) to the 101 nurses who provide direct nursing care for patients in these units. 49 completed questionnaires were returned. The data obtained were treated using the IBM SPSS Statistics program version 20.0 for Windows.

Results and Conclusions: The principles considered ideal by the nurses with regard to how information is transmitted to patients often differ from those used in day-today practice. Most nurses consider that patients should know what their diagnosis is and that this is the ideal situation for the patient and his/her respective family. The nurses also consider it important to know a priori what information the patients already have. However, a large percentage admits that this situation does not normally occur. It is noted that when patients seek information from the nursing team, the professionals do not normally transmit information related to the diagnosis or prognosis, either so as not to interfere with the role of the doctor, or because they assume there will be difficulties in transmitting information to the patients due to a lack of training or to breakdowns in communication between patients, doctors and nurses. The time devoted to palliative care is not related to the need to inform the patient about his/her state. A relation can be seen between the nurses who would wish to be informed of a situation of terminal illness and the information given to their family members if they were in this situation. The participants in this study tend to consider that the ideal practice for the patient and for the family is to inform the patient that she/he has been diagnosed with a terminal illness. Nursing staff perceive the fact that the terminal patient has no information on his/her diagnosis and prognosis as a stressful factor, and there is a positive relation between this perception and the use of strategies designed to avoid communication with the patients in this situation. This study would therefore appear to indicate the need for further investment in the area of interdisciplinary communication, in palliative care and in how to handle bad news, with a view to achieving better interaction among all the elements involved, who should form a team focused on the patient and his/her respective family.

Keywords: Information, palliative care, quality of life, terminal patients.

24-THE PSYCHOLOGIST IN PALLIATIVE CARE: END OF LIFE INTERVENTION

ANA SOFIA LAMEGO MESQUITA

The psychologist, a health professional who integrates a multidisciplinary/ interdisciplinary team, imbued with the assumptions in palliative care, has an important role in the intervention of the patient who is confronted with the imminence of his own death. An unique event with a great psychological impact. The role of the psychologist is particularly relevant regarding to the assistance in grief and emotional well-being of the patient and his family. At the highest level of training in palliative care, the professional is the one who par excellence is able to meet, understand and make understand the importance of the psychological dimension. The aim of this study, conjectures a bigger knowledge and a comprehension on the intervention of the psychologist in the palliative care, with the patient in the final stage of his life. It is through the perspectives of these professionals who experience this reality that we can explore and describe.

So, this project work suggests a study of a descriptive and explorer nature, following a qualitative methodological approach. As a data collect instrument we name a semi-structured interview directed to a target population, constituted by the psychologists who work in Palliative Care Units. The collected information requires a further analysis of the content with the aid of the computer program NVIVO8 ®.

Keywords: Grief, intervention, end of life, palliative care, psychologist.

25-EXPERIENCES OF NURSES IN THE INTERACTION WITH THE FAMILY OF A PALLIATIVE CARE PATIENT

NOÉMIA FERNANDA FERREIRA MARTINS

Living with death is part of the daily base of nurses and families of palliative patients. These require care, as well as the patient, and the lack of dialogue and the little appreciation of the feelings restrict the relationship nurse-family of the palliative patient. The objective of this study is to understand the experiences of nurses in the interaction with the palliative patient's family. This is an exploratory-descriptive qualitative study, using a phenomenological approach. For its realization we used as tool a semi structured interview, having been made seven interviews with nurses working in the Palliative Care Unit of Porto IPO, in June 2012. All interviews were audio recorded, transcribed and analysed following the steps set out by Giorgi (1985).

Of this analysis were identified six main themes: experiences of nurses in interaction with the family in palliative care, relationship and interaction with the family, mediating factors of the relationship, health education, strategies adopted and feelings. Of the theme "Relationship and interaction with the family" appear several subthemes closely related to the experiences lived: proximity, the importance and needs of the family. The theme “mediating factors” of the relationship includes the facilitators and barriers. The “health education” presents teaching and understanding as subthemes. Of the theme "strategies adopted" arise subthemes availability, communication and help relationship. The” striking” positive feelings described by participants include happiness, acceptance and gratitude. The striking negative feelings refer to frustration, grief, sorrow, distress and emotional distress. There is an emerging need to invest in humanized nursing practice, aiming at the best possible quality of life for the patient and his family. The emotional balance in the relationship of those involved nurse-patient-family must permeate and enable the development of strategies for health promotion. From these findings emerges a set of suggestions presented at the end, which are directed to the various dimensions of the professional practice of nurses.

Keywords: Family, nursing, palliative care.

26-TRAINING IN PALLIATIVE CARE

MARIA ANA BRAZ FERNANDES

Training in palliative care is essential in the daily practice of nurses either to respond to palliative actions, or to care for patients with irreversible situations of terminal illness, admitted to acute hospitals. The main objective of this research is to evaluate the training of nurses in palliative care in the last three years, in São João Hospital Centre in Porto. This is a descriptive exploratory study of quantitative approach, in which 183 surveys were administered to nurses who perform duties in Medical Services, Surgery and Pulmonology at the São João Hospital Centre. The main results relate to the fact that nurses recognize that there are often patients admitted in the wards at an acute patient hospital, at end of life receiving palliative care and that, despite their training in palliative care in the last three years was insipient, most of them feel prepared to take care of these patients.

However, the majority expressed the need for training in palliative care for their daily activity and suggest a long range of topics, the prior and most relevant of which are: Patient and family support / End of life care; Control pain and symptoms; Communication at the end of life; Therapy in palliative care; Ethics at the end of life; Grieving; Nutrition vs. Food at the end of life; Palliative care at home; Care for the patient agony; Comfort measures; Non-pharmacological therapies for managing pain; Death; Dying at home; Family / caregiver preparation; Dealing with emotions; Emergency care palliative; Burnout. We conclude that, although there is a team of in-hospital palliative care centre at São João Hospital since November 2008, and this is an asset in supporting palliative patients, nurse training should be reinforced, helping the selection of relevant topics to the planning of annual training, and promoting frequent and comprehensive actions to improve care for patients and their families.

Keywords: Nurse, palliative care, training.

27-TRANSLATION AND LINGUISTIC AND CULTURAL ADAPTATION OF THE "SPIRITUALITY AND SPIRITUAL CARE RATING SCALE"

ANDREIA RAQUEL OLIVEIRA MARTINS

Introduction: There has been a development of the knowledge on spirituality in nursing in Portugal, although it is not very significant. Nurses consider this field as subjective and difficult to interpret, and they feel ill-prepared to do. The Spirituality and Spiritual Care Rating Scale (SSCRS) allows us to evaluate the perception nurses have of spirituality and spiritual care and has been used in international studies.

Purpose: Analyse the psychometric properties of the SSCRS, thus allowing its use in Portugal. Methodology: Based on the original SSCRS, which was developed in 1997 by Wilfred McSherry, a linguistic and conceptual equivalence was established. The Portuguese version was applied to a sample of 94 nurses working at Palliative Care Units and Intra-Hospital Palliative Support Teams. In the validation process the same methodology of the author of the original scale was followed. The nurses who participated in this study were asked for their written consent.

Results: 94 nurses participated in this study, 15 of whom were male and 79 were female; the majority was between 21 and 39 years of age, had a full-time schedule, worked in shifts, and had 2 to 6 years of experience. During the process of the scale validation, specifically in the analysis of its validity and accuracy, 2 items were suppressed, resulting in an instrument with 15 items. The Cronbach alpha value obtained was 0.76, which indicates that this instrument comprises the psychometric characteristics adequate for the Portuguese population. The nurses that were enquired recognized the importance of the spiritual needs, although 60.8% of them mentioned the fact that they have not identified any diagnosis related to the spiritual sphere and 46.7% of the nurses classify their formation regarding spirituality and/or spiritual care as insufficient.

Conclusions: According to the analysis of the results, the Portuguese version seems to be a reliable and valid scale for the assessment of the nurses' perception of spirituality and spiritual care. However, it is necessary to develop further investigation to make the generalization of the results possible. The nurses that participated in this study acknowledge their role in spirituality and spiritual care, although the clear need to include these dimensions in the contents of the formation of nurses' remains.

Keywords: Evaluation, nursing, palliative care, spiritual care, spirituality.

28-EMOTIONAL PROCESSES, SOCIAL SUPPORT AND PSYCHOPATHOLOGY IN PALLIATIVE CARE PATIENTS

ANA MARTA DA SILVA FERREIRA PINTO

Emotional processes, particularly emotional regulation and expression, as well as social support, constitutes themselves as determinants for both physical and psychological health. Inadequate emotional responses are implicated in several forms of psychopathology, social disabilities, and also with health. Also, perceived social support is also related with psychological resistance to health relates stress, as well as to a more positive adaptation to oncologic disease and to a greater survival to cancer. For palliative care, these variables assume a greater relevance because they can be determinant to increase lifespan and quality of life, for these patients.

This investigation had the goal to understand the relations between the emotional processes of emotion regulation and expression, social support and the development and maintenance of psychopathological symptoms in patients in palliative treatment. To achieve the goal of the investigation, was used a battery of five questionnaires to a sample of 58 oncological patients, doing palliative treatment. The collected data were statistically treated using the statistical software Statistical Package for Social Sciences, version 19 (SPSS – v.19) from IBM. The obtained data allow us to conclude that emotional regulation process presents itself as determinant for the development and maintenance of psychopathology, for these population, and, contrary from expected, emotional expression and social support thus not.

Keywords: Emotional expression, emotional processes, emotional regulation, palliative care, social support, psychopathology.

29-PAEDIATRIC PALLIATIVE CARE: CONTRIBUTION TO UNDERSTAND PARENTAL GRIEF

MARTA ALEXANDRA MOREIRA GONÇALVES

Death is the greatest mystery of life, but it also makes us think more about the sense of our existence. In the health care system this theme seems to be quite contradictory since professionals are trained to cure, and promote life. However, when cure is no longer possible, the care takes its place in the shape of palliative care: from diagnosis and beyond death. But the death of a child needs a special look, it contradicts the life cycle, which assumes that all for us are born, grow, become adults and die one day. Specifically in Portugal, there is a lack of paediatric palliative care teams - able to respond to families who need this kind of support, which can be promoting the maintenance of suffering and segregation. This project's scope is first of all, to represent a contribution to the "state of the art" in the field of paediatric palliative care. It also aims to give emphasis to this particular area, which is, the sometimes slow and enigmatic process of losing a child gradually, and the process building an image of him/her. This is an exploratory study, with a mixed methodological approach. The participants are two mothers in the period between 12 and 24 months after the loss of their child. We sought to analyse the overall satisfaction with life, specifically the subjective well-being and the impact of events experienced by parents, as well as the exploration of the experience of bereavement. For such, we used the questionnaires Impact of Event Scale-Revised (IES-R) and Personal Wellbeing Index (IBP), and the analysis of a semi-structured interview about the process of loss.

The data analysis showed that, despite the fact that parents' present levels of life satisfaction were significantly lower than the average of the Portuguese population, the impact of the loss was not indicative of clinically significant stress. Regarding the interview, seven categories emerged from its qualitative analysis: memories of the son, end of suffering, course of the disease with lethal prognosis, social support in illness and bereavement, personal change, helping factors in the process of bereavement and the singularity parental bereavement. The results of this study allowed us to make a reflection about the experience of parents who lived a palliative illness of his/her son. We were able to highlight the aspects that may need intervention, in order to help that process parents go through, with the natural consequence of improved healthcare services.

Keywords: Impact of event, parental bereavement, paediatric palliative care, personal wellbeing,

30-ARTIFICIAL NUTRITIONAL THERAPY AND QUALITY OF LIFE IN PALLIATIVE

SUSANA FILIPA GANHÃO ARRANHADO

Introduction: The modus operandi of Palliative Care practice should be focused on the global human being and on the reality of the end of life, giving privilege to human dignity. This is the path for the adherence to the treatment and for a better acceptance of proximity and inevitability of death, so" this phase of life will be a phase with life". Nutrition is the process by which the body takes in and uses nutrients to provide energy, health maintenance, functioning and growth of all tissues and organs. It's not just a need, but also a symbolic and distinguished element of culture. However, some patients due to specific clinical situations are unable to eat spontaneously per os, so others feeding methods can be considered, this is, Artificial Nutrition Support. The use of this support on patients without possibility of cure has motivated different points of view among the clinicians. Attending the primordial principle of Palliative Care, nutritional therapeutics should be patient-centred and focused on the symptoms control with the aim of maintain or restore Quality of Life (QoL).

Objectives: To know the impact of tube feeding on QoL of patients receiving Palliative Care.

Materials and Methods: It was made a literature review as far as the theme is concerned, which sustain the research project proposed. The suggested methodology include using various instruments of data collection, namely: document research and analysis, register data document, subjective inquiry and an instrument for measuring QoL (the WHOQOL-100 Scale).Will be included adults individuals of two Palliative Care Units, with different geographic localizations, using Artificial Nutrition Support by tube feeding methods.

Final Considerations: With the development of this research project we concluded that Artificial Nutrition Therapeutics is not inoffensive for patients, because it presents risks and adverse effects, many of with serious consequences, rushing the death of a fragile patient such as the palliative one. In the same way, there is lack of demonstrations of the positive impact on QoL of these patients. The concept of QoL is an interdisciplinary construct that enclose the contribution of several areas. Thus, the use of the evaluation of this parameter can improve the quality and the integrity of health care. The patient is a part of the team, everything begin and ends on him, so the purpose of Palliative Care is to give an excellence approach, where he feels integrated and accompanied, reflecting on his wellbeing and QoL, therefore nutritional therapeutics should be based on the goals and on individual definition of QoL. To try to improve nutritional status and oppose the natural loss of appetite of these patients at all costs by investing on measures of intensive care, like Artificial Nutrition, annulling the last pleaser till the end of his days – the act of eat- seems not to be the best conduct when give dignity and comfort to the patient is concerned. Indeed, ideally should privileging oral feeding. Nevertheless, studies about QoL and others parameters related to nutrition on Palliative Care are missing.

Keywords: Artificial nutrition, enteral nutrition, feeding tube nutrition, quality of life, palliative care.

31-THE IMPORTANCE OF PALLIATIVE CARE IN A GENERAL SURGERY DEPARTMENT: THE PERSPECTIVE OF HEALTHCARE PROFESSIONALS

ALEXANDRE MIGUEL DE ANDRADE PEREIRA

We have seen some progress in the development of palliative care in the healthcare system resulting from a progressive awareness of its importance. However, owing to the shortage of specialized resources, many healthcare professionals working in acute inpatient units are confronted daily with situations of patients requiring a palliative approach. Intra-Hospital Palliative Care Support teams have given great aid in counselling, technical consultancy, organization and planning of necessary care in hospitals without inpatient palliative care unit. Yet, to make this happen, it is necessary that this support team is requested by the professionals from the acute units such as a general surgery unit as in this case. Considering this reality, the following research question has been formulated: Are the inpatient general surgery professionals aware of the importance and need of palliative care? The relevance of this research project relates to the fact that the counselling, organization and planning of palliative care in general surgery service depends largely on IHPCS being requested by the professionals of other areas such as the surgery one.

There are many barriers that hinder that decision making, including the great vocation to healing and low awareness of the medical team for palliative care. Therefore, the main objective of this research project is to understand the perception that health professionals of a general surgery service have about the importance and need of palliative care. This is a project for a descriptive study – an exploratory, cross-sectional predominately quantitative but also qualitative approach to health professionals serving on a General Surgery Service.

Keywords: General surgery, healing care, palliative care, support team in palliative care.

32-PREVALENCE OF OROPHARYNGEAL DYSPHAGIA IN ADULTS HOSPITALIZED IN PALLIATIVE CARE UNITS, FOR NEUROLOGICAL AND/OR HEAD AND NECK CANCER CAUSES

MARIA JOÃO DIAS DE OLIVEIRA AZEVEDO

The palliative care (PC) are indicated to patients considering his needs. Thus, there is a prevalence of some pathologies, as cancer and neurologic diseases. These pathologies, especially in terminal stages, have some symptoms, which oropharyngeal dysphagia is included. The oropharyngeal dysphagia is a swallowing disorder that causes discomfort and can also trigger pneumonia, malnutrition and dehydration. In this way, it appears to be important to understand what the relationship between oropharyngeal dysphagia and PC is. Objective: verify what the prevalence of oropharyngeal dysphagia in patients interned in palliative care units (UCPs) is. Methodology: To make the investigation it will be done a direct evaluation of the swallowing of the patients interned in UCPs with clinic diagnosis of neurologic diseases and/or head and neck cancer.

To do that, it will be used the two first parts of the protocol of swallowing functional evaluation, proposed by Santoro et al. (2011). Final considerations: In Portugal there are few studies that relate de dysphagia and the PC, so does not disclose this fact in Portuguese territory. In England, literature suggests that the prevalence of dysphagia in PC is 68% for cancer patients and 48% for non-cancer patients.

Keywords: Head and neck cancer, neurologic diseases, oropharyngeal dysphagia, palliative care.

33-CHARACTERIZATION OF THE CARE GIVEN TO TERMINAL PATIENTS IN THE LAST 72 HOURS OF LIFE

ELISABETE MOREIRA DELGADO

Culturally, the cure of the disease remains the main objective of health services through the application of increasingly sophisticated interventions with regard to terminally ill hospital care remains weak and insufficient. With this descriptive quantitative study, retrospective and cross-sectional, it is intended to describe the care provided to the terminally ill in the last 72 hours of life, admitted to the internal medicine service IIA, the Hospital de Egas Moniz (HEM). Study ran from 1 January 2012 until 31 March 2012. The sample consisted of 31 patients, 17 male (54.8%) and 14 female (45.2%), predominantly in the age range 76-89 years (64.5%). The most common primary diagnosis was infection (19 patients - 61.3%). The decision for comfort measures and the decision not to resuscitate, both were taken in 18 patients (58.1%). The most common symptoms were delirium in the last 72 hours (19 patients - 61.3%), pain in the last 48 hours (21 patients - 67.7%) and dyspnoea in the last 24 hours (24 patients - 77.4%). In the last 72 hours of life, of the 31 patients, 26 (83.9%) were prescribed antibiotics, 24 (77.4%) underwent blood tests, 19 (61.3%) had blood gas, 6 (19.4%) were underwent placement of a central venous catheter, and 19 (61.3%) were performed the technique of aspiration of secretions.

The results highlight the difficulty of the health team in avoiding futile interventions. The acknowledgment that the patient is approaching the last days/ hours of life and providing comfort-based care are imperative to a good practice. Training and creation of teams of in hospital palliative care could foment decision making and recognition of the nearness of death, avoiding unnecessary measures.

Keywords: Futile interventions, palliative care, terminally ill, symptomatic control.

34-EXPERIENCES OF NURSES WITH DEATH AND THE PROCESS OF DYING IN INTENSIVE CARE

MARÍLIA ISABEL MARTINHO MORGADO

Modern society lives a culture of denial and rejection of death. This is no longer regarded as a natural process, inherent to the condition of life and was progressively removed from everyday family and social life, hidden and sent to the hospital. From de large number of people who die in the hospital, a significant number ends his days in Intensive Care Units (ICU). The specificity of the ICU dynamics and environment determines the particular context of dying process and the characteristics that nursing care assumes to patients at end of live. Nurses who work there, with training focused mainly on healing and treatment of disease, are continually confronted with personal experiences related to ethical dilemmas, conflicts and difficulties in dealing with their own emotions and providing care to patients at end of live and their families. This torrent of feelings and emotions form the experiential universe of nurses, that continually influences their behaviour, their attitude and their way of caring. With this study, our primordial aim is to seek to know and explore the experiential phenomenon of nurses towards death and the dying process in intensive care, so we formulate our research around the following questions: “What are the experiences of nurses facing death and dying process in the ICU?” It is a qualitative research study, based on hermeneutic phenomenology, according to the perspective of Van Manen.

The study will be conducted in a polyvalent ICU of the central region of the country. The process of data collecting is the semi-structured interview with open ended questions and it will last sixty minutes approximately. The study sample will consist of about between nine and twelve nurses, with more than two years of experience in ICU, of different ages and both sexes. Data will be analysed using the software program called “QSR NVivo9” according to the methodology proposed by Van Manen. With this work, we hope to be able to uncover the meaning of nurses` experiences facing death and dying process in the ICU thereby contribute to the improvement of patient care at end of life in this context.

Keywords: Death, dying process, intensive care, lived experience, nursing care.

35-EVALUATION OF LIDOCAINE'S PATCH TOXICITY AT 5%, USED IN CHRONIC NEUROPATHIC PAIN, IN HUMAN SKIN OBTAINED BY TISSUE ENGINEERING

SARA BENTO SILVA MARQUES

Introduction: The pain management of patients in Palliative Care can be a challenge, especially concerning neuropathic pain. The principle of beneficence and non-maleficence assume central importance in choosing therapy. The drugs used to control peripheral neuropathic pain, and more specifically, post herpetic neuralgia, though proven effective, can cause adverse effects that people may not tolerate. Patients receiving palliative care, particularly for oncologic pathology, have a high incidence of this type of peripheral neuralgia, which decreases their quality of life. It is also harder to control their pain due to their low tolerance to the side effects of systemic therapies. Portugal has recently approved a 5% lidocaine medicated plaster for use in neuropathic pain of post herpetic neuralgia. This topical therapy is recommended as a first-line therapeutic option. The cutaneous side effects described, although clinically less significant, are quite frequent, poorly studied and may be caused by lidocaine's cytotoxicity. Therefore, more research into these matters is important. Tissue engineering used for construction of models of human tissues can be used in clinical researching on the toxicity of drugs, avoiding all the ethical problems of human and animal experimentation.

Objectives: The aim of this project is to determine the toxicity of a 5% lidocaine patch in a human skin equivalent, obtained using tissue engineering techniques. The main purpose was divided into five specific objectives: 1) To establish three primary cultures of human keratinocytes; 2) To determine the cell viability of keratinocytes cultured with 5% lidocaine (at 12, 24 and 48 hours); 3) To establish three primary cultures of human fibroblasts; 4) To determine the cell viability of fibroblasts cultured with 5% lidocaine (at 12, 24 and 48 hours) and 5) To determine the viability of an artificial skin model obtained through tissue engineering when cultivated with 5% lidocaine patch or control (at 12, 24 and 48 hours). Methods: To achieve these objectives it will be constructed several samples of artificial human skin equivalents. They will be obtained by tissue engineering, according to a procedure adapted from the method described by Egles et al., in 2010. Lidocaine 5% will be cultivated in primary cultures of fibroblasts and in primary cultures of human keratinocytes, during increasing periods of time (12, 24 and 48 hours). A 5% lidocaine plaster and a placebo plaster will be applied on human skin equivalents, obtained by tissue engineering, for the same periods of time. Cytotoxicity and cell viability will be assessed by analytical electron microscopy and by determination of gene expression using microarrays. The data will be processed and analysed in SPSS, using appropriate quantitative analytical methodology.

Expected Results and Conclusions: Concerning the cutaneous side effects described for a 5% lidocaine patch, it is expected that this work proves that these effects are related to cytotoxicity and decreased cell viability of human skin equivalent, obtained by tissue engineering techniques. Increasing exposure time to the drug may increase the level of cytotoxicity in both cell types. This project's aim is to fill the gap in scientific studies about the side effects of the 5% lidocaine patch, applied to the control of neuropathic pain in post herpetic neuralgia. Understanding the mechanism of the skin changes caused by this therapy might allow us to confirm their safe use in minimally innocuous doses whose positively benefits outweigh the risks and consequences of their use. The application of biotechnology techniques of tissue engineering allows us to carry out this investigation avoiding ethical problems of clinical trials in patients receiving palliative care. Ultimately, this work will contribute to extend the multidisciplinary knowledge on pain therapy, with unquestionable applicability in palliative care and improving the control of neuropathic pain in these patients, who are often resistant to various treatments.

Keywords: Chronic neuropathic pain, lidocaine's patch.

36-THE CHILD AND THE FAMILY – END OF LIFE CARE

ANA FILIPA GOMES DE DEUS REAL

Despite the technological advances in the diagnosis and treatment of paediatric diseases, death in childhood remains a persistent reality. National evidence portrayed in the paediatric services of our hospitals strengthens the urgency to create Paediatric Palliative Care (PPC). Based on the central theme of this study, “The child and the Family – Care in the end of life”, it is intended to understand the implications of care giving to children in the end of life and their families for the nurses of Paediatric units. Methodological strategies consisted in following a qualitative approach with a descriptive – exploratory type of study, using semi-structured interviews as a tool for data collection and treat data through content analysis. The sample is made up by 11 nurses practicing in Oporto’s IPO paediatric service.

The results obtained show that the caring experience towards children in the end of life and their families arises a broad connection of feelings/emotions and peculiar thoughts, intrinsic to the therapeutic relationship, which is significantly marking. The results express the allocation of meanings to the difficulties in dealing with child’s death and suffering of others, as nurses’ interventions focus particularly on the remission of physical symptoms and emotional support towards the child and the family. Strategically, nurses overvalue the presence of family, child’s will, empathy and availability during care giving. Nurses’ needs lie essentially in specialized training in PPC and sharing of feelings/emotions with peers as a form of emotional support. The separation of professional life from personal life is used as a coping strategy to manage emotional distress. Suggestions for better care include the development of continuous and specialized training programs and an improved structuring of the network for home palliative care.

Keywords: Child, end of life, family, nurse, palliative care.

37-CHRONIC PAIN CONTROL IN PRIMARY HEALTH CARE

PAULA CRISTINA TEIXEIRA DA SILVA

Throughout the human being life, the chronicle pain is a certain – whether due to natural oldness or whether due to an arising of a pathology, specially an oncologic one. On palliative treatment, the chronicle pain assumes a much specific importance for the patient himself and for his family (caregiver) because it implies permanent suffering, not only in his physical component, but also in his psychical and even social components. This worrying situation has led to a change at providing medical care for this kind of patients by governmental agencies in many countries and in Portugal where, over the last few years, a network of continuing and palliative treatment has been opened. This network is focused – in spite of its distinct goals and distinct kind of patients – on providing medical care for chronicle patients which doubtless suffer from physical pain due to their pathologies. However, the increase of the population oldness and the bigger efficiency in the discovery of new diagnostics - namely related to cancer which often don't respond to conventional therapeutics – have increased the number of patients who need chronicle pain treatment that makes them suffer a lot. In spite of the governments' and institutions' goodwill, it is impossible to provide a number of beds equal to the number of patients who need them. That's why most of these patients stay at home dependent on primary health care. In my experience as a health care worker, I can tell most of these patients are not closely monitored as far as their chronicle pain is concerned – and this is my main motivation for making this study, whose aims are: to prove that chronicle pain patients in the ambulatory are generally bad monitored by primary health care, probably because of health care workers' feeble education, and to show that it is possible to improve pain control in a more efficient way without cost increase.

It is estimated that about 50 per cent of chronicle pain patients suffer from moderated impact or strong impact in their domestic or labour activities, about 4 per cent of them lost their jobs, 13 per cent were forced to retire early and 17 per cent suffer from depression related to chronicle pain. Chronicle pain – which is often associated with oncological and osteoarticular pathologies, such as osteoarthrosis and rheumatoid arthritis – affects a large number of patients which are at home and depend on primary health care, resorting to their general practitioner to treat and relieve their pain. However, "people and health care workers' lack of information obstruct the implementation of new treatment measures". "In order to improve pain treatment in Portugal, it is necessary to educate health care workers and the general public – who have to become more sensitized – to improve data register and processing, to develop quality control and to promote an efficient use of the existing resources.

The purposes of this study are: - to evaluate how well the patients who are receiving chronicle pain treatment are monitored about their pain and, if not, I want to try to figure out which motives led to this situation; - to realize if every medical treatment options in the ambulatory were exhausted – specially as far as the use of opiates analgesic in adequate doses for pain treatment in the ambulatory is concerned: - to verify the existence of necessary therapeutics in order to have a better control over the chronicle pain and, if they really exist, to check if they were used until exhaustion or, if they do not exist, to try to understand why it works that way. I propose to get the big picture of health care workers' education as far as chronicle pain treatment is concerned and, finally, I want to reach the necessary conclusions in order to propose an improvement on primary health care related to chronicle pain treatment.

Keywords: Pain, primary health care.

38-PALLIATIVE CARE AND THE ORGANIZATION OF SPIRITUAL AND RELIGIOUS CARE IN THE NATIONAL HEALTH SYSTEM

GEORGE SHINAGAWA JÚNIOR

The advent of technology in healthcare has increased longevity, chronic and progressive diseases, making it common nowadays. Facilities such as migration flows and open borders have also helped make societies more heterogeneous and with a diverse culture. Under these conditions there has been a change in healthcare systems worldwide to deliver better care for patients and address the needs of this new social framework. One of these changes has been the establishment of Palliative Care that provides better care by increasing quality of life and dignity in dying. The current biopsychosocial view of human beings contemplates an integrative care in all spheres considered primordial, including spiritual and religious one. Portugal has recognized the need for this kind of care by creating laws nº 16/2001 and 253/2009, The Religious Freedom Act and the Spiritual and Religious Assistance Act.

The first one enable citizens the right to Express their own religion and beliefs, whatever it may be, and the latter regulates the assistance that must occur within the National Health System (NHS), covering various religions besides Catholicism. This research project, by using a qualitative methodology, aims to show how spiritual and religious care is assisted within healthcare establishments in Portugal, since there are already laws that address this type of care. We question if these spiritual and religious assistance is homogeneous throughout the country, and we’ll try find similarities and differences between places and religions.

Keywords: Hospital care, national health system, palliative care, religion, spirituality.

39-THE ROLE OF THE PHYSICAL THERAPIST IN THE PALLIATIVE CARE TEAM

JOANA DE ABREU VAZ

In palliative care the patient is considered as a living human being and death as a natural process. This concept was created at a time when the patient started to be seen as a whole by introducing the notion of "total pain" and seeking to improve the quality of life of the sick person, controlling his symptoms. This paper will address the conditions in which the palliative care concept was created, with the help of a small historical background. Later, we will examine the principles that govern this area of healthcare and to whom such care effectively apply.

Next, we will attempt to expose the reality of the Portuguese situation regarding the acceptance of palliative care as an integral part of the health system. What is the place of the physiotherapist in palliative care? And what contribution can the physiotherapist bring in the palliative care universe? This study will explore the different areas of intervention of physiotherapy and will justify their inclusion in a palliative care team, showing the relevance of the existence of such a professional in the pursuit of improving the quality of life for patients.

Keywords: Palliative care, physiotherapy.

40-THE IMPACT OF PHYSICAL THERAPY IN THE QUALITY OF LIFE OF ONCOLOGIC PATIENTS HOSPITALIZED IN PALLIATIVE CARE

JOANA INÊS MENDES AMARAL

Introduction: The Quality of Life (QoL) of cancer patients, and particularly of terminal patients, has been receiving special attention due to the recognition of the impact of cancer and its treatments throughout the disease trajectory, specifically at its end stage. This impact has to be considered in the different areas of one's life, keeping in mind the fragility and vulnerability that the terminal phase carries with it. The development of specialized cares to address the specific needs of terminal cancer patients (the Palliative Care), was an important step toward the protection and support to them, and aimed at improving their QoL. To accomplish this purpose, a multidisciplinary team works with the patient and his/her family as the central point. In this context, the physiotherapy has a prominent role as a mean for promoting comfort, reliving symptoms and improving the QoL of the terminal patient, in general, and the cancer patient at the end of life, in particular. However, the available research regarding physiotherapy in the context of palliative care for terminal cancer patients are rare, especially in our country, requiring an effort toward the development of more research in this area. The present study aimed to understand the impact of physiotherapy in the QoL of terminal cancer patients, admitted in a hospice unit, as well as to analyse the determinant and predictive role of sociodemographic and clinic factors in the different dimensions of QoL.

Methods: In this pilot and longitudinal study, a convenience sample of 15 terminal cancer patients, hospitalized in a Palliative Care Unit, was recruited. Participants were evaluated immediately after the admission to the Hospice Unit, and randomly assigned to one of the following experimental conditions: experimental group (involved in a physiotherapy intervention program), with 7 participants, and control group (not involved in the intervention program and receiving only the usual palliative care), composed of 8 patients. The second evaluation, for both groups, occurred 15 days after the first assessment, using the same evaluation protocol composed of a socio-demographic and clinical questionnaire and the WHOQOL-Bref for the assessment of QoL. For comparison purposes, a sample of 15 individuals from the general population ("healthy" individuals), with no previous history of chronic disease, was also recruited and responded to the WHOQOL-Bref.

Results: Among the several results found in the present study, we highlight the following: the QoL of cancer patients at the time of admission is worse than the QoL of individuals from the general population; the variation in QoL, over 15 days of hospitalization, in the absence of any physiotherapy intervention program, is nearly non-existent; cancer patients in palliative care could benefit from physiotherapy intervention, mainly in the physical domain, given the trend in the results; some sociodemographic and clinical variables seem to determine the QoL of cancer patients in palliative care, in some of its dimensions, at the moment of the admission to the unit; and, finally, the Social Relationships domain of QoL, at the time of admission, appears to predict QoL in the same domain, after 15 days of hospitalization.

Conclusions: The results of this study point to the need for further research in the field of physiotherapy in oncology, and more specifically in palliative patients, given the possible and potential benefits of this discipline in improving the QoL of people who are in the final stage of life. In fact, multi-disciplinarity cannot, nor should be, restricted only to medical and nursing cares. Other areas have also demonstrated an important role in promoting the well-being of the palliative cancer patient.

Keywords: Quality of life, palliative care, physical therapy.

41-EVALUATION OF FOOD PREFERENCES IN HOSPITALIZED PATIENTS IN THE PALLIATIVE CARE UNIT OF THE IPOPFG-EPE NETWORK

JOANA PINHO SOUSA

Considered as a human right, palliative care has been growing in Portugal over the last few years. Thus, multidisciplinary teams that support these patients have as their primary goal, to provide a full wellness not only for patients but also for their families. In this sense, the nutritional care becomes an essential practice. Improving the physical and psychological comfort, minimizing or controlling symptoms (food-related) and postponing or suspending the loss of autonomy, ate the main objectives of a planned nutritional therapy. Being influenced by feelings and emotions, food can transport us to moments of pleasure, comfort, affection, or even to past memories. However, it can also lead to significant changes in food intake, with the reduction or even elimination of desire to eat.

Thus, this descriptive observational study, aimed at evaluating the food preferences of patients admitted at the Unidade de Cuidados Paliativos da Rede IPO, in order to i) understand if there is any pattern in these choices ii) find out if the food is a factor that affects the quality of life of the patient iii) identify nutritional changes that may appear and iv) understand if it consists in an essential parameter to evaluate the evolution of the disease. To achieve these objectives, we used a questionnaire food (made purposely for this study), as well as the questionnaire *PG-SGA* (Patient-Generated Subjective Global Assessment).

During the 4-month evaluation 37 patients were evaluated but only 10 could be included. Through analysis of their answers the results revealed that there is no standard that defines any food preference. However, there is, not only by patients but also by their family members a greater appreciation of the act of eating and the emotional satisfaction (or not) this can lead to. Moreover, the outcomes of this project have also shown tastes, desires, cultural, social and religious aspects are still very present in this last phase of patients' lives.

Considering these results, we can say that an additional care is needed when dealing with the nutritional therapy of a patient admitted to a palliative care unit. Applying a controlled and custom feeding that meets not only the needs of patients but also their will can help to tranquilize, satisfy, gratify and compensate the advances of their disease.

Keywords: Food choices, food preferences, palliative care.

42-FUNCTIONALITY ASSESSMENT IN PALLIATIVE CARE: THE CREATION PROCESS OF A ICF CHECKLIST FOR THE CLINICAL PRACTICE OF A PHYSICAL THERAPIST

TÂNIA SANTOS SOUSA

Changing the paradigm of functioning classification, a prime instrument for classifying the wellbeing and social inclusion, by the International Classification of Functioning and Health (ICF) is the object of this study. This classification is constantly being applied to diverse health sectors and multidisciplinary teams. Among clinical practice, however, it is not possible for the health professionals to properly apply all the IFC classification items, which motivated the creation of this checklist - an important feature to report on a patient's functioning, with a specific functioning condition, particularly on palliative care. The main objective of this study lies on pre-testing, in order to create an ICF checklist for the physiotherapist professional on palliative care, according to the Delph exercise. A systematic revision of the literature was performed for this purpose, aiming to better understand which instruments for functioning assessment are more used on palliative care.

On this matter, the following scales and indexes were selected: Barthel Scale, Katz Index, Functional Independence Measure (FIM) scale, Lawton and Brody Instrumental Activities of Daily Living (IADL). The following step was to proceed with the results from these tools into ICF domains and categories, which in turn were given to physiotherapists working on palliative care, in order to obtain their assessment on functioning. The results show that 82% of the listing was considered relevant – 44 % relevant, 38 % highly relevant – on a 28 codes checklist. Other ICF components and domains, however, need to be included on the checklist.

Keywords: Disability, functioning, International Classification of Functioning and Health, ICF checklist, palliative care.

43-THE INFLUENCE OF THE SOCIAL REPRESENTATIONS OF PALLIATIVE CARE IN HEALTHCARE PROFESSIONALS OF THE HOSPITAL CENTER TONDELA-VISEU, VISEU UNIT, IN THE IMPLEMENTATION OF PALLIATIVE CARE

MAGDA ALEXANDRA CORREIA FREITAS

Too often there is a lack of appropriate care at the end of life. Sometimes, interventions are painful… arises. This can have a lasting effect on carers, including health care professionals. Experience confirms what the literature reports on the behaviour of many health professionals who faced the end of life show little communication and poverty relationship. There is a lack of specific training in palliative care, both during the pre-graduate training, as in some developing / joining the post-graduate training or even in-service training. As members of society, the influence which it exerts has been felt throughout the evolution of civilization and scientific-technological revolution, with regard to the concealment of the decay of life, avoidance and postponement of death. Moreover, the influence of the couple and the professional group is felt when it comes to change attitude or behaviour which differ from the normal. Knowing the philosophy of palliative care, and considering that they can respond appropriately to the specific needs of these patients and their families, we ask why they are not more widely implemented, particularly in an acute hospital, like the one where this study is developed. In this sense, according to the framework of Social Representation Theory, this research project was conducted entitled “Influence of Social Representations of Palliative Care for Health Professionals of Centro Hospitalar Tondela-Viseu, Unidade de Viseu, in implementing Palliative Care.”

This research project is an exploratory study about the social representations of palliative care for health professionals, since there are not previous studies in the literature on the subject, although there are about related topics. Intended to be descriptive and do a content analysis of data collected, however, in the case of a project at this stage will not be collected and analysed data, no conclusions will be formulated inherent. The method proposed data collection will be the semi-structured interview, by which the respondents may expose their thinking and develop his thinking, letting it flow images, emotions and feelings on the subject. We believe that the representations that emerge here will allow us to understand the thoughts and behaviours of many professionals in respect of patients in end of life, which influence their adoption of remedial measures or recognition of the need to implement a structured palliative care service in institution under study, or in any other in the country We consider the practical application of this research project could be an asset to the understanding of the various conditions that involve end of life, particularly as regards the specific skills of health professionals. Faced with an incurable illness or a prognosis of limited life, the care goes beyond treating. It is not "There's nothing else to do," but thinking how to do everything so adapted and individualized. Simultaneously, we believe that this work could constitute a form of disclosure, reflection and awareness of palliative care in this health unit where there is no palliative care service. Regardless of specific studies, all professionals in any service who act before a patient with a prognosis of limited life shall have the power to, likewise, to care, monitor symptoms, communicate effectively, support the patient's family and work as a team.

The principle is to promote quality of life of patients, not postponing or delaying their death, allowing them to enter the death with dignity. Since today is privileged science and technology, these should be made to serve man, not to forget or devalue the essence of being human is the humanity and it should be treated as such. Palliative care is care for sick people in specific life situation, so it is a human right. A fair society evolved and must understand and accept all the stages of life and include death as the final step, as worthy of dignity as another. Health professionals such as carers should be the voice of patients most vulnerable and engage in interventions to promote quality life and death with dignity.

Keywords: Acute hospital, death, palliative care, social representation, suffering, symptom control.

44-QUALITY OF LIFE AND SOCIAL SUPPORT IN ONCOLOGIC PATIENTS IN PALLIATIVE CARE

MARLENE CRISTINA DA CUNHA ALVES

Nowadays and for the past decade an exponential growth, in the number of scientific studies on quality of life and social support within the healthcare field, has been possible to observe. Given the fact we are moving into an era of chronic diseases, many of which progressive, incurable and with an impact in a variety of areas in a patient's life, researchers have increasingly been showing an interest in expanding evaluation criteria in this field. Therefore, research that carefully seeks to examine the quality of life in terminal cancer patients and identify the influential factors turn out to be fundamental for the development of the intervention programs aimed at promoting patients' wellbeing. In this context, rises the interest in the topic "Quality of Living and Social Support for cancer patients receiving Palliative Care". The aim of this research was to analyse the quality of life and social support of patients with cancer receiving palliative care. To attain such goal a descriptive, correlational, transversal study of quantitative nature was carried out in which two evaluation instruments were applied: the Palliative Care Outcome Scale (POS) and the Medical Outcomes Study Social Support Survey (MOS-SSS) in a sample of 30 terminal cancer patients (n=30) in palliative care.

The results of this study indicate that terminally ill cancer patients receiving palliative care show: a lower quality of life in dimensions related to the anxiety experienced by family members and felt themselves; that the social support varies according to the marital status and to the support received and is linked to the length of hospitalization; and the greater the emotional support perceived, lower will be the quality of life. In this sense, it is important to develop more studies to further research the relationships between palliative care, quality of life and social support in order to increase the width of knowledge in this field and, simultaneously, provide better care and respect the patient´s dignity until the end.

Keywords: Quality of life, oncological disease, palliative care, social support.

45-PALLIATIVE CARE AT HOME: A CHALLENGE

ISABELLA DE ANDRADE ARRUDA

Palliative home care is referred as the care that ensures higher quality of life to oncologic patients at the end of their lives in countries where it's established in the health system from 1960 to now. The provision of such care, according to some authors, would be the most desirable in order to bring more benefits either for the patient, for the family and for the national health system. However, some social, psychological, physical limitations and family difficulties may take place during the process. Palliative care at home is a recent reality in Portugal, when compared to other European countries and it represents an area yet poorly considered and with little investment from the health services in Portugal. Cancer takes an important position in the context of palliative home care, either by concern for the inadequate control of symptoms, especially pain control, either by insecurity and fears generated in the patients and his family.

Some conditions are considered indispensable for the patient with advanced cancer to stay at home: the desire of the patient himself, the presence of the family and qualified caregivers for the home care provided, good housing conditions, adequate control of symptoms, good structure of social support and community resourced and professional support from the palliative care team at home. The present study aims, through extensive literature review, to list the challenges related to palliative care at home, emphasizing the control of pain and other symptoms, recognizing the barriers related to the patient, family, health professionals and health system in the implementation of this care. It also aims to present a project work trying to identify the concerns of patients and their families in home-based palliative care, intending to contribute to the improvement of this care.

Keywords: Cancer pain control, home care, palliative care.

46-ADVANCED DIRECTIVES IN THE PERSPECTIVE OF DOCTORS AND NURSES

ISABEL CRISTINA SALAZAR CARDOSO

Introduction: The scientific and technological development as well as the increasing acceptance of personal values in plural societies, have contributed for the individual rights to reach a higher level inside Constitutions, playing a main role in the building of other rights. This project finds its own foundations, in a clear lack of objective information about the origins and reasons that may cause a request of this nature, having as main goal to evaluate the advanced directives of will as legal instruments to exercise a prospective autonomy, providing a reflection on their strengths and weaknesses, as well as a better understanding of its roles and relevance in the context of Portuguese healthcare. So, in the light of changes, about the perspective of death in society, in the individual autonomy of the patient, in the consolidation of the doctrine of informed consent, it attempts to provide a glimpse about the knowledge and perspective that health professionals demonstrate about this subject.

Objectives: To determine the prevalence of the knowledge and an opinion about the advanced health care directives, in palliative care patients, by health professionals (doctors and nurses) of the Portuguese National Health. Methodology: This is a quantitative, non-experimental and simple descriptive study. For its implementation it was built a research instrument that assessed an evaluation of the perspective of health professionals about the Advance Health Care Directives.

Conclusion: The results show that the knowledge and the use of Advance Health Care Directives, as well as the training in the issues of prospective autonomy, are still very low among health professionals. This exposes the need to develop strategies to make them more familiar as well as to reinforce the need for expansion of training programs and information for health professionals.

Keywords: Advance directives, autonomy, patient information.

47-FROM THE INFORMATION GIVEN TO THE INFORMED CONSENT IN ONCOLOGIC PATIENTS

FILIPA DANIELA BASTOS RODRIGUES NUNES

Empower the patients to take part in decision-making regarding health care, properly using the information provided, and promoting the autonomy of the same, involves a joint effort of many professionals of the multidisciplinary team involved in the disease situation. The way people with cancer access the health information, and the impact it has in decision-making is a matter of central interest in this group where the disease situation and the proximity of the end of life itself, increases the vulnerability. The objectives of this study were to promote critical reflection on values, personal, professional and society in general; to identify the ethical principles underlying the decision-making; analyse the relationship professional-patient who sets from the definitions of vulnerability and autonomy; characterize decision making caused by the information provided and quantify the information provided to users. A quantitative study of exploratory nature, carried out with a sample of 20 persons with cancer diagnosed at 3 months, users of Family Health Units of Group Health Centre Baixo Vouga III, selected according with the sampling method for convenience. The instruments of data collection used consisted of a questionnaire Easy-Care for socio demographic sample, the scale of assessment of the current state of disease (QLQ-C30, version 3.0, the EORTC) (QLQ-C15 - PAL, version 1.0, the EORTC) and evaluation of information provided (QLQ - INFO25, the EORTC).

According to the objectives outlined, it was founded that people with cancer are, in general, satisfied with the amount of information given, such as the relationship established with professionals. The results highlight the importance of adequate information to the needs of sick people and highlight the need to increase information in certain areas, such as: self-management of the disease, the use of certain services, including rehabilitation (physical and occupational therapy) and specialized support (psychology) and the influence of disease / treatment in the social and family environment.

Keywords: Autonomy, decision-making, health information, informed consent.

48-PAIN ASSESSMENT INSTRUMENTS IN PATIENTS WITH ALTERED CONSCIOUSNESS

DANIELA FILIPA ALMEIDA DA CUNHA

In patients with impaired consciousness, pain self-assessment is impracticable and communication is compromised, therefore challenging assessment by health care professionals. This causes the use of valid and trustful scales to become fundamental. The present study aims to evaluate the clinical potential of the existent scales for the assessment of pain in patients with impaired consciousness. The literature review comprehends the time frame from January of 2005 to June of 2011 based on two search engines and three databases. A total of 654 abstracts and titles were analysed, 16 papers were selected for a full body revision of which 8 comprise within the present review. Three university archives were visualized and only 1 paper was included herein.

Seven distinct assessments of pain scales were identified in patients presenting impaired consciousness. Only one of the scales took into account physiological and behavioural indicators, whereas the remaining others included solely behavioural indicators. The BPS scale obtained the highest rating, thus turning its implementation possible in these patients. More research, concerning the effects of the use of assessment of pain tools in clinics and their implications, is required.

Keywords: Impaired consciousness, pain assessment.

49-PALLIATIVE CARE IN DEMENTIA: A COMMUNITY PERSPECTIVE OF CAREGIVERS, OF PEOPLE WITH DEMENTIA AND OF HEALTHCARE PROFESSIONALS

ALEXANDRA MANUELA NOGUEIRA DE ANDRADE PEREIRA

Introduction: Dementia is an irreversible syndrome caused by progressive neurodegeneration, characterized by the loss of memory, language and capacity to execute everyday living activities. It is an acquired condition, in which the major known risk factor is age. Due to its long development course it's easy to understand that the social and family impact can be devastating. Palliative Care emerge as a possible response to these population necessities, although the accessibility to these kind of care is difficult by the few available response and due to the referral based in prognostic models.

Objectives: To reflect about the pertinence of Palliative Care approach to the person with dementia, since the diagnostic moment, in the community context. To analyse the caregivers' perception about the care provided by them in the community context. To analyse the perception of people with dementia about their health, in the community context. To analyse the healthcare professionals' perception about dementia.

Methodology: Three studies were designed. The study 1 is a quantitative exploratory and descriptive-correlational study, targeting the caregiver in the community context, using the Zarit Burden Interview, the Satisfaction with Life Scale, the EQ-5D scale and the Barthel Index. The Study 2 is a quantitative exploratory and descriptive-correlational study, targeting the people with dementia in the community context, using the Satisfaction with Life Scale, the EQ-5D scale and the Barthel Index. The study 3 is a quantitative exploratory and descriptive study, targeting healthcare professionals and students. The samples of the two first studies were respectively constituted by 153 caregivers and 50 people with dementia, through the identification and referrals made by the healthcare centre and two non-profit associations: Alzheimer Portugal and Sorrisos do Coração. The sample of the study 3 is constituted by 171 healthcare professionals and 100 healthcare students, and it was achieved by diffusing an online questionnaire using a "net" method. Thus, these samples are intentional non-probabilistic.

Results: Study 1 – The majority of the caregivers are females (83,66%), married (79,74%), with 4 years or less of school (47,06%), retired (32,68%). The average age is 56,71 years. In average, they're caregivers for 5,67 years and spent 13,55 hours per day providing care. The main reason for becoming a caregiver is family/emotional ties. The Zarit Burden Interview points to intense burden, with a positive correlation between burden and age and burden and the number of daily hours providing care and an inverse correlation between burden and quality of life and burden and satisfaction with life. Study 2 – In the community, the majority of people with dementia are females (58,00%), married (46,00%), with 4 years of school or less (52,00%). The average age was 78,64 years. The time of diagnosis was 4,76 years. Barthel's average score points to moderate dependency. EQ-5D average score was 0,43 points (EQ-VAS 56,04 points). The satisfaction with life scale was 17,32 points. It wasn't found any between satisfaction with life and perception of quality of health of the person with dementia and the caregivers' burden. That also verifies between the satisfaction of life of both of them. Study 3 – The majority of healthcare professionals and students are females (81,55%) and the average age was 29,23 years. The majority of correspondents are nurses (85,24%) of Oporto City (88,19%). The average time of experience is 11,02 years and the majority work at a hospital service. The majority doesn't have specific Palliative Care knowledge or training (66,42%), although the majority has an accurate perception of its definition. The majority thinks of dementia as a chronic disease (94,10%) and as a terminal disease that can potentially benefit from Palliative Care (81,92%). The healthcare professionals and students that do not have specific Palliative Care knowledge or training are more likely to have incorrect perceptions about dementia and about the more adequate care for people with dementia.

Conclusions: In the community, people with dementia have lower health quality and satisfaction with life scores than those of the general population. The caregivers have high levels of burden and also lower average health quality and satisfaction with life scores than the general population. Burden is related with the caregivers' perception of his own health and life. Healthcare professionals have knowledge and training deficits in Palliative Care and this seems to influence their perception of dementia. The introduction of Palliative Care into a community interdisciplinary and integrative approach to dementia since the moment of diagnosis seem to be important to promote the quality of life of the person with dementia, his caregiver, his family and society in general.

Keywords: Caregiver, dementia, healthcare professional, palliative care, person with dementia.

50-BURNOUT AND QUALITY OF LIFE OF HEALTHCARE PROFESSIONALS IN HOSPITALIZED PALLIATIVE CARE CONTEXT

JOSÉ MANUEL BARBOSA TEIXEIRA

Introduction: Health professionals specialized in Palliative Care are considered a risk group regarding the development of burnout, in that, they deal with disease, suffering and death, on an everyday basis. It is a very serious psychosocial problem because it entails several negative consequences, not only for the individual, such as reducing his/her quality of life (QoL) but also for the patient and the entire organization. Considering the scarcity of studies on burnout and QoL of health professionals on duty in Palliative Care, in oncological hospital context, the assessment of burnout and QoL of these professionals, as well as their sociodemographic and psychosocial determinants, related to their professional context and job satisfaction, was the main goal of this research. Method : The methodology adopted in this cross-sectional study began by recruiting a sample of health professionals working in an oncology palliative care unit in the hospital setting (n = 22), as well as a control group made up of 15 health professionals engaging in intensive care medicine and 9 in the emergency room. A group of 22 individuals from the general population was also recruited, so that the sample consisted of 68 subjects. The assessment protocol used for data collection comprised several instruments, namely, the Maslach Burnout Inventory, the Abbreviated Instrument for Assessment of the WHO Quality of Life (WHOQOL - Bref), the Satisfaction Questionnaire with Professional Practice, the Brief COPE, as well as a sociodemographic questionnaire to gather information on personal and professional situation/context of the individuals belonging to the sample, namely the health professionals. Data were collected through an individual/personal questionnaire in two public hospitals. Results: Among the many findings/results experienced, the following regarding burnout are highlighted: (1) there were significant differences between the group of Palliative Care professionals and the general population group regarding the emotional exhaustion dimension, the first one showed higher levels of exhaustion, (2) most health professionals, in the three professional groups expressed low levels of burnout , no significant differences were found among the groups in terms burnout levels, in the three subscales , (3) in relation to the burnout determinants, just the variable: I would like to practice/perform Other Profession and the dimensions of job satisfaction and Hierarchy support revealed a significant contribution to Personal Fulfilment. Regarding QoL the conclusion was the following: (1) there are no significant differences between the palliative care health professionals and the general population; (2) 13 although the three groups of health professionals did not differ significantly on QoL perception, in its different dimensions and overall QoL, Palliative Care professionals demonstrate a tendency to lower scores, mainly in physical, psychological aspects and general QoL, (3) concerning the QoL determinants, the various dimensions of job satisfaction influence significantly the different domains/aspects of QoL, as well as, overall QoL, (4) regarding coping styles, positive reinterpretation proved to be a significant determinant of the environmental dimension of QoL, and overall QoL, and (5) in relation to the fundamental role of burnout in QoL, only Personal Fulfilment seems to affect significantly the environmental dimension of QoL . Finally, the comparison of different groups of health professionals in the different scales of the assessment instrument for job satisfaction did not reveal a significant effect of group type. Conclusion: The results of this research show that Oncology Palliative Care professionals seem to show a tendency to express greater Emotional Exhaustion compared to individuals of the general population and health care professionals in the emergency services and PICU, which can be due to daily life in cancer palliative care unit, conducive to the development of emotional, physical and mental exhaustion. In turn, the finding that practitioners of palliative care seem to manifest simultaneously higher levels of emotional exhaustion and personal accomplishment, may result from the fact that the practice of medicine in this area may provide opportunities to develop a career with great personal meaning and satisfaction. Being emotional exhaustion a significant predictor of consequences in terms of health level, namely of exhaustion, chronic fatigue, anxiety, depression, and psychosomatic complaints, Oncology Palliative Care professionals may be tended to be more vulnerable to a setback in their QoL, in general. Thus, strategies to prevent burnout and improve the QoL of these professionals should be developed, in particular, and considering the determinants of these outcomes, focusing on the organization and working conditions, supervision and organizational policies that recognize the merit and interpersonal relations and teamwork, in order to improve the psychosocial atmosphere of work. With this research work it is expected to contribute to a better understanding of burnout and QoL in health professionals, specifically those that exert/practice their activity/job in the context of cancer palliative care, enhancing their assessment and use of effective strategies of prevention and intervention, whenever deemed necessary, which will also affect the level of their professional practice.

Keywords: Burnout, cancer, coping styles, job satisfaction, quality of life, palliative care.

51-CONTEXT AND WORK NATURE IMPLICATIONS OF HEALTHCARE PROFESSIONALS IN POSITION ON DEATH AND ETHICAL ATTITUDES

ROSA SUSANA PACHECO CORREIA

The death and the dying process are still a complex reality where are, almost every time, involved healthcare professionals. The present study has the main goal of analysing the impact of professional environment and the nature of the work in the behaviour of the healthcare professionals in cases of death and their ethical attitudes relating to dying patients. This study also aims to understand if training in Palliative Care influences the behaviour of healthcare professionals. In order to evaluate these questions there were selected two Portuguese versions of the following instruments: Rating Scale Profile of Attitudes about Death – (Loureiro, 2010) and the Scale Ethical Attitudes (Lopes, 2005). The sample is composed by 83 healthcare professionals with different basic training and different environment in professional activity.

The results allowed seeing that the attitudes and ethical behaviour before death differ depending of the environment, academic degree, degree of occupational death exposure, professional experience and have or don’t have training in Palliative Care. These results sustain the thesis that the healthcare professionals doesn´t deal very well with death, and the training in Palliative Care seems to be a key factor for a correct posture on the professional activity.

Keywords: Death attitudes, ethical attitudes, healthcare professionals, palliative care, training.

52-THE NEED OF PALLIATIVE CARE IN PAEDIATRICS

MARIA DA CONCEIÇÃO MARTINS LIMA

Palliative care is currently recognized as a right and starts having expression in Portugal. Palliative care units have been created, translating the increased importance of this type of patient care. However, Paediatric Palliative Care is currently incipient although some concern to improve this healthcare area starts to be expressed. The number of children in need of palliative care is increasing due to the medical technological advances, which allow that children who would have died before due to this lack of medicine, may now survive, but with chronic diseases, sometimes of a rare nature, that threatens and shortens the child's life, putting in risk her dignity and quality of life. This study has a purpose at understanding the need of Paediatric Palliative Care through three objectives: (1) to know the number of children admitted to the Hospital of Santo António's Medical Paediatric Service, during July 2013, that could benefit from Paediatric Palliative Care; (2) to know the main obstacles to Paediatric Palliative Care implementation pointed by the healthcare professionals working at that paediatric service; and (3) to know what these healthcare professionals point as the potential reward of Paediatric Palliative Care.

The study design is quantitative and the type of study as exploratory, simple descriptive. The sample has two groups, the admitted children (sample size= 6), and the healthcare professionals working directly with the children at the paediatrics service (sample size= 45). Data were collected through the application of a questionnaire to both groups. The results allowed to know many children could benefit from Paediatric Palliative Care, while admitted to the paediatric service, and also allowed to understand what healthcare professionals point as main obstacles and potential rewards of Paediatric Palliative Care.

Keywords: Health care organization, paediatric palliative care.

53-BEING A CAREGIVER OF A PERSON WITH ADVANCED DISEASE IN COMMUNITY CONTEXT: PERCEPTIONS AND EXPERIENCES

MARIA AMÉLIA LEITE FERREIRA

Introduction: The technical and scientific advances and the improvement of the social and health conditions in the past few decades, led to a progressive demographic ageing, creating thus new health necessities, and for those the health services do not seem to be adapted yet. Consequently, the incidence and prevalence of chronic, progressive and incapacitating diseases arose, resulting into relatively long periods of dependency. Due to those and also due to the growing health expenses, the current tendency is that people with chronic, advanced and progressive diseases return to the community care and stay at home, under the care of a relative or significant person. Thus, the caregiver becomes the first family link to support the dependent person in the community, leading a fundamental role of continuous responsibility. Caring requires a permanent effort at cognitive, emotional and physical level that is frequently underappreciated and inadequately rewarded.

Objective: To describe and analyse the expectations and experiences lived by caregivers of people with advanced disease in the community.

Methodology: Exploratory-descriptive study, using a qualitative methodology, with a phenomenological approach. A semi-structured interview was used. Eight interviews were made, with caregivers of people with advanced disease living in the community of the influence area of a healthcare centre in the interior north region of Portugal. All interviews were audio recorded and consequently transcript and analysed using the Giorgi method (1985). The interviews were conducted at the caregivers' houses, from January to May 2013.

Results: All caregivers are female and catholic. The average age is 57,3 years, the majority is married (87,5%), with a low school level (75% have 4 years or less of school). Seventy five percent of the caregivers are stay at home women. Concerning the family tie, the majority is a daughter (50,0%) or a wife (25,0%). The average time as caregiver is 7,7 years. Through the reading and analyses of the caregivers interviews eight central themes were identified: being a caregiver of a person with advanced disease in the community, communication, human dignity respect, difficult factors and facilitate factors, coping mechanisms, positive feelings and negative feelings. The central theme "being a caregiver of a person with advanced disease: perceptions and experiences" is influenced by the other seven themes.

Conclusions: The caregivers of people with advanced disease in the community context live enriching experiences with positive and negative repercussions that echo through their life and health. There's a growing concern in thinking about the care provided to the people with advanced disease in the community context and also to their caregiver, aiming to promote quality of life and to minimize suffering situations.

Keywords: Community, palliative care, caregiver.

54-ANSWERS IN HEALTH CONTINUUM INTEGRATED CARE - ULDM – IN BRAGANÇA DISTRICT

CARMINA ERMELINDA GOMES

Nowadays, aging is an issue that has gained a wider visibility and is a concern for governments, investigators and the society in general. One of the main focus points is related to health issues that are associated to it. The National Network of Integrated Continued Care emerges as a response to this problem, as it ensures the provision of health care and social support through units of hospitalization, mobile treatment and domestic support among others. This investigation has the central purpose of characterizing the responses in Health in Integrated Continued Care – Unit of Long-term and Maintenance (ULTM) in the district of Bragança. It is a simple descriptive study, in which the sample consists of five ULTM of the district of Bragança and the data was gathered through questionnaires elaborated for its purpose.

The results enabled an understanding of the patients' profile, an identification of the (in) formal caregiver of the patient, an analysis of the typology of the ULTM hospitalization and a characterization of the profile of the professionals in this typology. The district of Bragança has six ULTM that respond to the needs of the population through several facilities. The patients of the units studied are predominantly elderly and their main source of informal support is family. Over 40% of the ULTM patients decease following hospitalization. The professionals that ensure health care in these units are young, mainly of the feminine sex, predominating operational assistants and nurses.

Keywords: Aging, elderly, National Network of Integrated Continued Care.

55-DESOCIALISATION / DEATH SOCIALIZATION – THE VIEW OF THE POPULATION

TÂNIA CRISTINA DE SOUSA ARAÚJO

Death is a theme present in society and that has evolved over time, however it is the only certainty in life. It is an existential contingency in human life, so it becomes increasingly relevant to discuss on this issue so that it can be treated as a natural process and not denied by society. Each human being has his own way of thinking about death and its own representation, these aspects that are built over a lifetime through the experiences. The topicality and relevance emerges the theme of this study “Desocialisation / Socialization of death - Opinion of the population”. According to the theme, the question arose of departure "What is the opinion of the people regarding the process of death?" Aiming general: Analyse how is understood the death process, in actuality, by population. According to the theme and starting question of this research work has developed a descriptive simple exploratory nature of qualitative and quantitative approach, using as a method of data collection the questionnaire direct administration to a non-probabilistic sample accidental and intentional applied 200 respondents. After harvest data arises as a result f the fact that there dualities in the concept of death, with diverse opinions pointing positive and negative aspects.

However there is also no concept set to “good death” or “dying well”, the population shows different aspects that pleadings may be essential to define the concept. Regarding the concerns that are mentioned relation to personal death are consistent with those noted the death of the other. The majority of the population identifies that the ideal is to die at home, yet do not consider this aspect when defining relevant good death; Strategies identified to die at home are essentially the home support training of the whole society. With positive conditions, the ideal would be to die at home. The socialization of death is undoubtedly a step to be worked, to put into practice the strategies identified.

Keywords: Death, good death, nursing, palliative care, socialization.

56- OPIOID TREATMENT OF DYSPNOEA: A LITERATURE REVIEW

JOANA MONTANUCCI REMA

Dyspnoea, a subjective feeling of shortness of breath or breathlessness, is a particularly disturbing symptom that can cause a great suffering, either for the patient and his family. The aetiology is often multifactorial and its intensity tends to increase as the disease progresses. Opioids have been used in the treatment of dyspnoea since the late nineteenth century. Although it suffered a strong negative impact in the 1950s with the establishment of a relationship with respiratory depression. As dyspnoea is a particularly common and devastating symptom to the patient in advanced stage of disease with no possibility of curative treatment, it is important to understand the role of opioids in the relief of dyspnoea, as well as clarifying certain aspects that often limit their use with particular reference to security issues.

Thus, a literature search was performed in PubMed and Scirus and also book chapters relevant to the topic. We analysed 27 articles which are described in this study, in order to clarify and demystify the use of opioids in the treatment of dyspnoea and thus contribute to improve the quality of life of patients suffering from this disabling and disturbing symptom.

Keywords: Dyspnoea, opioids, treatment.

57-PAIN PREVALENCE IN HEMATOLOGIC MALIGNANT DISEASES

LILIANA SOFIA SOARES FERREIRA

The hematological malignant disease is rarely assumed as a palliative care disease, however it has become one of pathologies to take into consideration in this area brought by the increase of mortality rate as well as the new cases identified lately. There is a lot of research which proves the lack of approach in several fields within these pathologies, specifically in areas such as prevalence of pain. Therefore, this thesis serves the purpose to reduce the lack of information and knowledge around this subject. In order to perform this investigation a quantitative methodology was chosen to be used. The approach was to call upon a cross-sectional descriptive correlational study using a questionnaire as the source of data. Afterwards, the data was subject of a statistical analysis subsequent inference as well as a discussion of results. Epidemiologically speaking, it can be said this research is a prevalence study. The sample is composed by patients who are in the patients care unit related with Onco-Hematology department and Day Hospital, which belongs to Oporto Portuguese Oncology Institute. This investigation had as its goal to determine which the pain prevalence on haematological diseases is. Specifically, we intend to compare functional autonomy in patients with and without pain; determine if there's a relation between pain type and presence with the type of hematologic malignant disease; understand if there's a relation between presence of pain and actual medical situation; determine what's the impact of average pain in daily activities; understand what's the type of treatment applicable for each of the several levels of pain; compare the level of life quality and what's the perception of life quality from the oncologist in relation with the patients with and without pain. The results show greater autonomy on painless patients when compared to patients with pain. It was also concluded that patients with Non-Hodgkin lymphoma have less probability of having pain, which goes against patients with Multiple Myeloma. It was also ascertained that the first usually feel a visceral pain and the others a somatic one.

In what regards the relation between pain presence and actual medical situation, it was substantially concluded that patients starting the treatment don't show signals of pain when compared to relapsed patients. In terms of average pain in daily activities this research suggests that the greater the average pain is, the greater its impacts. In what concerns pain treatment to be applied to several pain levels, there's the absence of medication applied in fixed hours to most patients with slight pain. The use of "tramadol" is frequently chosen for patients with slight and mild pain. To conclude, when life quality is compared between patients with and without pain, the best results were obtained on painless patients. In what regards perception of quality life from oncologists in relation with their patients, it was found a positive and better correlation in painless patients.

Keywords: Haematological cancer, pain, palliative care.

58-THE PLACE OF PALLIATIVE CARE AT HOME DURING THE DISEASE PROCESS

FILIPA MARIA MORAIS RIBEIRO

All scientific and social achievements imposed an increased longevity. The numerous technological developments have enabled the medicine to transform many fatal acute in chronic conditions, however the quality of life offered not always confirmed the amount of time reached. In 2006 comes the National Network for Integrated Continuous Care and 6 years later the Basic Law of Palliative Care, Law No. 52/2012 of 5 September "enshrines the right and regulates citizens' access to palliative care, defines the responsibility of the State field of palliative care and creates the National Palliative Care Network, operating under the Health Ministry". In the North, the Support Team in Palliative Care of Matosinhos Local Health Unit provides care to the local population, totalling around 180.000 users and integrates professionals from the primary health care and the hospital. The aim of this study was to contribute to the reflection on the organization model of this team through the description and analysis of the characteristics of patients who joined the project "Palliative Care at Home". The population studied was the universe of patients included in this project from January 2011 to December 2012. It was performed a sociodemographic and clinical characterization of patients as well as the characterization of the accompanying that precedes the integration on the project and all episodes of recurrence to the Emergency Service. Patients mostly integrated are males, mean age 70 years, residing in the civil parish of Senhora da Hora. The oncologic pathology is present in 89,3% of patients, being the most frequent digestive pathology. The score of the application of Palliative Performance Scale to patients at the time of integration was 50%. In all participants, 78,5% had a caregiver, mostly informal. The participants have a preference for staying at home, the place where 52,2% died.

After integrating the project the majority of patients cease the follow-up in Palliative Care Consultation at the hospital and was awarded 2 mostly home care. The Intra Hospital Palliative Care Team and the Family Health Team were who referenced more patients to the project by identifying the need to transition to another type of care, uncontrolled pain was the symptom most often present. The Emergency Service is used by 60% of patients, mostly by complaints of dyspnoea, registering an average of 2 urgency episodes per patient during the day and during the week, and 31,9% were triaged as Very Urgent situation. Of these, 10% die in the Emergency Department, the remaining 28,9% were transferred to the inpatient service and 19,6% sent to the home. Palliative care at home is a complex reality, dynamic and increasingly focused on quality of care, the accompanying of patients in this context is still a largely unexplored area and its study will contribute to the professionalization of care and their social visibility.

Keywords: Death, dying, home care, palliative care.

59-TRANSITION TO THE EXERCISE OF THE ROLE OF CAREGIVER OF THE PALLIATIVE PATIENT: THE IMPORTANCE OF INFORMATION ON THE DEVELOPMENT OF MASTERY IN THE ACT OF CARE

ANA SOFIA DOS SANTOS SILVA

Demographic ageing in Portugal leads to new healthcare needs associated with the increasing incidence of chronic, degenerative, serious diseases and the increase in dependency, with palliative care appearing as a priority. Envisioning death as a natural stage of our life-cycle, this kind of care promotes quality of life, comfort and a dignified death. These factors imply the need for continuous care at home. In this scope, the caretaker plays a fundamental role. The transition to assuming the role of caretaker for the palliative patient creates several changes and difficulties that need addressing. In this sense, the information process is pivotal for developing expertise in the action of caring. Health care professionals, especially nurses, play an important role in informing and preparing the caretaker for providing care at home. In palliative care, training the health team is essential for acquiring skills that allow an intervention in the families taking care of the palliative patient, and these skills are also allow a contribution for continuing quality care. This study aims, on the one hand, to present the caretaker's perception of the importance of information for assuming the role of patient caretaker and, on the other hand, to demonstrate the importance of the health team in the information process. A qualitative phenomenological study was performed, using a semi-structured interview as data collection instrument, and the data processing was carried out through content analysis.

This study was applied to eight caretakers in charge of dependent palliative patients at home. The six central themes in this study arose from the analysis and interpretation of the aforementioned interviews: caretaker's perception regarding the information given by health care professionals; caretaker's perception regarding the informative process; knowledge applied by the caretaker when practicing care with palliative patients, at home; caretaker's perception regarding the usefulness of the information given, by healthcare professionals, for the adaptation and practice of the role of caretaker; needs of the palliative patient's caretaker for providing care at home and caretaker's perception of the role played by reference healthcare professionals. Through the caretakers' opinions, it is verified that receiving information regarding the physiological needs of the palliative patient is essential so that the caretaker can develop expertise in taking care of his/her beloved relative at home. Hence, healthcare professionals, especially nurses, play a fundamental role in the process of informing/educating the caretaker.

Keywords: Care, caretaker, healthcare professionals, information, palliative patient.

60-SOCIAL ANSWERS TO ELDERLY PALLIATIVE PATIENTS IN DOMICILIARY OR RETIREMENT HOME SUPPORT IN SANTO TIRSO

CLÁUDIA RAQUEL TEIXEIRA DA FONSECA

We are witnessing today a progressive aging of the Portuguese population and there for there are new health needs associated with degenerative diseases, consequences after an acute outbreak of illness, dependency and greater survival of serious diseases. The elderly are the group of the population who suffer the most with the disease, with a slower evolution, ease of chronicity, increasing high levels of dependency. This requires from de health professionals anew preventive, progressive and continuous care. Together with this phenomenon on we add the changes in family structures that impose a reorganization of care given to older people. It seems, therefore, relevant to study how institutions and home support work in this field. Palliative care constitutes an answer to this situation by combining science and humanism, in which there is a limit to the treatment and cure, but not to the given care. It is important to note that it is assumed as a human right, ethical and organizational in response to emerging trend of the dehumanizing of medicine. Society is facing large asymmetries in the organization and accessibility of this type of care, whether between countries or within a country, from region to region. The palliative care services in Portugal are in a central phase of the implementation process and because of this it seems appropriate to make a picture of the Santo Tirso city situation. The answer to the needs of different patient groups is the creation of an extensive network of integrated services, covering from the homecare to inpatient units. For all this, we consider it important to make a theoretical framework to induce understanding of the theme. It seeks to define what are the Palliative Care as well as its appearance in Portugal, not setting aside the RNCCI that they are also part and embracing aging of its population that is a phenomenon intrinsically linked to this type of care because the changing health needs. In short, we intend to address any resolution involving Palliative Care from the relationship, interpersonal communication team, the quality of life that is one of its pillars, as well as the preparation of family and informal caregivers. To be an approach that promotes the prevention and relief of suffering, could not be left aside issues such as spirituality and hope at the end of life. This study aims to make a general analysis of social responses in Santo Tirso to elderly patients in palliative care in home care or in nursing homes. It is intended to identify the number of institutions in the municipality to accept elderly in need of palliative care; verify the provenance of these patients, to identify the criteria for inclusion of such institutions, to analyse the existence of professionals trained in palliative care; determine the team professional category; determine the lifetime of the provision of such care. For this, we deem appropriate to carry a quantitative study (descriptive, exploratory, observational and transversal), using the interview as a guide, applied to the heads of Palliative Care institutions with experience in the field and where it was made a prior explanation of the study, ensuring confidentiality of all identification institutions. This research was conducted within the ethical parameters that we considered crucial, based on informed consent in this way to protect all the rights and freedoms of those responsible for Hospice Care of the institutions that participated in the research. The requested statement of informed consent, having been duly enlightened and informed about the study to develop, its goals, the strict necessity of their voluntary participation and the possibility that they may, at any time, withdraw, without any personal injury. It was possible to verify that in Santo Tirso city there are two private institutions that provide palliative care to the elderly, as well as a support team in the Palliative Care Unit of the Veiga do Leça Family Health, belonging to the Health Centre of Santo Tirso. Note that the latter, for reasons of time, was not subject to the application of the interview, so all the information was obtained by telephone. These social responses do not represent the national or regional situation, however, reflect the situation in Portugal, in other words, is still scarce to meet emerging needs. However, it appears that the provision of such care consistent with the measures stipulated by the World Health Organization. Note that this study is good for the county, as it allows the reflection and understanding of the current state of palliative care in Santo Tirso.

Keywords: Elderly palliative patients, home care, nursing homes, social responses.

61-BENZODIAZEPINES USE IN PALLIATIVE SEDATION

ANA RITA DE OLIVEIRA FORTUNATO

Background: Palliative sedation (PS) is considered strategy to be considered when targeted palliative therapies failed.

Objectives: The aim of this study was to systematically review articles regarding benzodiazepines in PS.

Methods: Literature databases searched were SCOPUS, PubMed and ISI Web of Knowledge. The query “Palliative sedation AND Benzodiazepines” was used for search.

Results: Twelve articles met the inclusion criteria. Delirium, dyspnoea and pain were the most common symptom requiring PS. The duration and the incidence were variable. Midazolam was the benzodiazepine most frequently used, alone or in combination.

Conclusion: Benzodiazepines are a feasible option for PS. More evidence is necessary. Their use is based on practice.

Keywords: Benzodiazepines, palliative care, palliative sedation.

62-DEATH PERSPECTIVES AND SPIRITUAL WELL-BEING IN HEALTHCARE PROFESSIONALS THAT CARE FOR TERMINAL PATIENTS

DULCE MARLENE SILVA PEREIRA

Introduction: The end of life is arguably the most challenging phase of life, in the sense that uncovers the veil of human vulnerability. Health professionals should be assumed as being for-the-other who is dying, through excellence of care. In this context, are often exposed to the finiteness of the other and it is in this atmosphere to understand the suffering and finitude of the other is to understand his own suffering, his finitude and his sense of life as professionals and human beings. Death is intrinsic part of the human condition. Being a controversial topic, arouses in all of us different perspectives, attitudes and behaviours. On the other hand spirituality is a dimension of human experience that can influence the way we look at life and death. With this work we seek to further our understanding of the perspectives on death and spirituality, with particular reference to the concept of spiritual well-being in professionals who care for terminally ill patients.

Objectives: To analyse the different perspectives on death in a group of health professionals who care for terminally ill patients according to gender, occupational group, professional experience and training in palliative care; to analyse the levels of Spiritual Well-Being in a group of professionals who care for terminally ill according to gender, occupational group, professional experience and training in palliative care; to analyse the correlation between the different perspectives of death and spiritual wellbeing levels in a group of health professionals who care for terminally ill patients.

Method: Quantitative study, exploratory, descriptive and correlational. We used a Socio-Demographic questionnaire and the Portuguese versions of the Brief Scales of Perspectives on Death (Spilka et al., 1977) and the Questionnaire of Spiritual Well Being (Gomez & Fisher, 2003). The sample consisted of 70 health professionals caring for terminally ill patients. Data were analyzed by statistical program Statistical Package for the Social Sciences, version 19 for Windows.

Results and Conclusions: Regarding the perspectives on death, the results shows that the perspective of Courage obtained above average results when compared with other perspectives, then the unknown perspective and death as a natural end. The perspective on death as pain and solitude and indifference, obtained the lowest average scores of the total sample under study. About the variable of gender of the participants, we found that there were no statistically 10 significant differences between the perspectives of men and women. Regarding the comparison between perspectives on death, in different professional groups, it was found that there were statistically significant differences in the results obtained by the four professional groups in the perspective of failure and abandonment. When compared with other professions, are psychologists who have average results in higher perspective of failure and abandonment. As for the professional experience the average scores of our sample in different scales perspectives on death showed no statistically significant differences between groups of low moderate and high exercise time professional. Looking to education in palliative care, we found that individuals with specific education in this area had lower average scores in perspective on death as abandonment compared with those who had no education. It also concludes that the subjects who never had specific education in palliative care showed average results in higher perspective on death as failure, compared to those who had training. Analysing the Spiritual Well-Being of the sample, the results showed that the Community level, obtained above average results when compared to the other scales, then the personal scale, environmental and finally the scale Transcendental. Regarding the variable of gender of participants it appears that there are no statistically significant differences between men and women for scales of Spiritual Well Being. The variable profession does not influence the average results obtained in different scales of spiritual wellbeing. The same can be said regarding the professional experience. As for specific education in palliative care, the study showed that subjects with training in this area had higher average scores on the Personnel scale compared with the subjects who did not obtain. The results also revealed that subjects who never had education in palliative care have lower average scores on the Community scale when compared with those who had this training. The same applies to the environmental scale. Finally, the transcendental scale shows no differences between subjects with / without education in palliative care. When we analysed the relationship between the perspectives on death and spiritual wellbeing, the results showed that the perspective on death as failure and abandonment are correlated negatively with the spiritual well-being. The perspectives on death as a natural end and as courage are correlated positively with the spiritual well-being.

Keywords: Health professionals, palliative care, perspectives on death, spiritual wellbeing, terminal ill patients.

63- ASSESSMENT OF EMOTIONAL SUFFERING IN INSTITUTIONALIZED ELDERLY IN RETIREMENT HOMES

PATRÍCIA ISABEL ALMEIDA GOUVEIA

The evaluation of the emotional distress in the elderly in a chronic disease context is crucial, as these evolve over the years leading to suffering. This should have a comprehensive, integrated and holistic approach and not only the control of symptoms, thus oriented to the person and not the disease. The emotional distress is usually poorly addressed and underexplored. Their understanding is not easy, since it may have several sources. The main aim of this quantitative, transversal and cross-sectional study is to validate the Emotional Distress Evaluation instrument in institutionalized elderly with chronic diseases in nursing homes, exploring the relationship between emotional distress and socio-demographic variables, dependency, functionality, depression and anxiety. Data collection took place from April to May 2014 in three nursing homes.

The sample consist of 25 elderly, 11 males and 14 females (44.0% and 56.0% respectively), with a predominance of ages between 75 to 84 years (44%), with a primary diagnosis of cerebrovascular disease (36.0%). The results indicate that the emotional distress seems to be related to the gender, functional status, addiction disorders, anxiety and depression. The emotional distress in the elderly appears to be unrelated either to the age or the disease progression time. The main goal of this study was not reached, as the sample size is not sufficiently wide to validate the instrument. Nevertheless, through analysis and interpretation of the results we understand that the emotional distress is multifactorial, and the AME instrument can be a simple and user friendly tool for a holistic assessment in elderly with chronic disease.

Keywords: Chronic disease, elderly, emotional distress.

64-PALLIATIVE CARE IN INSTITUTIONALIZED ELDERLY: THE CAREGIVERS EXPERIENCES

MATILDE SAMPAIO CARVALHO

The aging of the population today is much discussed by society, having become a topic of great concern: the number of the active population has been declining and increased longevity has triggered, has alerted us the demographics. There are a number of measures that could be taken to adapt ourselves to this new reality, the supporting older emerges in our concerns. The number of institutionalized elderly people has also increased and it is these institutions that often palliative care are provided. And at a time when the word death has raised much interest in the scientific community with studies about pain relief, relief of suffering of patients, family members, and patients react to news of a close next or of how health professionals and family members deal with this news... the justification for the relevance of this research will address the experiences of caregivers in the context of institutionalized elderly arises.

The aim of this study is to understand how the terminal illness and death are experienced by caregivers. In carrying out the study we chose an exploratory-descriptive study with a phenomenological approach. We used a sample of nine individuals, with the collecting data through semi-structured interview recorded and carried out further analysis, following the steps of Giorgi (1985).

Findings emerged from the analysis of the eight categories: the relationship with the elderly, positive experiences, positive feelings, negative experiences, negative feelings, strategies, consequences and formation. Each category was divided into subcategories for easier analysis. With this study it was concluded that despite all the difficulties of the profession in dealing with the suffering of the elderly end of life, the caregivers like what they do and manage to pull off several good experiences in relationship with the elderly. However it was also clear that there is a necessary invest in formation about palliative care for these professionals.

Keywords: Caregivers, elderly, nursing homes, palliative care.

65-SPEECH THERAPIST IN PALLIATIVE CARE: THE PERSPECTIVE OF PATIENTS, FAMILY MEMBERS AND/OR INFORMAL CAREGIVERS AND PROFESSIONAL TEAM INVOLVED

CLÁUDIA ISABEL FRANCISCO BARRIGUINHA

Introduction: In order to give a service of quality and consider the real needs of a patient and their families, Palliative Care must be provide by an interdisciplinary team with differential training in this area. Many of the symptoms presented by the patients followed in Palliative Care culminate in dysphasia, odynophagia, dehydration and communication disorders. It is for the Speech-Language Pathologist contribute to the maximization of swallowing, adapt itself or preserve the pleasure of oral feeding, such as assisting the patient to restore or adapt the communication, by increasing his social and familiar integration. Based on the lack of studies that relate the performance of the Speech Therapist in Palliative Care in Portugal and the conviction that conditions for the inclusion of Speech Therapist in these teams are needed, social and scientific relevance of this research stems.

Aims: To analyse the views of patients, relatives and/or informal care carers and professionals' about integrating Speech-Language Pathologists' in Palliative Care teams and analyse their perception regarding the role of Speech-Language Pathologist in Palliative Care teams.

Method: This study is exploratory, observational cross, being the sample of 38 patients, 26 family members and/or 31 professionals and informal carers to play roles within the Palliative Care in Portugal. Data collection was performed at a central Hospital and school and at Health Unit Hospital through three different kinds of questionnaires. The formal and ethical principles inherent to this data collection with human beings were respected.

Results and conclusions: According to the inquired people, the integration of the Speech-Language Pathologists' in Palliative Care in Portugal is considered important. Even so, it can evidence that professional, family members and/or informal carers and, mainly, patients aren't aware of the role developed by this professional in this context.

Keywords: Communication, interdisciplinary team, palliative care, speech-language therapist.

66-INTRA-HOSPITAL TEAM OF PAEDIATRIC PALLIATIVE CARE – THE ROLE OF THE SOCIAL WORKER

MÁRCIA RAQUEL LIMA CORREIA

The Palliative Cares in Portugal are assumed as a concern, intending to respond with excellence to the specific and special needs of the children and their families, in medical consultation and hospitalized. We have seen an increase of health plans which give a response to the paediatric palliative cares specificities; however, these plans still continue to maintain an inconsistently, diverging from adult palliative cares, therefore requiring a bigger technical and personal investment. Paediatric palliative cares appear to be a challenge regarding the necessity of creating teams with different skills capable of sustaining the needs of the children, families and health professionals.

This study intends to determine, the way in which the intrahospital team, implemented in Centro Materno Infantil do Norte, can improve the excellence of the treatment to the paediatric population. Bringing to this discussion the Social Workers role integrated in the multitasked team, who is intended to play an active role in the response to the children and families' psychosocial needs, as well as an auxiliary in the articulation with the designated institution, namely the Kastelo. For this study were used statistic data, which concern the medical consultation and hospitalization of children (0-18 years) carriers of chronicle diseases, observed in Centro Hospitalar do Porto, during a 3 year period (2010-2013).

The results allow to conclude that there is a population of 1800 children per year with needs of monitoring and on-going care in external medical consultation. Therefore by the complexity degree of the medical charts regarding the chronicle diseases, it is justified the creation of an intra-hospital paediatric palliative care team, with the goal of satisfying this need and providing cares with excellence.

Keywords: Paediatric palliative care, paediatric palliative care intra-hospital team, social worker.

67-NEEDS IN NURSE CARE OF PATIENTS IN PALLIATIVE CARE: STUDY OF A REALITY

ANA CATARINA TEIXEIRA DE ABREU

Demographic, technological, cultural, social and health changes are at the origin of the change of the death place, from home, where the patient felt surrounded by family and closest friends, to the hospital. Nursing care for patients in Palliative Care in a hospital setting aim to help the patient living the last moments with greater comfort, well-being and quality of life, alleviating suffering, caused by the progressive deterioration of the health conditions. The characterization of nursing care needs documented in the Nursing Information System (SIE) in use, may establish itself as an effective strategy to define training policies to nurses, to the organization of care as well as for the definition of areas of focus for research, enabling support for the continuous improvement of quality of care provided to patients in Palliative Care. In this sense, we conducted an exploratory, descriptive and cross-sectional study, which aim to describe the nursing care' needs of patients referred for Hospital-Support Team of Palliative Care of Centro Hospitalar do Porto.

Data was collected between September 1, 2012 and September 1, 2013 from the documentation of nursing care in the SIE in use in CHP. For the analysis and processing of data were used content analysis documentation of nursing care, using an analytical model a priori, based on beta 2 version of the International Classification for Nursing Practice (ICNP®). In this study, more than half of patients have oncological pathology (53,99%), despite the increase of referral of non-oncologic pathology. Concerning the needs of nursing care documented in SIE, 68% of nursing focus belong to the dimension of function and 32% to the dimension of person. Noteworthy is the presence, among the ten focuses of function most identified by nurses, of Pressure Ulcer (79,71% in risk and 61,96% with Pressure Ulcer), Pain (72,1%), Oedema (50,36%), Constipation (29,71% in Risk and 15,22% with constipation) and Dyspnoea (42,75%). Regarding the dimension of person were identified focus essentially related to self-care and communication. Occurs, in focus related to self-care, the existence of 71,74% of patients with dependence in self feeding; 85,51% in self hygiene; 84,78% in self toileting; 86,23% in self dressing; 79,35% in positioning and 59,78% in self transferring. Comparing this study output data with the ICNP® catalogue "Palliative Care for Death with Dignity" we verify the presence of focus mostly of physical dimension, framed in the category Concerns related to the disease, mainly in subcategories physical disturbances, which demonstrates viii the importance given by nurses to symptoms' control, and functional capacity, notably related to the self-care.

This study evidences that, despite the relevance of physical dimension, it represents only a part of total care, exposing the opportunity of the improvement of nursing care quality, regarding the psychological, social, cultural and spiritual dimensions. Emerges, hence, the need of appropriate training to the other key areas of Palliative Care, particularly fatigue, grief, family, communication, comfort and spirituality. This study reveals the progress in the nursing care provided to patients in Palliative Care in this context, emerging the assigned relevance given by nurses to the documentation of aspects related to the physical dimension, and the opportunity to develop strategies that allows nursing to the approach of nursing care to be aligned with the state of art, including the implementation and documentation of nursing interventions in all dimensions. In this particular, the ICNP® catalogue "Palliative Care for dignified dying" in the Support System Nursing Practice (SAPE) in the CHP may represent an excellent opportunity for progressively change the philosophy of Palliative Care, in order to provide well-being and to promote quality and dignity to patients in its various dimensions.

Keywords: Dignified dying, ICNP®, nursing, palliative care.

68-COMMUNICATION IN THE HUMANIZATION OF PALLIATIVE CARE

LILIANA PATRÍCIA SOUSA PEREIRA

With the progression of clinical conditions, many of the patients in Palliative Care develop limitations in their communication skills. Communication strategies used by health professionals are therefore of paramount importance to increase the comfort, autonomy and functionality of these patients. However most health professionals have not explicit knowledge or specific training in the correct use of communication with the person with communication difficulties. This research intends to evaluate the effects of a Communication Strategies' Program for the intervention in the professional-patient communication process, in the context of palliative care. Following a quasi-experimental design, the study was based in a sample of 112 communicative dyads, generated by fourteen health professionals and four patients with communication difficulties, integrated in a Long Term Continuing Care Unit.

The Communication Strategies' Program included a Communication Plan and Formal Training, and was implemented in an experimental group for a period of two months. Pre and post Program assessments were made using the MECQ-LTCvp, both in the experimental and control groups. The implementation of the Program was further evaluated by means of questionnaires. According to the perception of professionals there was an increase in the number and frequency of use of communication strategies, which lead to a decrease of the communicative effort in the areas as nutrition, health care and general communication. More verbal strategies were used, though there is greater difficulty in adaptation and use of Augmentative and Alternative Communication. The program was generally well structured and implemented, meeting the needs of participants.

Keywords: Communication, communicative skills and strategies, humanization, palliative care.

69-PALLIATIVE CARE IN THE ACUTE PHASE OF A STROKE

NEUSA MAFALDA PEREIRA DE SÁ

The Stroke remains a leading cause of death in Portugal, and it also held liable in high level of disability and functional dependence in adult Portuguese population. Being a disabling disease, it is associated complications and symptoms that require effective monitoring to ensure the quality of life of patients. In our country, Palliative Care are under development by increasing the number of inpatient units, but also by the action of in-hospital and home care teams, providing an interdisciplinary humanized and the patient / family binomial response. Palliative care should be early integrated in the trajectory of care for patients with terminal or disabling disease, which includes the stroke. However, the therapeutic approach focuses remains, mainly, on the curative aspects. With this study we seek to find some grounds for integration of palliative care options in the treatment of patients with stroke in the acute phase, particularly in aspects related to symptoms. This research aimed to study the symptoms that accompany the patient with stroke, through a longitudinal, quantitative, descriptive and correlational study. The sample consisted of 33 patients, mostly female (51.5%) and tended elderly (M = 78.39 years), and data were obtained through a form that included sociodemographic and clinical characterization, neurological scales as the National Institute of Health Stroke Scale (NIHSS), the evaluation of consciousness by Glasgow Coma Scale (GCS), evaluation of functionality through the modified Barthel Index (IBm), the disability using the modified Rankin Scale (mRS), the evaluation of symptoms based on the Edmonton symptom assessment System (ESAS) and the identification of complications. The sample consisted of 33 patients and data were collected through a form where included sociodemographic, clinical characterization, functional assessment scales through the National Institute of Health Stroke Scale (NIHSS) and Glasgow Coma Scale (GCS), assessment of functionality by the modified Barthel Index (IBM) and modified Rankin Scale (MRS), identification of complications and symptoms based on the Edmonton Symptom Assessment System (ESAS).

The data were edited in SPSS-20 statistical program, and we used descriptive and inferential statistics in our analysis. As for the type of stroke, ischemic predominated (87.9%) and the most prevalent variant was TACI (58.7%). We also found that 93.9% had at least one vascular risk factor identified. Thrombolytic therapy was option for 41.4% of the individuals and the average hospital stay was 25 days. Throughout the study, 36.3% of patients died. Of the remainder, 72% were referred to the RNCCI. Analysing scales assessed during hospital stay, the average score on the NIHSS was 21 points, which indicates that our sample was mainly severe neurological impairment and GCS was 10.7 points, which shows that mostly the individuals had moderate alteration of consciousness state. All patients were severely disabled and totally dependent. We found there was an improvement in neurological and functional terms. The most common symptoms during hospitalization were respiratory infection (72.7%), followed by cognitive impairment (63.6%). After discharge the most frequent complication was change in cognition (51.7%) followed by spasticity (38%). For severe dysphagia was associated worse vital prognosis. With this study, we demonstrated that the patient with acute stroke, with severe or total dependence shows symptoms that are generally evaluated in Palliative Care. At admission the most common symptoms were shortness of breath (66.7%), somnolence (51.5%) and discomfort (33.3%) and are related to score over 24 points in the NIHSS. After discharge, the most common symptoms were depression (42.9%), pain (33.3%) and discomfort (19.1%).

Keywords: End-of-life care, palliative care, stroke, symptoms.

70-THE REFERRAL OF A PERSON WITH AIDS TO PALLIATIVE CARE: AN EXPLORATORY RESEARCH

ANA DANIELA PAIVA GUERRA

Initially considered as a fatal illness, Acquired Immune Deficiency Syndrome (AIDS), is nowadays a chronic disease and remains as one of the most important concerns and priorities of the World Health Organization (WHO). The advances in the antiretroviral therapy and AIDS's transformation into a more manageable disease increased the opportunities for palliative care interventions. Palliative care provides the prevention and relief of suffering and improves the quality of life of patients and their families. Today there is wide recognition that the principles of palliative care should be applied as early as possible in the course of any chronic, ultimately fatal disease, as in the case of the human immunodeficiency virus (HIV) infection/AIDS. It´s necessary to avoid a late referral to the palliative care services, when the patient with HIV/AIDS is in a decompensation and intensification phase of the disease. The referral at the appropriate time, especially when the diagnosis of the disease is made, is essential to promote the patients with HIV/AIDS and their families' quality of life, and also to establish a true therapeutic relation. This retrospective and descriptive study was developed in order to analyse statistics referrals of the HIV/AIDS patients to the palliative care. For this study we selected the records of AIDS patients who died in the Infectious Diseases Service, between 2012 and 2013, at a general hospital in Oporto. We searched for the number of referrals to palliative care, when they occurred, and also for its causes. The comfort and the improvement of the quality of life, have a major importance in the advanced phase of a disease, as the need for symptom control is higher. This reason led us to analyse the records of symptoms evaluation from physicians and nurses, as well as the focus, diagnosis and nursing interventions, active on the patient death day. The drugs prescribed on that day were also analysed.

With these results it will be possible to understand the symptoms which were more observed in HIV/AIDS patients, what were the main centres of attention in nursing practice, the purpose of the therapeutics prescriptions, and also its relation with symptom control and curative treatments. We found nineteen death records, in which ten patients were referenced to palliative care. We conclude that is necessary to improve the symptom control of HIV/AIDS patients and integrate tools and actions that could help the health professionals on that. Equally important, the nurses´ practitioners should improve their records, so that the person evolution could be absolutely visible.

Keywords: HIV-AIDS, palliative care, referral.

71-GRIEF IN NURSES EXPOSED TO PATIENTS' DEATH – THE REALITY OF IPOCFG-EPE

SARA MARGARIDA RODRIGUES GOMES

Context: The loss by death is part of life of individuals and the grieving process rearranges the emotions and feelings behind it. At an early stage of the disease, the hope of cure and prolonged survival determines certain efforts and specific satisfactions, but when the nurse care on end of life situations, the answer to these cumulative losses may have effects on professional practice and personal care, which are important to prevent, identify, assess and overcome. The main research question of this study is: "How do nurses exposed to death of cancer patients render professional fight and what the relationship with their personal life?.

Objective: Characterize sociodemographic, professionally and personally nurses working in the IPOCFG inpatient services; assess the intensity of nurses professional grief; identify the variables that affect the nurses professional grief; know the profile of attitudes towards death and coping strategies expressed by those nurses.

Method: We perform a quantitative research, exploratory and descriptive-correlational type, a non-probabilistic accidental sample of 107 nurses working in the inpatient IPOCFG. services has been studied. For data collection we built a sociodemographic questionnaire and professional characterization; Overload Professional Grief Scale (Gama M, Barbosa F and Vieira M, 2011); Revised Death Attitude Profile (Loureio L, 2010) and Bugen's Coping with Death Scale (Bugen R, 1980-81). This last was translated and adapted for this study. Data were analysed using the statistical program Statistical Package for Social Sciences, version 22 for Windows.

Results: After analysing the results, we emphasize that nurses working in general surgery service manifest overload professional grief in the "nostalgic loss", while the nurses of the palliative care service manifest higher values with significant differences in "emotional stress of caring" dimension of that scale. We noticed also that there is more overload professional grief in nurses who never worked in palliative care services and in nurses who do not suffer or have suffered from serious illness. Regarding the professional training of nurses, we observed significant differences in "avoidance" dimension from Revised Death Attitude Profile, between the group of nurses who have no training in palliative care and those with pre and post-graduate training in this area. Also, nurses with higher levels of coping did not received training about grief.

Conclusion: The nurse develops from its practice strategies to optimize their care, particularly in personnel management that makes the process of death and establishing the 12 therapeutic relationship with the terminal patient and family, converting these factors in facilitating their grieving process. In Portugal arises the need to recognize the importance of nurse's grief variable and to develop studies in this area, transposing the results to practice.

Keywords: Death, nurse, oncology patient.

72-NURSES' EMOTIONS TOWARDS THE CHILD IN END OF LIFE

MARIA ZULMIRA MINEIRO AGRA PEIXOTO

Death is, without a doubt, considered the most dramatic event and causes more suffering in people who experience it, either directly or by proximity, since from very early we notice the consternation that this implies when it happens to our family, friends or just unfamiliar people. Our personal, familiar or social experiences potentiate the effect or consequences in each individual. Despite the importance that has been granted in philosophical, artistic, cultural and scientific terms, it was only from mid-twentieth century that death has been specifically studied by psychologists, in particular fear or anxiety of death. People that are more afraid of death have a more negative view of death, think more often about death and fear more death as they grow old. Since young ages, it's known that death is inevitable, but it's hard to accept when it happens prematurely. In fact, the death of a child is a situation that causes consternation and anger, since the natural pathway is that parents die before the children, from the perspective of the life cycle. In professional health services, nurses in particular, usually deal with children illness and death and the grief of their relatives, without feeling adequately prepared to deal with these events.

These contingencies entail a psychological cost with increased psychological stress and suffering inherent to these experiences. Professionals are confronted day by day with the pain and suffering of children and the impact on their families, as well as with the emotional repercussions that these events inevitably have on themselves. Thus, emotions and feelings represent a great adaptive value for individuals, enabling to face the challenges and seize the opportunities offered by the environment. For this reason, the study of this issue proves the utmost importance in health and especially about the experience of death. The way to deal with stressful situations has been differently defined by various authors. A personal characteristic, the sense of coherence, is the element that influences the strategies used against the stress events generators that influence the physical and mental health of individuals. The sense of coherence is a construct, essentially composed of social factors that pose as an analytical tool, and brings us closer to understand health as a global concept, as suggested by the World Health Organization. 16 "Stress management has been broached by researchers from different perspectives. Some focus on cognitive and personality aspects, others emphasize behavioural aspects. Antonovsky proposed the sense of coherence (SOC) as a personal characteristic, an influential element for stress management strategies". A high SOC comes close the individual to the maximum functionality, while a continuous low SOC is related to indicators revealing a poor health management. This construct is fundamentally structured by social factors, which brings us closer to understand health as something more global. This problem gives rise to one research questions: "What is the relationship between emotions towards death and internal sense of coherence of child care providers' nurses?" This question lead us to the exploration of the study area, where we draw the following general objective: To analyse the relationship between emotions towards death and the internal sense of coherence of the nurses that take care of children. As specific objectives we defined: To identify the emotions towards death of child care providers nurses. To evaluate de SOC of nurses that take care of children. o To evaluate the relationship between emotions towards death and the sense of coherence of child care providers nurses. The study took place in two stages. At the first stage, an exploratory study was conducted to identify the emotions that allowed us in a second phase to build a scale based on emotions that were expressed more often by nurses. In the first part, the data collecting instrument consisted on a demographic questionnaire and three open-ended questions where nurses marked their emotions. In the second phase, it was included the Sense of Coherence (SOC) questionnaire validated for the Portuguese population by Saboga Nunes (1999) and a scale of emotions towards death of 21 items that were originated from the initial study, operationalized in a Likert scale of five 17 attributes. These items permitted to identify the death related emotions and to evaluate the relationship between the coherence of professionals and the emotions towards death. Facing the problem being studied and taking into account the primary research question and the

objectives we chose to construct a quantitative, descriptive, correlational and exploratory study. Since it is a level II study, it was our intention to explore relationships between variables.

For this purpose we conducted a cross-sectional study, since the data were collected in a single moment. Data were collected in the first phase during April 2014 and in a second moment between July 22nd and August 4th, 2014. The population is established with 42 nurses from Póvoa de Varzim / Vila do Conde Hospital working in paediatrics, outpatient and emergency paediatric service. As inclusion criteria it was defined nurses who provide direct care to children, exclusion criteria included those who provide immediate care and then do not maintain the contribution due to child’s disease being excluded in this case nurses employed in the maternity ward since they only take care of healthy new-borns. 38 nurses completed the questionnaires, the others were absent because of illness. The nurses in the study are mostly (91.2%) female, aged between 26 and 58 years, with an average of 41.6 years and a standard deviation of 9.55 years. The totality of individuals practices a religion, being the majority catholic (97.4%). In relation to marital status they are mostly married (71.1%), have children (71.1%), predominantly two children (36.8%). About academic qualifications the majority holds a degree (89.5%), and have a specialized course in nursing (55.3%), mostly in child health and paediatrics (52.4%). With regard to the professional category, the majority is represented by nurses (71.1%), professional experience ranges from 2 to 38 years with a mean of 19 years and standard deviation of 10.07 years, as to length of service in the paediatric service this varies between 0 and 36 years with a mean of 10.8 years and standard deviation of 10 years. The service where they mostly perform their functions is at the paediatric service (47.4%). Regarding issues related to situations of loss/death in the family, 57,9% reported this situation and 63.2% reported serious illness situations in the family and/or friends. About confrontation in a professional context with situations of death or eminence of death in adults and in children the situation is overlapping with 84.2% of the nurses responding affirmatively. 18 Regarding the emotions, we find that those that hold the highest scores are helplessness, sadness, indignation, injustice, rage and loss. It was also mentioned other emotions also with high scores including relief, compassion and hope. The emotions that had lower scores were confusion, denial and depression. Analysis of correlations between emotions towards death and the death of the child found the occurrence of positive and statistically higher correlations for pain, moderate to revolt and hope, low for impotence, fear, compassion, depression, emptiness and confusion, no correlations were observed for the other emotions. Regarding the analysis of correlations between emotions towards death and the death of the child being taken care found that there are statistically moderate positive correlations for pain and low for sadness and frustration, no correlations were observed for the remaining emotions. Regarding the analysis of correlations between emotions towards the child's death and the death of the child being taken care we verified statistically high positive correlations for the revolt and sadness, moderate for hope, denial and pain, lower for depression, compassion, injustice and suffering, no correlations were observed for the other emotions. Analysis of correlations between the SOC and emotions towards death are statistically moderate positive for injustice and low to sadness, it was not observed correlations between SOC and other emotions. The analysis of the correlations between the SOC and the emotions towards the child's death reveal statistically low positive correlations for injustice, and it was not observed other correlations between SOC and other emotions. Regarding the analysis of correlations between the SOC and emotions towards the death of the child being taken care, it’s observed statistically moderate negative correlations to guilt and low negative for the confusion, regarding the sadness correlation is low positive, not observing correlations between SOC and other emotions. We also found that there are several correlations between emotions depending on the death situation: death in general, child´s death and the child being taken care death. It was also verified the existence of positive and negative correlations between the internal sense of coherence and the emotions of nurses.

Keywords: Death, child, nurse care, sense of coherence.

73-THE MEANING OF NURSES' EXPERIENCES IN ADULT CARE AND THEIR FAMILY IN DYING AND DEATH PROCESS: A SYSTEMATIC REVIEW OF THE LITERATURE WITH METASYNTHESIS

VERÓNICA MARIA MARQUES SIMÕES

Introduction: Death comes down to the fact that life ends, inducing emotional reactions to the individual who is dying, to his family and health professionals who provide their care. Death consists thus is a process, biologically determined, where thought and human relations are present, regardless of location and cause of death and therefore with strong social, spiritual and psychic component.

Objective: This systematic literature review with meta-synthesis, aims to systematize and analyse the evidence produced as to the meaning of the lived experience of nurses in the care of adult and its family in death and the dying process in institutional contexts.

Methodology: The approach adopted was based on guidance from Joanna Briggs Institute (JBI, 2014) for qualitative review. The research was guided by the question: "What are the meanings of the lived experience of nurses in the care of adult and his family in the dying process and death in institutional context", which is held in electronic data bases indexed in the platforms B-On, EBSCOhost, RNACCP and Google Scholar. 39 studies were selected based on predefined criteria, the assessment of the methodological quality and critical evaluation of the results, within the time span between 2003 to 2013 both in Portuguese and English.

Results: The meanings of the experience of nurses from the 39 selected studies were organized into four major themes: the biopsychosocial and spiritual impact on nurses; nurses effective and ineffective adaptive strategies; nurses skills in terminally and factors influencing the care of terminally ill patients and their families.

Conclusions: Regardless of the location, culture and country where death happens, it always brings repercussions to those who witness the experience. Nurses thus need specialized and focused training in palliative care philosophy, making therefore the educational institutions, healthcare and government entities to establish training strategies, leading health professionals in a more holistic care to terminally ill patients and their families, promoting therefore excellent palliative care.

Keywords: Death, end-of-life experiences, nursing, palliative care, terminally ill.

74-INTEGRATION OF PALLIATIVE CARE IN PATIENTS WITH HEART FAILURE – A SYSTEMATIC REVIEW

ANA SOFIA ROSA DA SILVA

Technological and scientific progress resulting from the last century influenced remarkably on quality of care. It was possible to prolong the lives of patients, which added to improved living conditions, contributes to a significant increase in longevity, giving rise to the emergence of diseases that have become chronic. The increased life expectancy and the birth rate decreases, changing the demographic landscape of the developed countries. The aging population is a reality as the population increases with chronic diseases. Among the diseases with major impact on quality of life of patients highlights the Heart Failure (HF), is already considered the epidemic of the new century. With high mortality rates in more advanced stages, a worse prognosis than the set of malignancies and needs frequent hospitalizations, the IC causes physical, social and financial system increasingly fragile health problems. Even with a much focused philosophy of care for the cure, the health services provided to chronically and terminally ill urgently needs a change in mind-set, creating conditions for adequacy of health services provided meet the specifics of these types of patients. Palliative care arise in response to the depersonalization and inadequacy of health care provided, with a realistic approach and with the aim of improving the quality of life of patients facing problems arising from an incurable disease with limited prognosis and / or severe disease. Involves the patient, family and a whole multidisciplinary team to prevention and relief of suffering, using an appropriate evaluation and treatment of problems in all its dimensions: physical, psychosocial and spiritual. HF patients experience a succession of symptoms worsen with disease progression. However, only a small minority of patients with heart failure receive palliative care. One possible reason for this to happen may be due to resource models existing health is still strongly bound to find a company dedicated to the healing culture and invest to save lives at any cost. This study seeks through a systematic review, understand issues surrounded the issue of referencing and integration of palliative care in patients with HF. In this sense the objectives of the study are based on the importance of understanding the various reasons that constrain and support the need for integration of palliative care in patients with HF, in order to identify the main barriers / obstacles to referencing and integration of palliative care in these patients acquire data on existing referral of patients with IC strategies, explore and describe the circumstances shrouded in referencing and challenges that stand and allow to compare what is done within the referral and transition to palliative care outside of Portugal with the national reality. In order to understand and evaluate the knowledge that currently exists on this subject, we proceeded to the research that was done on the basis of international data: PubMed. Such knowledge was crossed with the experience of practice with patients with IC. A selection of articles published since the year 1999 has been developed even by July 2014 in English, based on the title and abstract as keywords and descriptors international "Heart failure" and "Palliative care", to identify studies the methodology of meta-analyses, systematic reviews and randomized retrospective and prospective studies. A list of 695 articles, analysed by reading the summaries and proceeded to the exclusion of irrelevant articles were initially identified. We selected 14 studies, mostly distributed by meta-analysis and randomized. With respect to the exclusion of items that focused on those identical in terms of duplicated titles, information and showed no scientific evidence. Found the nature of the barriers that limit the referral of patients with IC for palliative care, as well as role models at the level of primary care, hospital and home context and intervention tools that attempt to overcome the barriers of prognosis in HF. Thus the present review analyses the needs of patients with IC at the level of palliative care, barriers to integration of care and provides suggestions for improving cooperation between palliative care and clinical care in hospital settings and primary care.

Keywords: Heart failure, palliative care.

75-CARE IN DEMENTIA – AN EMERGING REALITY

ANA CATARINA DA ROCHA E SILVA MOREIRA

Introduction: Dementia is assumed as a major cause of morbidity among the elderly and its prevalence between 2 % and 25 % of patients aged 65 years or more, constituting a major public health problem in developed countries.

Objectives: Aiming to contribute to interventions focused on the person with dementia in a psychiatric unit, sensitizing health workers to the philosophy of palliative care and its scope, demystifying ideas linking palliative care for cancer patients, the question “What has emerged care is provided by health professionals to patients with dementia in a psychiatric unit?” in order to meet the care provided by health professionals to patients with dementia in a psychiatric unit.

Method: A qualitative descriptive study - exploratory study; data collection on a psychiatric hospital unit in the north of Portugal; use of semi - structured interview; subject of analysis nurses and medical assistants. Data were analysed according to the theoretical and methodological framework of Bardin (2009).

Results: In the perspective of nurses to promote quality of life, the promotion of autonomy is central to the person with dementia. Dementia is considered by nurses as language disorders, physical and psychological disorders, disorders of consciousness, decreased autonomy, and dependence in activities of daily living, impairment of cognitive function and loss of identity. The care provided by nurses based mainly at the level of activities of daily living and level of self-care: hygiene and nutrition. They consider inadequate care, to promote quality of life and well - being of the person with dementia. The strategies used in caring focus mainly favouring the orientation level, while encouraging the person with dementia to interaction through the use of assertive communication and the establishment of a trust. As a copping strategy, nurses use music therapy and measures of leisure. The needs of nurses relate to greater human ratio, the more time available to provide care with more serenity, increased vacation professionals, more technical material suitable architectural space. As for the difficulties are mostly related to lack of time and lack of work in a multidisciplinary team. With regard to ancillary medical action, the results obtained demonstrate that the concept of palliative care is given to the promotion of comfort food being maintained at its source. Understand why dementia difficulty in social interaction, dependence in activities of life and impairment of cognitive function with loss of orientation. Consider the needs of the person with dementia relate mainly to therapy and leisure activities. The needs are essentially experiencing the highest level of human ratio and difficulties focus on dealing with aggressive behaviour and lack of availability.

Conclusion: It emerges from this study that people with dementia should be considered in its multidimensionality. Taking care of health professionals in a psychiatric unit should be centred on the person and their circumstances. For this greater human ratio, working in a multidisciplinary and interdisciplinary team and greater availability is required to be present.

Keywords: Dementia, end of life care in dementia, palliative care, person.

76-THE INSTITUTIONALIZED ELDERLY IN TERMINAL PHASE

RITA CAVADAS GONÇALVES BARBOSA RAMO

Introduction: Nowadays we are witnessing a change of the place of living of the elderly from their home to a residential structure. Institutionalization is always difficult because of the feeling of loss and "abandonment" that seniors perceive. When the old person is terminally ill in a residential structure they should be entitled to the benefit of active and personalized care oriented to that person thus preserving their dignity. In this sense, palliative care will be the answer to a humane care of the elder's life.

Objectives: In order to contribute to the capacity building of healthcare professionals in a residential structure in decision-making concerning the elderly in terminal phase, the question arose "What decision is made by the Healthcare Professionals of a residential structure concerning the elderly in terminal phase?" with the general objective to understand what decision is made by the Healthcare Professionals of a residential structure concerning the elderly in terminal phase.

Method: Qualitative study - descriptive - exploratory; data collecting performed: semi-structured interview. Participants: 10 Healthcare Professionals of a residential structure. Analysis of the contents performed according to Bardin (2011). The choice of the qualitative paradigm was due to the lack of knowledge of the phenomenon and the need to understand all the complexity that guides decision-making in nursing. The study complied with ethical and moral principles and only allows transferability.

Results: To define terminally ill elderly is difficult for the healthcare professionals of a residential structure. They define palliative care as, especially, comfort care in physical and emotional dimension, including symptomatic and pain relief. The care they provide is mainly instrumental care; promoters of comfort, promoters of symptomatic relief, promoters of affection, administration and management of therapeutics and preventive medicine. The elderly in terminal phase only participate in their care if they present intellectual capacity to do so. Concerning the role of the family of the terminally ill elderly it is considered important as they are the element of the multidisciplinary team that knows the elderly best. There are several difficulties namely: insufficient human ratio, insufficient availability, to define the boundaries of clinical intervention, to face therapeutic prescriptions inadequate to the clinical situation, non-existing training in palliative care, to adequate food standard, to deal with the process of dying, to accept the end of life, to develop a plan adjusted to the actual needs of the 8 elderly, to validate the elder's complaints, to manage emotions and to understand their feelings. The main needs identified were: training in Palliative Care, existence of prescriptions adequate to the clinical situation and the existence of communication between peers. The involvement of the Healthcare Team, family information, respect for the decision- making of the elderly, decision-making in healthcare team are strategies adopted in decision-making. The different feelings experienced in decision-making before the terminally ill elderly are: accomplishment, sadness, helplessness, satisfaction, anxiety, frustration, doubt, and revolt. As coping strategies they emphasize: participation in multidisciplinary meetings, externalization of feelings, adopting a reflexive attitude, sharing experiences with the healthcare team and expressing their feelings. In everyday life they have to face situations of great complexity that require decision-making. Deciding until when they should invest in curative measures, until when to accept therapeutic decisions with curative intent, until when to prolong life are some of the dilemmas they have to face up.

Conclusion: The healthcare professionals' decision- making concerning the terminally ill elderly is a complex moment causing some tension. To this end they adopt strategies that help them to do so: the involvement of the Healthcare Team and decision-making in Healthcare Team were the strategies most mentioned by the group of participants. It is up to healthcare professionals to make decisions that meet the needs of the terminal phase elderly and that best benefit them.

Keywords: Care, decision-making, residential structure, terminally ill elderly.

77-OVERLOAD AND HEALTH CONDITION OF PRIMARY CAREGIVERS OF PALLIATIVE CARE PATIENTS

MARIA JOÃO RODRIGUES DE SOUSA SANTOS

The family is inseparable from the patient in palliative care and is responsible for developing a range of tasks that meet their needs and promote the comfort and wellbeing of the patient. Therefore, the family should also be targeted by the intervention of health professionals, given that it is at greater risk of physical and psychological stress. The aim of this investigation was to describe the burden and the health status of the family caregivers of patients referred to the Palliative Care Service of the Portuguese Institute of Oncology (IPOPFG). To achieve this, we conducted a quantitative, descriptive and cross-sectional study using the Zarit and SF 36 scales applied to 56 family caregivers of palliative care patients, 28 of these were in the hospital and the same number at home.

The results obtained are similar to other studies and refer that family caregivers of patients receiving palliative care are overloaded and their health is affected, especially in regard to the mental component. Thus, it becomes essential to support the family of the patient in palliative care, either at home or in hospital environment.

Keywords: Caregiver, health, overload, palliative care.

78-PALLIATIVE CARE: THE PERCEPTION OF FAMILY PHYSICIANS OF A NORTH PRIMARY HEALTH CARE

ANA SOFIA CARDOSO MAIA

The worldwide and European demographic transition associated to the increasing of longevity and therefore the increased weight of the elderly in today's society is a complex phenomenon that has social and health effects. Portugal is one of the countries with a significant demographic ageing population, due to the decreasing birth rates and increasing life expectancy. There is a higher prevalence of chronic and irreversible diseases associated to the increasing morbidity / mortality, such as Cancer, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Dementia, situations of great fragility and dependence. Patients that suffer from advanced, progressive and incurable chronic diseases need health care, that being not possible to heal, are aimed to ensure the quality of life. Thus, it becomes clear the need for provision of palliative care, which has as main objective to promote the welfare and quality of life of the patient. The palliative care are active, coordinated and global care, including family support, provided by teams and specific palliative care units, inpatient or at home.

According to a study made in 2010, about 51% of the Portuguese population would die at home, but most people died mainly in hospitals (61.7%). Therefore, the development of home-based palliative care is a key challenge for improving the quality of life of patients. The Primary Health Care are local care services to the population and therefore accessible to all citizens. The Family Medicine translates a holistic approach, focused on doctor-patient relationship, rooted on an effective communication and a trusting relationship with the patient, built with the inherent longitudinally to this specialty. Thus, the Family Physician is an important pillar in the provision of generalist palliative care, because he considers the patient as a whole, at the biopsychosocial level, understands the cultural context in which it occurs and knows the family and the caregiver. So, it becomes important to evaluate what is the perception of Family Physicians in providing palliative care.

Keywords: Family physician, palliative care, primary health care.

79-NEEDS OF ONCOLOGIC PATIENTS HOSPITALIZED IN A PALLIATIVE CARE UNIT

ANA CLÁUDIA VIEIRA FREITAS CASTELO VEIGA

Introduction: A complete assessment of patients' needs at the end of their life is the starting point for the provision of quality palliative care. Patients have physical, psychological, spiritual and social needs, so the work of health professionals should focus on its satisfaction, in order to minimize the suffering of the patient and maximize his quality of life.

Objectives: To know the needs experienced by cancer patients in palliative care units and, ultimately, contribute to the improvement of the provided care.

Methods: It has been conducted an exploratory, descriptive, correlational and cross-sectional study, in which an interview survey specifically designed for this study has been applied to a sample of cancer patients admitted to the Palliative Care Service of the Instituto Português de Oncologia do Porto.

Results: A sample of 32 cancer patients was established. The main needs, concerns or problems identified were the global health status, family, physical problems and loss of autonomy. Pain and fatigue were the main physical symptoms identified. The vast majority of patients often feel anxious or concerned about their illness, especially those with greater uncontrolled symptoms. The support from family members and/or friends is associated with a frequent attribution of meaning to life and to a greater psychological well-being, which in turn is associated with greater acceptance of the health condition.

Conclusions: The results showed that a holistic approach to the needs of patients in palliative care is essential, taking into account their multidimensionality and interdependence, and a multidisciplinary approach to ensure appropriate support. The diversity and complexity of the needs expressed by patients justify the continuity of scientific research in this area for a better adequacy of care.

Keywords: Cancer, palliative care, palliative care unit, patients' needs assessment.

80-QUALITY OF LIFE OF A CAREGIVER OF A PERSON WITH APHASIA AND SPEECH THERAPY

DIANA PATRÍCIA FERNANDES GODINHO CASAS

The stroke is a frequent cause of mortality and morbidity in Europe, being a major cause of disability. The after effects of stroke are frequent and play a very significant impact in all areas of life. Aphasia is one of them and presents itself as a language disturbance resulting from a brain lesion or dysfunction in the structures related to language processing. This alteration and its unavoidable psychosocial impact result in various difficulties dependent on the individual and the environment in which he operates. A person with aphasia (PWA) may have difficulty with comprehension, production and use of language, changing all aspects of everyday life, being a highly disabling disease. Most of the consequences that result from aphasia are all considered to be negative either to the person or to their caregivers. Over time, caregivers have been family members that often take on this role full time. This study aims to characterize the quality of life of caregivers of people with aphasia and realize how caregivers relate the importance of an intervention in Speech Therapy with a perceptive alteration in quality of life.

A mixed quantitative and qualitative methodology, observational, descriptive and correlational type was used. A sample of 30 PWA caregivers was observed for this study. The instruments used were the WHOQOL-BREF, the Burden Interview Scale and the Barthel Index. It was found that 73.30% of caregivers are women, married and with low education and a large proportion of participants are currently retired or in a state of unemployment. On average, the perception of quality of life of PWA caregivers is reasonable, and this realization is most influenced by the experiences related to the provision of direct care and expectations in relation to the care. Communication difficulties presented by PWA are the most common cause of disturbance presented by the caregiver. 83.30% of the participants preferred to receive home support of a Speech Language Therapist at the expense of traveling to a clinic or hospital. They consider this option to be more convenient, cheaper and make them feel more at ease, due the familiarity with the context.

Keywords: Aphasia, caregivers, dependency, quality of life, person with aphasia, speech therapy.

81-SCIENTIFIC OUTPUT OF BRAZILIAN NURSES IN PALLIATIVE CARE: AN INTEGRATIVE LITERATURE REVIEW

MAÍRA RAMOS SANTOS TEIXEIRA

This study aimed to characterize the scientific production of Brazilian nursing about palliative care. It is an integrative literature review of fifty articles published in the time frame of 2010 to 2014. The database consulted was LILACS, through BIREME using palliative and nursing care descriptors. The results indicate that the studies were published more frequently in 2013 and in the journal Ciência, Cuidado e Saúde. The data revealed that the Southeast region of Brazil was the one that was highlighted in publications. On identification of the authors, 18% of the studies do not report the titulation and by the same percentage (18%) follows the doctor title to the first author; there is a preponderance of articles developed by four or more authors (42%).

The most used methodological approach was qualitative (52%). Regarding the thematic area studies accent for Nurses performance/nursing care (22%) and family/caregiver (20%). The analysed articles, 58% referred to cancer palliative care, 16% for paediatric palliative care, 4% to palliative care in the intensive care unit and 4% to palliative care for patients with HIV/AIDS.

Keywords: Palliative care, nursing, research.

82-MD ANDERSON DYSPHAGIA QUESTIONNAIRE

CÁTIA ALEXANDRA DIAS BASTOS

Introduction: The aim of this study is to translate and adapt to European Portuguese a questionnaire for assessing quality of life: MD Anderson, specific for patients with dysphagia and head and neck cancer.

Methods: This questionnaire was administered to 60 people, 30 with impaired swallowing and head and neck cancer and 30 healthy. The translation of the scale followed the international guidelines. Internal Consistency reliability was calculated by means of Cronbach's a coefficient for a level of significance of 0.05. Test-retest reliability was accessed by intra-class correlation. The content validity was assessed by test-retest reliability using the Pearson coefficient, for a significance level of 0.05 Construct validity was measured by the Mann-Whitney U for a significance level of 0.05. Convergent and discriminant validity was assessed by correlation between MDADI and EAT10, DOSS, EQ5D.

Results: The internal consistency reliability of the MDADI total score was 0.78. Test-retest reliability coefficients of the scales ranged from 0.85 to 0.93. It also showed difference between the dysphagic and non dypshagic patients.

Discussion: The Portuguese adaption of MDADI showed good psychometric properties. The application of MDADI in a larger sample would be important to validate the scale for the Portuguese population. Keywords: MDADI, dysphagia, quality of life, head and neck cancer

Keywords: Dysphagia, head and neck cancer, MD Anderson dysphagia questionnaire, palliative care.

83-UNNECESSARY MEDICATION IN PATIENTS WITH ADVANCED CANCER

MIGUEL SIMÕES MAGALHÃES

Cancer patients are usually poly-medicated with a number of drugs that tend to increase with the approach of death. Therefore, in patients with advanced cancer, and having regard to the maintenance of their quality of life, it is important to identify and suspend unnecessary medication, defined as that which no longer offers benefits to the patient, which is not prescribed with a clear objective or can bring potentially dangerous consequences for the patient. In last years, the scientific community has focused on drug development and medical community feel pressured to prescribe, leaving the focus on the importance of quaternary prevention and discontinuation of unnecessary prescription. The fact that patients with advanced cancer are poly-medicated and have a short life expectancy making it essential for rapid identification of unnecessary medication. In Portugal, it is unknown whether the proportion of patients with advanced cancer treated with unnecessary drugs, an issue that is relatively unexplored by the international medical community. In this context, it is important to evaluate the prevalence of prescribing unnecessary drugs in patients with advanced cancer.

The choice of the classes of pharmaceuticals investigated (antihypertensive, antidiabetic, statins, antacid / anti-ulcer) was based on prescribed drugs for the most common comorbidities in cancer patients. It will be made an observational descriptive, cross-sectional and prospective study with an analytical component, conducted in the of Palliative Care department of Portuguese Institute of Oncology of Oporto, both in the outer query as the internment will be made. The non-probabilistic convenience sample, will be constituted by patients with advanced cancer admitted for first time in Palliative Care department over 6 consecutive months.

Keywords: Cancer, drug therapy, medical futility, palliative care.

84-OCCUPATIONAL THERAPY IN PALLIATIVE CARE

MAFALDA CADILLUM LUZ PAMPOLIM

Over the last decades, based on the population pyramid, there has been an increase in people's longevity worldwide. This rise results from enhanced health care due to the developments in science and technology, and also from the easier access to knowledge. However, the increase in longevity entailed more chronic diseases and more people in need of terminal care. Palliative care emerges as a solution to this people's needs, in order to improve their life quality and that of their families, preventing and soothing their suffering. Until recently, this type of care was focused only on the medical treatment of specific symptoms, and it didn't consider the ability to be functional, to be autonomous and the general well-being of the person. With new changes on the paradigm of the provision of health care, the patient is seen as a human being, not as a sick person, so the physical, psychological and social dimensions that may arise from his/her end-of-life condition are taken into account in a systematic and integrated way. The occupational therapist is the most specialized caregiver that can help the patient reach his/her ability to be functional, autonomous, as wells as his/her occupational identity. In the follow-up of people living terminal phase of their lives, the OT allow the patients to participate in the most important and meaningful activities to them, maintaining their ability to be functional and autonomous, as well as often helping them in having a good death.

This research project intends to understand the Portuguese panorama of occupational therapy in terms of palliative care, and to point out the importance of occupational therapy as an integral part of a team in this field. In this regard, the suggestion herein is a study with a qualitative, methodical approach based on an interview script for data collection. The idea is to apply this instrument to a population of health professionals working in the field of palliative care in Portugal, and then to analyse the data by means of content analysis.

Keywords: Occupational therapy, palliative care, rehabilitation, terminal disease.

85-SOCIAL ASPECTS OF AMYOTROPHIC LATERAL SCLEROSIS AND THE INTERVENTION OF THE SOCIAL WORKER – A SYSTEMATIC LITERATURE REVIEW

JOANA CONCEIÇÃO VIEIRA COELHO

Introduction: Amyotrophic lateral sclerosis (ALS), also known as motor neuron disease (MND) or Lou Gehrig's disease is a neurodegenerative rare, progressive and fatal. It is an incurable disease with a limited prognosis and intense suffering for the patient and family. Palliative care has an important role in monitoring the patient and family in ALS, since the clinical to the psychological and social dimension. In a disease situation, there are several changes in the lives of patients and their families at the social level.

Objective: To learn the state of the art on the impact of ALS in terms of social aspects of life of the patient and family as well as the intervention of the social worker. Design: Systematic review of the literature developed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards, included studies published in Portuguese, English and Spanish language from January 2010 to December 2014.

Data sources: The research was done using the electronic databases of PubMed and Scopus. Results: 20 articles were selected for the study. Impact of ALS was found (n=19) on the personal, symbolic, familiar field, on the disability caused by the disease, in the employment and labour fields as well as on economic and financial fields, social and institutional relations, social life of the patient and family. Of the 20 articles, 6 addressed the role of the social worker in ALS, including their integration into specialized teams.

Conclusions: It was possible to confirm the high impact of ALS on the various fields of social life of patients and their families, it realizes the intervention of social workers is key in this disease, as an important element in teams with specialized intervention in ALS. This study suggests that patients with ALS and their families must benefit an early monitoring by multidisciplinary teams, such as the palliative care teams, and that the social worker, needs to be attentive to the multiple social needs identified in these patients and their families.

Keywords: Amyotrophic lateral sclerosis, palliative care, social worker, social work.

86-SPIRITUALITY IN CARE – PERCEPTIONS OF NURSES TOWARDS SPIRITUAL CARE

CATARINA FILOMENA MASSANO SAPAGE

Introduction: Scientific evidence has shown that spirituality plays a significant role in crisis situations, such as at the end of life. For that reason spirituality and spiritual care have been the subject of research especially in nursing. Research studies highlight that the concept of spirituality is subjective and lacks clear definition, which creates difficulties in terms of practical guidance for providing care. Literature fundamentally suggests that in order to provide holistic health care professionals must recognise the importance of spirituality in care, particularly in the context of illness.

Aim: To analyse nurses' perceptions of spirituality and spiritual aspects of care in relation to age, length of service and gender.

Research methods: this is a quantitative study, observational, exploratory, descriptive and correlational in nature. A questionnaire was used and included the 'Rating Scale of Spirituality and Spiritual Care' (Martins, 2012; Martins et al, 2015). An intentional, non-probabilistic sample of working nurses was selected from two largely differing work contexts: Cuidados de Saúde Primários of Agrupamento de Centros de Saúde Grande Porto VII–Gaia and Serviços de Internamento Hospitalar of Centro Hospitalar in Vila Nova de Gaia Espinho. Data was analysed using the Statistical Package for the Social Sciences, version 22 for Windows 8.

Results: On the whole, participants struggle to define the concept of spirituality. They recognise the importance of training and practical guidance on spirituality / spiritual care (88.30%), which they feel must be provided by all those involved in patient care (58.90%). Research findings highlight that training in spirituality is insufficient (58.90%), and should be a part of undergraduate programs of study (58.30%). The results show that there are no statistically significant differences in nurses' perceptions on spirituality and spiritual care regardless of age, length of service and gender.

Conclusions: Spirituality is a fundamental part of the human spirit when suffering, particularly at the end of life. The lack of training, time and adequate conditions, as well as the differences in perspective of male and female nurses are limiting factors to the effective and efficient implementation of spiritual care. Nonetheless, spirituality is recognised as an important human dimension that should be valued and focused on practical care.

Keywords: Nursing, palliative care, spirituality, spiritual care.

87-FAMILY AND TERMINAL ILLNESS: INFLUENCE OF CARE IN FAMILY INTEGRITY OF THE ELDERLY CAREGIVER

INÊS PEREIRA MENDES

Caring for someone as the end of their life approaches is increasingly more common and it's challenging, not only physically and emotionally, but also in terms of family relations and development (Fernandes, 2011). The prevailing biomedical vision has contributed to a pathologic perspective of families at the end of life, particularly those that provide care to a family member with terminal illness, by focusing on the impacts, neglecting the development of those who care. The family integrity is a normal challenge in the development of the elderly, heavily influenced by family system factor. The family integrity is an emotional process, characterized by feelings of connection, continuity and belonging in the family and is vital to the well-being of the elderly, leading to a positive result; satisfaction with life. This qualitative study explores the subjective experiences of older people who are the main caregivers of a family member with terminal illness and analyses its influence on the construction of family integrity (versus disconnection and alienation).

A semi-structured interview was applied to 10 family members caregivers, aged between 65 and 80 years old. The main results indicate that taking care of relatives with terminal illness is an opportunity to show support / family responsibility; raising specifics related to the act of caring that contribute to the development of family integrity, namely: i) feelings of usefulness that feed the feelings of duty accomplished and of no regrets; ii) transmission of a symbolic family legacy (marked by service to others) accepted by the family; iii) division of labour and family responsibility that ensure the perception of the support received and the release of the act of caring. The findings bring a contribution to the appreciation of the elderly caregivers and family system as a whole, because the act of caring for a terminally ill entails changes to its own dynamics. Therefore, it is important to planning guidance interventions, support and support for the whole family, especially for the family caregiver; as well as training sessions in the area near the palliative care teams.

Keywords: Family caregivers, family health, palliative care, terminal illness.

88-NEEDS OF INSTITUTIONALIZED PEOPLE WITH ADVANCED DEMENTIA IN PALLIATIVE CARE

ANA LA-SALETE MATOS ALVES

Introduction: Palliative Care constitutes a typology of Health care proper to institutionalized older people with Advanced Dementia. In order to be provided a good quality of life and comfort to these individuals their needs should be identified; this procedure is the initial step in the process of care.

Objectives: To identify and describe the needs in Palliative Care of institutionalized older people with Advanced Dementia.

Method: A 3 phased study including a Narrative Literature Review, the evaluation of the obtained information by an Expert's Committee through the conduction of two Focus Groups and the research in a clinical setting via a Descriptive-exploratory methodology of transversal nature. As an investigation strategy, this study was developed taking into account the 3 vertices of the health team: the older person, the health professionals and the family.

Results: It was found a comprehensive and diverse range of needs in Palliative Care that were categorized according to the dimensions of the human person: physical, psychological, social, spiritual, economic, legal and environmental/structural. These needs include the following: dysphagia, faecal and urinary incontinence, daytime somnolence, immobility, paresis, joint stiffness, sarcopenia, decreased visual acuity, deafness, dry/desquamated skin, pressure ulcer, weight loss, hydration, anxiety/nervousness, attention seeking behaviour, repetitive behaviour, passive implication, restlessness, inability to ask for help, physical and visual contact, loss of previous relationships, cohabitant separation, economic support and social support. There is an infrequent presence of adverse events such as pain, dyspnoea, bronchial aspiration, infection, insomnia, dehydration, agitation, physical/verbal aggression and a higher frequency of a peaceful and cooperative behaviour. It was also observed a low number of visits to the emergency room and hospital admissions; although the incidence of medication error is high.

Conclusion: A holistic and comprehensive attention to the Palliative Care Needs allows an adequate and effective intervention by the health team, contributing to a lower occurrence of adverse events and the potentiation of a peaceful state, in contact with other people and possibly with a higher quality life. This is observed through the continuous presence of Comfort, Identity, Inclusion, Occupation and Attachment needs.

Keywords: Dementia, institutionalization, needs, palliative care.

89-PALLIATIVE CARE PATIENTS HOSPITALIZED IN AN INTERNAL MEDICINE SERVICE

OLÍMPIA ROSA GONZAGA MARTINS DA CUNHA

Palliative Medicine is a growing area in Portugal, but until now the existence of such care hasn´t been done in a structured way, and medical training in Palliative Care is generally insufficient. The improvement of health care, the ageing population and the increasing in chronic diseases prevalence in advanced stage, progressive and debilitating diseases, provides increasingly demand of health care services. The hospitalization of these patients is common, particularly in internal medicine services, implying increased spending if such patients are not identified as palliative. Despite this evidence, few attention has been given to research in this area in Portugal. Due to the morbidity and mortality profile observed in internal medicine wards, there is a need to insert guidelines to screen palliative care in this context. The present study aims to assess the need for Palliative Care in patients hospitalized in an internal medicine department.

A brief theoretical framework was done in the present master thesis regarding the current perspectives of Palliative Care and a bibliographic review on the inclusion of non-oncological patients in the group of patients who need this kind of care. A retrospective and observational study is presented, including patients admitted to an Internal Medicine ward of a public hospital aged ≥ 60 years, for a period of three months. It was applied the Palliative Care Screening Tool scale (PCST) in order to identify the potential candidates for Palliate Care , and 3 groups were identified. Group1, score ≤ 2, no intervention needed; Group 2 , score = 3 , observation only; Group 3, score ≥ 4 , consider Palliative Care . Several variables were analysed, such as disease leading to hospitalization, age, gender, comorbidities, performance status, special nursing care, origin of the patients, mortality and destination after being discharged from hospital. During the study, 328 patients were admitted, but only 288 were evaluated and 54% of them presented score ≥ 4 points at PCST scale, eligible for Palliative Care. In this group, the average age was 82 years, with no statistically significant differences in the age distribution between the two genders. The main comorbidities responsible for inclusion in the group of Palliative Care were dementia in 47%, stroke in 45% and 14 chronic kidney disease in 39%. The appreciation of psychological problems was rarely recognized. The mortality rate was 31% and only one patient was admitted in palliative care unit. Both oncologic and non-oncologic patients with progressive and terminal diseases should be allowed to have Palliative Care, mainly those who have organic failure or neuropsychiatric diseases. PCST is a high sensitivity scale, with the potential to identify these patients. More studies should be carried out to adapt or create specific scales according to Portuguese needs. This study testifies that Palliative Care patients are hospitalized in Internal Medicine Services, and it also shows the importance of specific training of internists as well as research in this particular area.

Keywords: Assessment scales, internal medicine, palliative care.

90-DIGNITY IN PALLIATIVE CARE – THE INFLUENCE OF SOCIAL REPRESENTATION IN PORTUGAL AND SWITZERLAND

LÍGIA DIANA MOREIRA MAGALHÃES

Dignity is a complex and recognised concept, however it continues to be ambiguous in its interpretation and application, as there is no consensual definition. Dignity is becoming an hollow concept in healthcare due to its wide use in concrete problems, with dissonant conclusions. Therefore, the need for a consensual concept of dignity arises. The development of the Dignity at End of Life's Model from Chochinov et al. as well as the Dignity's Therapy have contributed for a significant qualitative and quantitative progress in research. This intervention comes in response to the psychosocial and existential distress of terminally ill patients, which is of particular interest in palliative care. In regards to End of Life (EoL) and dignified death, the social representations prove to be an important reference framework. Man, as a social being, it's influenced by himself, by the groups where it belongs to and by its previous experiences and all of that directly contributes to choices and options at EoL. This Project aims to meet the identified needs in dignity in order to convert them into health outcomes; to contribute to further research in dignity and the future application of the Dignity at End of Life's Model from Chochinov et al. and the Dignity's Therapy in European countries such as Portugal and Switzerland; to identify the factors that can be stimulated in the development of excellence in palliative care (in each country), based on the multifactorial concept of dignity. This will be a qualitative, non-experimental and descriptive correlational study. Through convenience sampling, it is intended to have contact with 18 nurses; 6 doctors; 12 patients that have been diagnosed as terminally ill and 12 patients with no known diagnosis of terminal illness.

Data collection will take place in Portugal and Switzerland. Data will be collected through a semi-structured interview to healthcare professionals and patients. Data will be analysed through content analysis according to the End of Life's Model. We consider this theme as relevant, current and in constant need of research in order to aim for a better consensus in the definition of dignity, in order to raising mastery in palliative care, hence meeting the needs that cause suffering and anguish at EoL. viii This project should not be seen as a finished piece of work. We pretend to develop further research, thus contributing for a better insight about dignity and the application of structural interventions in Palliative Care.

Keywords: Dignity, end of life, palliative care, social representations.

91-ASSESSMENT OF THE POSSIBILITY OF DOMICILIARY PALLIATIVE MONITORING IN PATIENTS HOSPITALIZED IN A PALLIATIVE CARE UNIT

EMA BASTARDO MASSA

In 2002 the World Health Organization (WHO, 2002), revised the definition of palliative care including the relief of suffering and improving the quality of life for the patient with incurable disease but also for their families, based on their needs and not just the diagnosis or prognosis, going far beyond the last moments of life. With increasing life expectancy, mortality in Portugal, related to evolving chronic diseases (60%), as cancer (20-25%), organic failure or progressive neurological diseases (DGS, 2010) is growing, increasing the importance of this type of care. Palliative care should be organized according to organizational levels of specificity, including home care and hospitalization. However, the shortage of human resources in proximity units of palliative care, such as Palliative Care Support Teams (PCST), has led to the overcrowding of inpatient units, with patients who could benefit from the provision of care, at home, through the support of specialized teams geared for this purpose.

The inpatient units would be for patients with symptomatic imbalance who cannot be restored at home, absence of a primary caregiver or a caregiver exhaustion itself. Since there was no domiciliary palliative care team, in the Centre region of our country and due to the importance of providing this type of care, it is our intention with this study to quantify potential inpatients that could benefit from domiciliary care.

Keywords: Home care, end-of-life care, palliative care, palliative care support team.

92-NARRATIVES OF THE PROCESS OF BECOMING ILL, DEATH AND DYING OF THE SUBJECTIVE EXPERIENCE OF THE THREE INTERVENERS IN THE DISEASE: PATIENT, FAMILY AND HEALTH PROFESSIONAL: A QUALITATIVE STUDY

JOANA ARAÚJO CAMPOS

The research here presented intends to position itself as a contribution to the comprehensive study in palliative care on the processes of becoming ill, of death and dying. The organization of this research work has resulted from the integration of the updated literature review on the subject and the fieldwork for the collection of research data. As a main research goal this study proposes to know and understand the vision of the three interveners in the disease process: patient, family and health professionals about the disease process, death and dying in the context of palliative care. In order to achieve the proposed goals, we followed a research design of a qualitative methodology, because our scientific purpose was to access the subjective experiences of the three interveners in the disease process, in other words, the sense and meaning that illness, death and dying are for each of them. To this end, there were fourteen semi-structured interviews distributed as follow: four to patients, five to family members and five to health professionals. The study of the narratives was performed through content analysis method.

The results validated the significance of understanding the surrounding aspects of the disease process. According to the results we conclude that there is still work to do in the subject of palliative care, sensitizing patients, families and health professionals to a death with dignity. Despite all efforts, greater openness and mentality adjustments regarding the disease and death process, still remains.

Keywords: Disease process, family, health professional, palliative care, patient.

93 - ETHICAL SUSCEPTIBILITY OF PALLIATIVE CARE PATIENT INCLUSION IN CLINICAL RESEARCH

NUNO MIGUEL BARBOSA DE ALMEIDA E SILVA

Introduction: The scientific and technologic evolution came to facilitate the discovery and development of many practices used today, allowing a stranglehold on life sciences, which would be unthinkable. Alongside this development, the society is awash with new factors, which attach maximizing the exchange of information, supplying individuals with new tools that allow for the greatest communication and knowledge increase. However, this development which was and is certainly important to society, turned out to promote the emergence of some problem, justified by excessive or inappropriate use of resulting knowledge, thereby giving rise to the imposition of borders, that would lead to an ethically correct path in the field research. Therefore, it is relevant to analyse the game between the interests of the development of science and the importance of fundamental rights of the individual, which suggests the importance for the discussion of principles of bioethics and ethical obligations, within a demanding and modern society.

Objectives: the study aims stress the importance of bioethics, palliative care, and legal requirements related to clinical research towards new challenges fruits of a social evolution.

Method: the study of quantitative nature is characterized as cross-sectional observational, with the methodological tool data collection through survey of health professionals from different fields, the Hospital Centre of Porto.

Conclusion: The health professionals' respondents keep expressing a lack of knowledge in the field of palliative cate and their research. However, reveal understand the legal concepts relating to clinical research in Portugal, regarding the importance of ethical committees, the use of placebos, and funding issues, It discusses the importance of autonomy, freedom and responsibility of the individual disease situation and the health professional, a maximum centralization of patient interests. And it is in perspective to counter the cold clinical practice, which focused on disease and not patients, born the interest of palliative care.

Keywords: Bioethics, clinical research, human dignity, palliative care.

94 – TEACHING OF PALLIATIVE CARE IN BRAZILIAN PUBLIC FEDERAL NURSING SCHOOLS

MÁRIO APARECIDO ALVES

Introduction: In Brazil, there has been population aging, driven not only by the rapid decline in fertility, the main component of this process, but also the decline in mortality, but in a peculiar way: old and new health problems coexist with predominance of degenerative chronic diseases, although communicable diseases still play an important role. This demographic and epidemiological transition process represents a major challenge for the health system which should offer its services as the population's needs with an emphasis on quality of life, to relieve pain and suffering and dignity of death, main features of palliative care.

Objectives: To analyse the available evidences concerning the integration of palliative care education in pre-graduate degree in nursing and to analyse the curricular and political pedagogic projects (PPP) of 49 Higher Education Federal Institutions (HEFI) Degree in Nursing.

Materials and Methods: This is a scoping review by searching databases combined with documentary research, qualitative, exploratory and descriptive, on web sites of HEFI Undergraduate Nursing.

Results: The scoping review has revealed that the issue of palliative care education for nursing students is understudied, despite increasing statistical data on non-communicable chronic diseases, as well as the graduate programs in nursing did not prepare properly nurses for end of life care which caused a poor performance in providing care to patients and their families. Of the 49 HEFI in 29 (59.2%) didn’t exist in their PPP or curriculum matrices Palliative Care in the form of a compulsory subject or elective or optional order or mandatory order, with a distribution unevenly in regions of the country in relation to offer the subjects of Palliative Care, as well as rarity on offer for a country of continental dimensions (this compulsory subject in only 2.4% of HEFI), showing a "gap" curriculum between theoretical and practical components which can compromise training professional future in this area of activity.

Discussion/Conclusion: The results of this study have demonstrated the need to develop a new curriculum with the inclusion of palliative care as a compulsory subject with clear objectives, realistic, measurable and consistent with the methods used, reiterating that the focus of care should not be directed only at person terminally process, but the whole family group. This may reflect positively on qualified training and providing better care to patients with terminal illnesses. Understanding palliative care as a human right is imperative.

Keywords: End of life care, nursing curriculum, nursing education, palliative care.

95 – NURSING CARE TO STROKE PATIENTS: NURSES' PERSPECTIVE ABOUT THE NEED OF PALLIATIVE CARE

ANA ISABEL FERNANDES DA SILVA PAIS

Introduction: Stroke is an event that manifests itself differently from person to person, demanding healthcare as early as possible. Mainly due to the fact that it generates disabilities, that could lead to death and cause a number of consequences at a mental, social and physical basis. Therefore, these patients and their families can benefit from palliative care, as it focuses on people's needs and not the diagnosis.

Objectives: The goal of this study is to know the opinion of nurses from a stroke unit at a Central Hospital from the North of Portugal, about the need to deliver palliative care to a person with stroke pathology without the perspective of cure. The purpose is to contribute to the decrease of suffering of the person victim of stroke without cure perspective and their family, by dignifying the last stage of life of the patient and its family.

Materials and Methods: It's a study of qualitative nature that resorts to half-structured interviews to nurses at a medical unit of a central hospital in the north of Portugal. It's a case-study in which data were submitted to content analysis, according to Bardin (2001).

Results: Obtained results show that a great number of nurses define palliative care as sponsor of comfort and quality of life. The majority of nurses believe that it is necessary to provide palliative care to patients who suffer from stroke without cure perspective. They emphasize that when providing palliative care, they face many difficulties and needs, highlighting the lack of team-work when it comes to decision-making and facing young patients carrying stroke without the perspective of cure.

Discussion/Conclusion: These needs are appointed: training in palliative care; access to a support team in palliative care. They mobilize lots of strategies to overcome patient's needs, just as: establishing firm communication; granting emotional support; providing comfort care; and, for some nurses, matching family needs. Although nurses see families as spotlight of their care, nevertheless, they point out that, due to reduced availability and due to reduced number of hours allowed for family members inside the health unit, it is not possible to carry out health education, in order to aid these families how to take care of their ill relative at home. As ethical dilemmas, they've pointed out the following: handle suffering; handle with dying process, with decision-making process and therapeutic persistence. Sharing information, as well as teamwork, either with healthcare unit professionals, either with palliative care support team professionals within hospital are highly regarded. In their clinical practice, coping mechanisms, such as sharing emotions and feelings, search for family support, among others, are adopted by those healthcare professionals. They suggest the need for a bigger awareness towards palliative care from medical teams and a routing increase to palliative care teams, as well as a higher presence from the palliative care support team within hospitals at stroke units.

Keywords: Incurability, nurse perception, palliative care, patient with stroke.

96 – RADIOTHERAPY IN PALLIATIVE CARE: PERSPECTIVE OF THE RADIOTHERAPIST

ANGÉLICA CATARINA AFONSO LOPES

Introduction: palliative care has as main objective the relief of symptoms in order to ensure quality of life and to preserve the dignity of the patient. It is, in this context, that the role of radiotherapy arises in relief and symptom control. Despite its benefits in palliative care are already known, it is only used in about a third of cases. There are several hypotheses to explain this low percentage of use, some of them are related to the lack of radiotherapist preparation. It is necessary to delve into the matter and see the reality of the Portuguese radiotherapists when faced with palliative patients in the service.

Objectives: To analyse the perception of the radiotherapist in relation to palliative care; to analyse what role the radiotherapists attributed to radiotherapy in palliative care; and to examine ways of how radiotherapists feel when dealing with palliative patients.

Materials and methods: A quantitative exploratory and cross-sectional study was conducted. It was created for this purpose a root questionnaire to radiotherapists' with a non-probabilistic sample of the "snowball". The research was approved by the Ethics Committee of the Department of Social Sciences and Health of the Faculty of Medicine of the University of Porto.

Results and conclusions: According to respondents, these are already familiar with the concept and philosophy of palliative care and yet taking radiotherapy as important or very important in the control of symptoms, most admit not be prepared to deal with these patients. Training in palliative care is virtually non-existent in graduation and in professional life and it is a key aspect to develop in order to improve the quality of care provided to these patients.

Keywords: Palliative care, radiotherapist, radiotherapy.

97 – THE IMPACT ON QUALITY OF LIFE OF INFORMAL CARERS OF TERMINAL PATIENTS

ANA PATRÍCIA SILVA VALENTE

Introduction: The ever increasing number of people affected by chronic diseases has consequences for the patient and his/her family, at a social and economic level, as well as for their health. Patients suffering from long-term diseases will, undoubtedly, need someone to help them. Usually a family member becomes the caregiver.

Objectives: In such a situation, one question can serve as a starting point: What is the impact on quality of life for the informal caregivers who look after terminally ill patients? The main goal of this study is to analyse the impact on quality of life for the informal caregiver of a terminally ill patient.

Materials and methods: This study reviews the literature and intends to be a qualitative synthesis study. It was based on the stages of the systematic review process as suggested by The Joanna Briggs Institute for Evidence Based Nursing and Midwifery and edited using the Joanna Briggs Institute “Reviewers' Manual”. Being such a subjective topic, even differing from person to person, quality of life was assessed by the areas of the Evaluation Scale of Quality of Life: World Health Organization Quality of Life - 100 (WHOQOL-100).

Results and conclusions: a) Physical domain: The burden due to the implementation of the role of caregiver leads to intense and limiting pain, physical discomfort, fatigue, back pain, headache, changes in sleep patterns, or caregiver’s physical difficulties in caring. b) Psychological domain: The burden is also evident through the emotional stress, fear, sadness, tension, anxiety and depression caregivers’ state they experience. c) Independence level: The older the caregiver is, the worse his physical performance and mental health will be. That is, there are physical limitations, greater difficulty in daily life activities, pain gets more intense and restrictive. Thus, caregivers are exhausted and depressed. d) Social Relationships: Caregivers are often forced to give up family get-togethers and cultural or leisure activities. e) Environment: Possible economic difficulties are also a huge concern. Quite often caregivers have to leave their jobs and the loss of income interferes with the stability and quality of life of caregivers and their entire family. f) Spirituality: The practice of their spirituality seems to work as a coping mechanism, helping reduce the impact of the challenges and burden experienced by caregivers but, unfortunately, they sometimes lack the time away from their role as caregivers to engage in such practice.

Since the role of a caregiver entails a wide range of potential impacts on a person's individual circumstances, including quality of life and broader social and economic effects, which lead to a variety of physical, psychological, social, and spiritual problems, deeply related to the caregivers’ economic capacity and lack of knowledge, the intervention of nursing specialized teams is of uttermost importance.

Keywords: Family caregiver, quality of life, terminally ill.

98 – PALLIATIVE CARE EVOLUTION IN EUROPE. A REVISION OF THE LITERATURE

MARIA DA CONCEIÇÃO FERREIRA MATOS DUARTE COSTA SANTOS

The increase in average life expectancy and chronic diseases in the population has become a matter of concern, since it brings social, economic and health impact. Palliative care is described as the care that ensures higher quality of life for terminally ill among others. The provision of such care to all who need them would be the most desirable situation because it would bring benefits not only to the patient but also to the family and the overall society that must finance it. However, some social, political and educational barriers arise, and block their development.

In Europe this kind of care begins to be increasingly provided at home (place where people prefer to die) through multidisciplinary teams similar to those that exist in the various institutions (hospitals, nursing homes, hospices, etc.). Consequently there is a significant increase in funding for these services which allows the teams to work in order to maintain the quality of life of these patients.

Although palliative care, is always associated to the cancer diseases, the investment in these type of care in relation to other type of pathologies (respiratory, heart failure, dementia, AIDS, etc.) is already increasing.

This study aims to determine through a systematic review of literature how palliative care developed in some European countries, to check what the perspectives for palliative care are in the future, and also to analyse the performance and the line-ups of the multidisciplinary home care and institutional teams.

Keywords: Development, Europe, guidelines, palliative care.

99 – SOCIAL SERVICE AND PALLIATIVE CARE. A STUDY IN THE DISTRICT OF PORTO

CLÁUDIA RAQUEL CARDOSO TEIXEIRA

Introduction: Medicine has been progressing deeply in the last few years. However, when one talks about palliative care, “cure” is replaced by “caring” and the focus relies on the patients with the intent of giving them comfort and quality in this final stage of their lives. Therefore, an interdisciplinary approach becomes crucial to respond to the different needs (physical or psychological) of the patients and their families, and social services are called to intervene.

Objectives: The present study aims to understand the knowledge acquired by a sample of the population with regard palliative care, as well as the role of social workers in this context.

Method: A qualitative methodology was used in order to test the purpose proposed by this investigation, aiming to clearly understand the real knowledge of the sample. The target sample of this study is the population of Porto, and the sample included 50 participants (32 females, 18 males, age ranged between 19 and 58 years-old) that were randomly interviewed in different places of Porto. The sampling technique selected for this study is non-probabilistic, namely random sampling. The data was collected through a semi-structured interview and content analysis was used to analyse the data.

Results and conclusions: Regarding participants’ knowledge about palliative care, the results show that a significant proportion of the sample is familiarized with the concept. However, in some cases there is a misconception of the term palliative care, and participants show a confusion between this term, continued care, and elderly care. Moreover, participant’s perceptions regarding the role of social workers in palliative care revealed that they believe that the social worker is a member of palliative care teams and they acknowledge the specific tasks of social workers in this field. The present research provides an important contribution, as the accurate knowledge of population regarding palliative care represents an important factor of access and use of these kind of services.

Keywords: Knowledge, palliative care, social services.

100 – THE NEED OF PALLIATIVE CARE ON COLORECTAL CANCER ELDERLY SURVIVORS

ELISABETE GOMES DA SILVA

Introduction: Colorectal Cancer (CRC) is currently the most common oncological disease in Portugal, affecting both genders. However, the survival rates concerning this type of cancer have been increasing, observing an increase in the number of CRC survivors, particularly among the elders. This malignant neoplasm causes a significant physical and psychological impact on patients, which may be even more meaningful on elders and elderly survivors. These, who already face changes which may occur during the aging process, are the most vulnerable and, therefore, the most susceptible to the complications resulting from CRC; therefore, it has been recognized that they may need a specialized monitoring, including the phase of disease-free survival and post-treatments, in order to deal with these complications. Actually, the provision of specialized and multidisciplinary care for cancer survivors after the end of active therapy, may bring benefits concerning the improvement of quality of life and psychosocial adjustment, as shown by some studies and recommended in current conceptions of palliative care.

Objectives: In this context, and given the limited literature on cancer complications and its treatments on elderly survivors, specially CRC survivors, as well as the concerning intervention and benefits from palliative care at this phase of the disease's path, the aim was to carry out a study which tried to understand the specific needs and the importance of this type of care addressed to the late and long term complications resulting from cancer experience. Being more specific, the goals of the present work were the assessment of health conditions, the quality of life, pain, the level of independence and the emotional adjustment from CRC elderly survivors, while analysing its determinants, in the sense of understanding the individual differences in these outcomes and in the adjustment process to this phase of disease-free survival.

Method: This study with critical nature, involved the enrolment, in 3 hospitals from the North and Centre of Portugal, of CRC elderly survivors (n =50) who had finished their treatments and had follow-up consultations. The participants were contacted at the end of the consultation answering an assessment protocol consisting of SF-36, EUROHIS-QOL-8, WHOQOL-OLD, EORTC QLQ C-30, BPI, Barthel Index and HADS, as well as a sociodemographic and clinical data form. A control group of elders with no cancer history (n=50) was also recruited for comparative purposes, which answered the same assessment protocol used with the study group and also a personal data form.

Results: Among the results found, stand out the following: CRC elderly survivors present a health condition and an overall quality of life, as well as in most of their domains, comparable to the elders with no cancer history, although they have commitments in some dimensions; in spite of the inexistence of major differences regarding the severity and interference of pain, it is found, between the two studied group, that half of the elderly survivors describe pain experience; with no minor levels of independence on CRC Elderly survivors, while observed a trend in results, in the sense of a greater dependence shown by this group; a considerable number of CRC elderly survivors reveals a clinically significant emotional distress. Regarding the determinants of the assessed outcomes, it was found that different sociodemographic and clinical variables can affect them, presenting themselves as important contexts of influence while explaining, partly, the individual variability in these outcomes on CRC elderly survivors. Namely age, gender, education level, socioeconomic level, current residence, presence or absence of health conditions, presence or absence of hypertension and diabetes, period of time since diagnosis, period of time since the end of treatments, the performance or non-performance of ostomy, the presence or absence of recurrence throughout the course of the disease and the location of the tumour, proved to be significant determinants.

Conclusions: The obtained results show that, in a general way, in spite of apparently not existing a major impact from CRC and its treatments on health conditions, quality of life, severity and interference of pain, level of independence and emotional adjustment from elders during a stage of disease-free survival, some commitments may be present in several specific areas, as well as a considerable number of individuals may present particular difficulties, like pain or significant emotional problems. In turn, it is also possible that these elders are more dependent than the ones who haven't experienced the disease, and for this reason, carrying out studies in larger samples may confirm this hypothesis. Therefore, we emphasize the importance of a holistic assessment with these elderly survivors in follow-up consultations, which will enable to identify possible needs in terms of physical, emotional and social comfort which may exist in this post-treatment phase and their referral to an appropriate and integrated care, desirably provided by a multidisciplinary team, and in particular by a team of palliative care. It is considered then that the need of a specialized referral may not only exist during the phase of diagnosis and treatments but, according to the evident specific needs during the survival phase, monitoring must be continuous along the entire trajectory of CRC and not only during the active phase of the disease. The identification of sociodemographic and clinical determinants concerning these areas of probable need, allows to know the risk factors to the manifestation of greater commitments in those areas, and, thereby, to conduct the assessment of CRC elderly survivors who probably need to be forwarded to that specialized support.

Keywords: Colorectal cancer, cancer survivor, elderly survivor, palliative care.

101 – NUTRITIONAL ASSESSMENT OF PATIENTS REFERENCED FOR PALLIATIVE CARE

ALICE MANUELA RIBEIRO LOPES

Introduction: Data of the prevalence of undernutrition in palliative care patients are scarce. Handgrip strength (HGS) has been shown to be associated with changes in the nutritional status and in the functional ability in several chronic disease conditions. It is unknown if similar associations exist between HGS and undernutrition in palliative care patients.

Objectives: To increase knowledge regarding the nutritional status of palliative care inpatients and to determine handgrip strength ability to identify undernutrition.

Method: A cross-sectional study was conducted at Centro Hospitalar do Porto. The nutritional status of the patients allocated to palliative care was evaluated by Patient-Generated Subjective Global Assessment (PG-SGA) Portuguese version. The HGS, the adductor pollicis muscle thickness (APMT), the phase angle and the fat-free mass index (FFMI) were assessed and compared to reference values in order to predict undernutrition or risk of undernutrition according to the PG-SGA results. Sensitivity, specificity and positive and negative predictive values were calculated.

Results: The study sample was composed of 51 inpatients (44-78 years old, 56.9% males, 72.5% diagnosed with cancer). According to the PG-SGA scored, 54.9% patients were severely undernourished, 35.3% moderated undernourished or at risk of undernutrition and 9.8% not undernourished. The HGS and the APMT results showed high sensitivity (96.4%) and high positive predictive value (93.1%) and the FFMI values showed high specificity (80%) to identify undernutrition in palliative care inpatients. To identify the risk of undernutrition, the APMT measurement denoted the highest sensitivity (94.4%) and the highest predictive values (89.5% positive and 75% negative) while the FFMI values showed the highest specificity (80%).

Conclusions: Undernutrition occurs frequently among the palliative care inpatients and cancer is the main diagnostic. The HGS identifies a high proportion of undernourished patients. The HGS and the APMT seem to be simple and useful tools to confirm the diagnosis of undernutrition.

Keywords: Handgrip strength, nutrition assessment, palliative care, PG-SGA.

102 – NURSES' CARE PRACTICES IN HOPELESS SURGICAL PATIENTS IN THE HOSPITAL CONTEXT

ANA SOFIA BARROS COSTA

Introduction: Over time, taking care of the surgical patient without healing perspective has placed nurses many challenges, if on one hand the technological and scientific advances have led to the curability of the disease, on the other hand the practice of care is often focused on technical, off-centre of the actual needs of the patient and family, "denying" a holistic service. Palliative Care is thus the guarantor of the quality of life of the person who lives the last stage of his life.

Objectives: In this sense we put up the research question: "What nursing care is provided to patients with surgical pathology with no prospect of cure?" With the general objective: To know the nursing care provided to patients with surgical pathology with no prospect of cure, in order to contribute to humane care without compromise the person´s dignity.

Method: Qualitative, descriptive and exploratory study using semi-structured interviews for data collection. Participants: nurses from surgery unit in northern Portugal. Content analysis performed based on Bardin (2011). The study complied with the ethical moral principle.

Results: The results show that nurses are very oriented to the healing philosophy, adopting almost exclusively biomedical models. We found that the care provided by nurses to surgical patient without healing perspective focus mainly on ensuring the physiological functions and promote comfort. The strategies most used in their care process to deal with these patients are located at the level of referral to palliative care units and for consultancy. They point as greater need, more availability and more knowledge about the transition process. The management of emotions/feelings are their greatest difficulty. The avoidance and acceptance are the most adopted coping mechanisms. They suggest as corrective measures the existence of a higher nurse/patient ratio and more training in palliative care.

Conclusions: A commitment to training in palliative care is required in order to reconcile the two models of biomedical and human care.

Keywords: Acute hospital, nurses, palliative care, surgical patient.

103 – A FACE CLOISTERED TOWARDS DEATH

TÂNIA CRISTINA FERREIRA GONÇALVES

Introduction: In prison, people live in high frequency of infectious diseases, risk behaviours that are associated with economic insecurity and social stigma. The prison health system can transform the prison into an opportunity to provide advice and guidance in first approach to a patient who lives with a death sentence.

Objectives: This study untitled “A face cloistered towards death” has the purpose to understand if there exists palliative care in the prison setting. Indeed, the recluse is vulnerable by suffering a life in prison by a crowded space and illness behind bars.

Method: A prospective method was used in the research and six semi-structured interviews were carried out in the prison setting delivered by health care professionals.

Results: The integration into a prison environment is a complex psychologically process. The recluse is constantly subject to space and temporal control, prison rules and routine, also having to adopt norms and values of the system, and subculture prison, as a survival strategy. It takes into account the intense identity change by the prison context. The intensity of this depends on factors such as the imprisonment time and the conditions. The context sometimes causes distance of social and family, and causes feelings of rejection and difficulty accepting the treatments and the disease.

Conclusions: In prison, the person who carries stigma is someone who committed a crime and deserves the bad but never the good. So this study seeks to introduce palliative care in prisons, promoting quality of life and comfort, giving the professionals an opportunity to provide a humanizing care to prisoners.

Keywords: Quality of life, palliative care, prison, stigma.

104 – EXPERIENCES OF MOURNING IN A PALLIATIVE CONTEXT

JOANA ALEXANDRA BAPTISTA RENTE

Introduction: The mourning context and everything that can potentiate or extend it are complex situations that cover multiple dimensions which can turn in pathological mourning. Frequently the way that relatives deal with it is neglected when it should be accompanied and prevented or even diagnosed for a better attendance to the relatives of people with palliative needs.

Objectives: To recognize the mourning context experienced by the relatives of people with palliative needs; To determine the level of hope and social support of the relatives of people with palliative needs; To determine the level of anxiety, depression and stress of the relatives of people with palliative needs; To ascertain whether there is relationship between the sociodemographic variables, psychological variables, mourning context and the way that relatives of people with palliative needs deal with mourning.

Method: Qualitative, transversal, descriptive and correlational study, conducted on relatives of people with palliative needs. The instrument for collecting data includes a sociodemographic questionnaire, then the Herth Hope Index, a Mourning Context scale (Cunha, 2014), a Social Support Scale (Matos & Ferreira, 1999), the EADS (Pais-Ribeiro, Honrado & Leal, 2004) and the Inventory of Complicated Grief (Frade & Rocha, 2008).

Results: Of the 132 participants, only 38 (28.8%) had a score higher than 30 on the IGF, meeting for at least 7 months of mourning, which means complicated grief. 84. 2 % were women, with a mean age of 49 years, with a partner in life (39. 5 %), living in the city (84. 2 %). The level of hope and the age revealed a predictive effect on the prevalence of the normal mourning, and the social support presented a predictive effect on the prevalence of the complicated grief.

Conclusion: The results of the prevalence of complicated grief and the identification of some predisposing factors reveal the need to mobilize promoter resources of a healthy living of mourning in palliative context.

Keywords: Complicated grief, palliative care, relatives.

105 – PHYSICAL EXERCISE EFFECTS IN PATIENTS IN PALLIATIVE CARE WITH ADVANCED CANCER. SYSTEMATIC REVIEW OF LITERATURE

JULIANA DOS SANTOS MOREIRA

Introduction: Palliative Care Rehabilitation and, particularly, Physiotherapy maintain the balance between function optimization and comfort, promoting functional independence and quality of life. Physical exercise effects in cancer patients at different stages of the disease are described in the literature, but in Palliative Care, there is still no consensus or a standardized approach for its implementation.

Objectives: The systematic review aims to review and analyse the existing evidence on physical exercise in advanced cancer patients in palliative care, in particular, its safety, availability of patients to participate in exercise programs, its effects on physical fitness, fatigue and quality of life, and the tests defined for evaluation of physical capacity directed to this population. The development of an evaluation of physical capacity protocol and the determination of its applicability in advanced cancer patients in Palliative Care, is also an objective of this study.

Method: The relevant studies for the systematic review were identified in PubMed, Scopus, Science Direct and ISI Web of Knowledge. The physical capacity evaluation protocol was developed by analysing the instruments used in the articles selected by the review. Its applicability was tested in advanced cancer patients, from a Portuguese Palliative Care unit.

Results: 12 articles, which have application of different exercise programs in advanced cancer patients, were included. No article described adverse effects on exercise performance and participation rates were above 50%, in studies evaluating this variable. The majority of reports indicates beneficial effects on exercise capacity, fatigue and quality of life. The evaluation of physical capacity protocol has proven to be applicable, requiring an alternative to the Six-Minute Walk Test in the case of patients with reduced mobility.

Conclusion: Physical exercise appears to offer benefits in different components in advanced cancer patients, although there is a need to perform further randomized controlled trials.

Keywords: Advanced cancer, exercise, palliative care, physiotherapy, rehabilitation.

106 – THROMBOPROPHYLAXIS OF ONCOLOGIC PATIENTS IN PALLIATIVE CARE

JOANA ISABEL DA SILVA LIMA

Introduction: The prevalence of venous thromboembolism (VTE) is high in oncologic patients and can lead to a lower quality of life or result in a fatal event. There are no guidelines for the use of thromboprophylaxis in these patients under palliative care (PC) and its use is controversial. In one side there is the prevention of symptoms and death, and in the other side iatrogeny, discomfort and prolongation of life.

Aim: To describe the clinical use of thromboprophylaxis in oncologic patients in a Portuguese palliative care unit (PCU), determine the prevalence of VTE in this PCU and its impact on inpatient mortality.

Method: Retrospective, uni-center, descriptive study, based on medical records of hospitalizations during 6 months at the PCU of Instituto Português de Oncologia do Porto.

Results: Five hundred and six hospitalizations were enrolled in the study. The mean age of patients was 67,2 years (SD±12,7) and 48% were women. More than a third of patients (37%) were admitted at the PCU in the terminal phase of their disease. Previously, 13,8% of the patients were on thromboprophylaxis. At the PCU, 6,7% of the patients received prophylactic anticoagulation. Considering the population of terminal patients, 15% received anticoagulation: 9% in therapeutic dosage and 6% in prophylactic dosage. Half of them suspended anticoagulation. The anticoagulant most frequently used was low molecular weight heparin. The incidence of VTE was 1% (0,6% with imaging confirmation) and in 0,2% of the cases VTE was associated with inpatient mortality.

Conclusions: Thromboprophylaxis is not routinely used in this PCU. Still, some terminal patients received prophylactic anticoagulation. The incidence of VTE in this population was quite low and it doesn’t seem to have an important impact on inpatient mortality. Given the absence of guidelines about the use of thromboprophylaxis in the PC setting, it should be a shared decision with the patient and his family. The establishment of evidence-based guidelines for thromboprophylaxis in oncologic patients under PC is imperative.

Keywords: anticoagulation palliative care, oncology, prophylaxis, thromboprophylaxis, venous thromboembolism.

107 – CORTICOSTEROIDS IN THE SYMPTOMATIC CONTROL OF PATIENTS WITH HIGH DEGREE GLIOMA: IMPACT OF SECONDARY HYPERGLYCEMIA IN PALLIATIVE CARE

MARIANA DA SILVA ROCHA

Introduction: High-grade gliomas are often associated to progressive neurologic and cognitive deficits, headache and convulsions that make the patient, early in the course of the disease, unable to communicate or express their will. The role of corticosteroids is widespread in medicine and particularly in palliative care for their benefit in quality of life. However, corticosteroids have a short duration of action and are associated with adverse effects, including glycaemic control changes that can compromise the well-being of these patients. It is therefore important to understand the role of corticosteroids in the symptomatic relief of patients with high-grade gliomas and analyse the impact of its use in changes in glucose control.

Objectives: This study aimed to contextualize the role of palliative care in the treatment of patients with high-grade glioma and understand the role of corticosteroids in symptomatic control and the development of hyperglycaemia in these patients. It was also intended to raise awareness of the role of corticosteroids in changes in glycaemic control of patients.

Method: It was conducted a retrospective, cross-sectional and analytical study of population with histologic diagnosis of glioblastoma multiform followed by the Palliative Care Service of Hospital São João between the years 2012 and 2015 with the evaluation of the use of corticosteroid therapy and the development of secondary hyperglycaemia. From an initial sample of 118 patients, 96 patients were selected for further evaluation.

Results: All patients included in this study were treated with corticosteroids during the course of the disease. The corticosteroid most used was prednisolone. Of the 87 patients who underwent prednisolone, the median number of days in treatment in the first corticosteroid therapy cycle was 169 days and 43.7% developed hyperglycaemia. Patients who developed hyperglycaemia were older (median: 63 years) and the age difference for those who did not develop (median: 58 years) was statistically significant ($p = 0.014$) which did not happen with the median survival (337 days for patients who have developed hyperglycaemia and 447 days in those patients who remained normoglycaemic; $p = 0.097$).

Conclusions: In conclusion, age was the only factor influencing the development of hyperglycaemia with statistical significance in this study. It was also observed that high rates of hyperglycaemia meet the data reported in the literature. Although not observe statistically significant results, the difference resulting in survival between patients who developed hyperglycaemia and those who kept normal glycaemic values raise attention to the importance of this issue. There is thus, a need for greater awareness by health professionals in the clinical evaluation of these patients.

Keywords: Corticosteroids, glioblastoma, high-grade gliomas, hyperglycaemia, palliative care.

108 – PERCEPTION AND ATTITUDES OF ONCOLOGIC PATIENTS IN PALLIATIVE CARE AND THEIR CARERS TOWARDS FEEDING: A COMPARATIVE ANALYSIS

MARIA LAURA ANDRADE PEREIRA RIBEIRO

Introduction: Palliative cancer patients present a decreased oral intake as a result of various changes induced by the disease and its treatments. This situation is worrying and may represent an anxiety factor for themselves and for their families, interfering with their physical, psychological, social and spiritual well-being. However, little is known about the experiences and perceptions of the patient/carer on issues related to the feeding of patients at this stage. We did not find, so far, studies made and published about this problem.

Objectives: The aim of this study is to contribute to a better understanding of aspects related to eating difficulties and decreased oral intake of cancer patients in advanced stages of the disease.

Method: It is a characteristically descriptive, cross-sectional and analytical study using the quantitative method. It aims to evaluate and compare the perceptions and eating attitudes of cancer patients under palliative care with their family caregivers. The study will take place at the Palliative Care Service of the Portuguese Institute of Oncology in Porto, for a minimum period of six months, and will include adult patients with advanced cancer, admitted to that unit and who are physically and mentally able to answer the questionnaires.

Results and conclusions: With the results of this study it is expected to obtain data that allow anticipating the need for nutritional intervention directed to solving problems related to feeding difficulties and contribute to improving the quality of life of patients and their families are expected.

Keywords: Advanced cancer, family carers, food perceptions, nutrition, palliative care.

109 – INPATIENT AND OUTPATIENT PALLIATIVE CARE: PATIENT CHARACTERISTICS AND QUALITY OF LIFE

MARGARIDA PEREIRA

Introduction: Quality of life is an essential concept in Palliative Care. While there is no conceptual definition, there are several standardized and validated scales to assess the Quality of Life. The EORTC QLQ-C30 scale is widely known and often used in the context of palliative care, which has been translated into Portuguese and validated for Portugal.

There are very few studies that compare the Quality of Life between patients in Palliative Care Units and those who are outpatients or those with home care support. The reviewed studies are related to other countries and there is no current data on the Portuguese population.

The literature reveals that the majority of Portuguese people prefer to die at home. However, most of the deaths continue to occur in hospitals and nursing homes, which might, eventually, contribute to a reduction in the Quality of Life. The data from the Portuguese Association of Palliative Care shows an exponential increase of palliative care teams in Portugal. However, these teams are far from answering all needs in palliative care, especially when it comes to home care services. Given this data, the development of home-based palliative care should be a priority in Portugal, in order to meet the preferences of the population and allow people with advanced and incurable disease to stay at home in order to die, if that is their expressed desire, ensuring the quality of life of patients and their families

In order to improve the knowledge regarding Quality of Life of individuals who are hospitalized in Palliative Care Units and of outpatients, an observational, cross- sectional and descriptive study, with analytical component, will be held at the Palliative Care Unit of the Portuguese Institute of Oncology for 3 consecutive months, by applying a hetero-administered questionnaire. The sample was drawn by convenience sampling and will be constituted by patients diagnosed with terminal illness, admitted *de novo* in Palliative Care Service and by outpatients who have not been admitted to palliative care unit and are being followed in the palliative care consultation.

Keywords: Palliative care, primary health care, quality of life.

110 – NURSES' EDUCATION NEEDS FOR SKILLS DEVELOPMENT IN PALLIATIVE CARE CONTEXT

ANDRÉ FILIPE SOUSA RIBEIRO

Introduction: Education is very important as far as the development and improvement of palliative care is concerned. Nurses are the healthcare professionals who have a closer relationship with the patients, their families and caregivers, during the end of life, death and bereavement. We often see the persistence of a paradigm that directs the treatments through a curative perspective, mainly in the nurses' graduation degree.

Objectives: To understand and evaluate if healthcare professions providing palliative care need to acquire/develop specific skills. Also this research aims to evaluate and identify the educational needs of nurses providing palliative care.

Method: A qualitative approach, with a triangulation of information sources was used.

Results: The results were achieved from the combination of a systematic literature review, with the hetero and self-perceptions of the nurses, using, respectively, interviews and questionnaires. It appears that difficulties in communication are the central need for training intervention.

Conclusions: Several specific skills may be needed because overcoming usual problems is the key to interpersonal relations in palliative care, and the core of interaction with patients, their families, caregivers and other healthcare providers.

Keywords: Education, nurses, palliative care.

111 – HEALTH CARE PROFESSIONALS DIFFICULTIES IN THE REFERRAL OF PATIENTS FOR PALLIATIVE CARE

ANA CRISTINA ALVES DOMINGUES

Introduction and objectives: The purpose of this study is to identify the main factors that hinder effective and timely response for patients in need of palliative care. The palliative care in Portugal has been clearly expanding, it is a right of the citizen with an incurable disease, which seeks to alleviate suffering and improve the quality of life. The relief of the symptoms that generate suffering, whatever its origin: physical, psychological, social or spiritual, triggers a positive influence on the trajectory of the disease.

Method: This research begins with a descriptive and inferential study. The sample consists of 120 health professionals, working in the Internal Medicine and General Surgery services, of a hospital in the Northern Region of Portugal. This study seeks to identify the difficulties experienced by professionals in the referral of patients to palliative care. Thus, through the quantitative method, a data collection instrument was used: a questionnaire that incorporates closed-end and mixed questions, used in a random way, with the further analysis of the statistical results.

Results and conclusions: It was concluded that, according to the perception of health professionals, the factors that stand out as difficulties in the referral process are the health care system’s unavailability and the process bureaucracy. It was also mentioned that the referral at an advanced stage hinders access to palliative care.

Keywords: Health care professionals, palliative care, referral

112 – FAMILY CONFERENCES IN PALLIATIVE CARE: CONTRIBUTION FOR NURSES' PRACTICE

BRUNO MANUEL GOMES PEREIRA FEITEIRA

Introduction: Given the increase in average life expectancy which leads to an exponential growth of chronic and degenerative diseases, palliative care is increasingly an imperative response to physical, psychological, social and spiritual needs of the person with incurable and/or severe, progressive and advanced disease, in order to grant a dignified and thoughtful end of life. It is also recognized today that the family is considered a care unit, insofar as it also experiences a series of difficulties, needs, emotions and feelings, among others, when faced with an incurable disease. Thus, health professionals, particularly nurses, should focus on the patient and family-centered care process in a multidimensional approach. To this end, family conferences emerge as a communication strategy that allows patient and family-centered approach in a structured and problem-solving way in the family system.

Objectives: Based on these assumptions, we raise the question of research: What contributions do family conferences provide for clinical nursing practice? With the purpose of knowing the contributions provided by the family conferences to the clinical practice of nursing and with the purpose of contributing to the improvement of the quality of the nursing care provided to the patients, to better dignify living and dying.

Method: From the methodological point of view a qualitative study, a case study, was performed. We used semi-structured interviews as a data collection instrument, performed to nurses who work in a palliative care support team at a Local Health Unit in the Northern Region of the country. The data was submitted to content analysis. All ethical and moral principles were respected.

Results: The results show that defining the concept of family conference is difficult due to the multidimensionality of factors involved. We have verified that they allow a patient-centered approach, in a structured way, oriented towards the resolution of the different problems, thus enhancing the capacity to adapt to the disease situation.

Conclusions: There are several benefits mentioned, namely being a technique that enhances the interaction between the health team, patient and family. We also verified that the family conference is fundamental for the sharing of information, for the minimization of fears and anxieties, and for the establishment of tighter intervention plans. Health professionals, including nurses, need to look at the family conference as a key technique to help/support families, patients, and even health teams. The importance of prior planning, a correct structuring, conducting and follow-up of the family conference is important, so that its purposes are achieved.

Keywords: Clinical practice, family conferences, nurses, palliative care.

113 – COMFORT AND QUALITY OF LIFE RELATED TO THE HEALTH OF THE PERSON WITH ONCOLOGICAL DISEASE

DANIELA MARIA MENDONÇA GREGÓRIO LOUREIRO

Introduction: Palliative care (PC) has been available in Portugal for about 20 years. This care emphasizes the importance of early implementation of comfort care for serious, progressive and/or advanced illness, with the aim of minimizing suffering and promoting quality of life (QoL) for the patient and family. Despite the advances in medicine, oncological disease is still greatly feared. Inherent physical, emotional, social, and spiritual alterations can cause changes in the personal concepts of comfort and QoL. Therefore, the influence of oncological disease on the comfort and QoL of the patient is necessary and important.

Objectives: To analyze the levels of comfort and QoL of the person diagnosed with oncological disease using sociodemographic variables and the place of treatment, and to analyze the relationship between comfort and QoL.

Method: A quantitative, exploratory, observational, descriptive-correlational study was performed. For this purpose, a sociodemographic questionnaire was created and the Portuguese version of the EQ-5D-5LTM (Ferreira et al., 2016; EuroQol, 2017) and the "Escala de Avaliação do Conforto da Pessoa em Fim de Vida", End-of-Life Comfort Rating Scale (Pinto et al., 2016) were used. The sample consisted of patients hospitalized in the Gynecology and Pneumology services of a central hospital in the North of Portugal and of patients undergoing outpatient treatment at the Chemotherapy Day Hospital of the same hospital. The study was authorized by the respective departments, as well as by the administration of the hospital. Authorization was also obtained by the research ethics committee.

Results: Participants showed positive and satisfactory means for comfort and QoL. As age increases, comfort tends to decrease and, in general, women presented higher levels of QoL than men. The lowest values of QoL and comfort were recorded in the pulmonology ward. The majority of respondents feel that life is worth living, and that when help is needed, it is available. However, there is a need for information on their state of health.

Conclusions: The study highlights the impact of oncological disease and the QoL of the person. However, further studies are needed in this area, to ensure continuous learning and acquisition of knowledge that aim to continuously improve the care provided.

Keywords: Comfort, hospitalization, oncological disease, outpatient clinic, palliative care, quality of life.

114 – THE CRITICAL PATIENT IN PALLIATIVE CARE: SYSTEMATIC REVIEW

RITA CATARINA AZEVEDO TEIXEIRA

Introduction: Palliative care (PC) aims to prevent and relief the suffering of the person facing a serious, evolutionary, and with limited prognosis disease, in several dimensions of the human life. PC is currently being extended to a multiplicity of people with serious illness and a diversity of care settings, such as critical care units. However, knowledge in this field is still scarce and requires further research and scientific evidence.

Objetives: This review aims to: systematize and analyze the scientific evidence produced regarding the practice of PC in critical care units; to analyze the difficulties that health professionals feel in providing palliative care to patients hospitalized in critical care units and to propose, based on the evidence found, suggestions that may contribute to a better practice of PC for people in critical care.

Method: Systematic review of the scientific evidence published in the Pubmed, Lilacs, RCAAP, Scielo and EBSCOhost databases, based on the following search terms: "palliative care", "critical care", "cuidados paliativos" and "cuidados ao doente crítico". Qualitative studies carried out in hospital settings were included, with professionals to perform functions directly to the patient care, published in the last five years, in Portuguese or English and with access to the full text. Studies with health care professionals who hold positions of leadership, or perform functions in the area of pediatrics, as well as studies that focus on the perspective of family members were excluded.

Results: Eight studies were included in the review. The studies were developed between 2012 and 2016 in Brazil (n = 5), United Kingdom (n = 1), Saudi Arabia (n = 1) and Australia (n = 1). The data suggest several common difficulties in the provision of PC in critical care units. Among these are the feelings of frustration and emotional exhaustion experienced by the professionals who work in these units, often due to the feeling of wanting to overcome the death that has been seen as a defeat. Teamwork, effective communication and training are identified as areas for improvement. These areas can lead to a greater integration of PC into critical care units.

Conclusions: Although PC and care for critical patients may appear to be two paradoxical realities, the scientific evidence supports the need for greater interconnection and collaboration between these fields. The conclusions point to the need for more effective communication models, not only with the patients and their families, but also among the teams. Thus, the limits of science and technology needs to be recognized. In this context, the training of health care professionals appears as a basic element in the promotion of PC in critical care units.

Keywords: Critical care, health care professionals, palliative care, systematic review.

115 – TRAINING IN PALLIATIVE CARE: INFLUENCE IN THE PROFESSIONAL CAREER

MARIANA SOARES LIMA

Introduction: With the growing of life expectancy and incidence of chronic diseases, it is essential that more healthcare professional are capacitated to deal with those needs. It is recognized that palliative care is applicable to a variety of health contexts, and for that, healthcare professionals should have palliative care education so that they are able to deliver quality health care and satisfy the patient and family's needs and challenges.

Objective: To analyse how the healthcare professionals who completed their advanced education in the Faculty of Medicine of the University Porto Master Course in Palliative Care perceive the influence of this course in their professional life.

Methodology: Exploratory descriptive study, carried out through qualitative and quantitative research. A semi-structured self-administered questionnaire using the Google Docs tool was used. The invitation letter was sent via email. The questionnaire was available to participants for 30 days.

Results: 46 former students of the Course constituted the sample. The majority were females (95.7%) and the mean age was 33,2 years. The professional area more prevalent was nursing (45.7%), among other 9 areas. The average time after the course was 1,9 years. The majority of participants (43.4%) worked in hospital health care and 26,1% worked in the context of CP, even if it was not their main occupation. Regarding the second year of the course, 71.7% of the participants still attend or have already finished. Regarding the scientific production, there was a low average in the different items (books, chapters, abstracts, communications and posters in scientific events and papers). Analysing the content of questionnaires, four thematic categories emerged: motivation for advanced education in palliative care; Competencies; Life Closure; and Education and research. All of these categories have resulted in 13 subcategories.

Conclusion: This study allowed us to reflect on the changes in the personal and professional profiles of the participants and their acquisition of competencies. The different motivations that led the professionals to seek this training range from the increase in palliative care needs to the basic training gap. It was also verified that some participants continued on searching for more education courses, which could indicate that some topics were not fully addressed during the master course. In addition, it was observed that the scientific production after the course was not significant, which could be explained by different factors.

Keywords: Education, investigation, palliative care.

116 – THE TERMINAL ILL PATIENT AND HASTENED DEATH

DIANA DA COSTA ALVES

Introduction: The desire for hastened death is a current and complex question and has been a source of discussion among patients, health professionals, jurists and ethicists. This type of desire has been increasingly debated in palliative care's literature and there has been a growing interest in studying the referred desire in the context of serious or incurable diseases.

Objectives: The main objective of this research investigation consists in studying the hastened desire of death in terminal patients, as well to evaluate their spiritual comfort. In parall this proposal also pretends to evaluate the possible alteration of the hastened desire of death in terminal patients and their spiritual comfort over time, after joining in a palliative care practise, and verify the possible existence of a bond between the desire for hastened death in terminal patients and their spiritual comfort. At last, this research proposal also has the purpose of studying the possible existence of an association between the desire of hastened death in terminal patients and their age, genre, educational qualifications, presence of religious beliefs and presence of religious practices.

Materials and methods: The sample will be made with patients in terminal phase who fit in the inclusion criteria and will be collected in a palliative care practice. The data collection will be made through a half-structured interview and by a completion of specific forms to evaluate the desire of hastened death and spiritual comfort.

Conclusion: Although they've already been carried out some studies in this field, the scarceness of researches about this subject is still large. Thus, there's the necessity for more research in this field, particularly on the alteration of the desire of hastened death overtime and which factors can promote the desire of hastened death.

Keywords: Desire for hastened death, palliative care, terminally ill patient.

117 – EVALUATION OF THE HEALTH STATUS OF THE CAREGIVERS OF PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS

SÓNIA CRISTINA BESSA TEIXEIRA

Introduction: Amyotrophic lateral sclerosis (ALS) is a highly incapacitating, incurable progressive neurodegenerative disease. It´s characterized by the settlement of muscular weakness, evolving to the total loss of control and use of all the body striated muscles. With disease progression, the ALS patient becomes totally dependent on caregivers, who assume a ruling role, assuring response not only to the physical as well as the psychological and emotional needs of the patient. The ALS patient´s caregiver experiences a set of external and internal pressures, with consequences on their well-being and health status.

Objectives: To evaluate the health status and the level of burden of caregivers of patients with ALS followed by a Palliative Care Service in order to intervene and minimize the consequences of caring.

Methods: Prospective quantitative study conducted at a university hospital, from January 17 to May 31, 2017, using a questionnaire developed for this purpose, consisting of the Medical Outcomes Study Short Form Health Survey-36 Item, version 2 (MOS SF-36 v 2) health scale, to evaluate the perception of the health status of the caregiver and the Zarit Burden Interview (ZIB) scale to determine the level of burden perceived by it. These scales were used in the versions adapted and validated for the population and Portuguese language. The patient´s degree of functionality was evaluated by the Amyotrophic Lateral Sclerosis Functional Rating Scale Revised (ALSFRS-R).

Results: The study analyses 18 caregivers of ALS patients with an ALSFR-R 23,9 ± 12,5, mostly spouse (n= 15), with a median age of 61 years-old (from 29 to 77 years-old) and a time spent caring per day that varied between 2 and 24 hours (M ± DP: 12,9 ± 9,0). The symptoms most frequently reported by caregivers were appetite changes (50%) and insomnia (33.3%). With the exception of the vitality dimension (M ± DP: 40.8 ± 21.5) all other dimensions of the MOS-SF 36 scale showed averages above 50 (physical health component –64.4 ± 28.9; mental health component – 56.4 ± 24.4). Nine caregivers (50%) consider that there were no significant changes in their health. Eight (44.4%) registered moderate to severe levels of overload, on the ZBI scale, and 8 moderate levels (M ± DP: 23.4 ± 12.5). There is a negative correlation between the ALFRS-R and the degree of caregivers' overload ($p = 0.008$), and between the latter and the dimensions of physical pain ($p = 0.031$) and mental health ($p = 0.004$) on the MOF SF-36 scale. The correlation between the age of the caregiver and the degree of physical performance ($p = 0.033$) and emotional performance ($p = 0.019$) was positive. The amount of time spent in care increases the caregivers' overload ($p = 0.05$) but does not correlate with the health status perceived by them.

Conclusions: Although the caregivers of patients with ALS present moderate to severe levels of overload, the health status perceived by them is satisfactory, with the mental component being the most affected, particularly the level of vitality. The caregiver’s overload levels correlate with the degree of functionality of the patient and the amount of time spent in care but the time spent in care does not correlate with the health status perceived by caregivers.

Keywords: ALS, caregiver, burden, health condition.

118 – HYPODERMOCLISIS AND THE SUBCUTANEOUS ROUTE IN THE SYMPTOMATIC CONTROL IN THE PALLIATIVE CONTEXT: PERCEPTION OF PORTUGUESE NURSES

VASCO MIGUEL VIEIRA CARDOSO

Introduction: The subcutaneous route is an old practice that, due to adverse effects associated with an inappropriate use, is no longer used. In 1903, the hypodermoclisis regained notoriety in the hospital environment and has since been boosted in the provision of end-of-life care. The lack of knowledge and inexperience of the team regarding the application of the technique for administration of subcutaneous therapy has led to the exploration of the reasons why it leads to the generalization of the implementation of the intravenous route regardless of the phase of the patient's illness. The absence of previous studies on the perception of nurses at the national level about the use / disuse of the subcutaneous route in a palliative context led to the realization of this research study.

Objectives: To identify the perception of Portuguese nurses on the potential of utility/use and which factors make it difficult to use the subcutaneous route in the context of caring for the person in a palliative situation.

Methods: This was a descriptive, cross-sectional study with a quantitative approach, using questionnaires from August 1 to 31, 2017. The sample is compose by 271 (n) Portuguese nurses, corresponding to 0.38% of the active member population of the Nurses' Order.

Conclusions: 99.6% (n = 270) affirmed the technique as useful. Nurses affirm the subcutaneous route as an intervention that provides greater comfort compared to the intravenous route, causes less suffering and presents minor local and systemic complications. The subcutaneous route should be used in detriment of the intravenous route. Nurses are aware that the pathway is flexible for scheduling high clinical status of a hospital unit and that its use lowers the costs associated with administering therapy to the NHS. Are considered as difficult factors for its use, the lack of information on the existence of compatible drugs, the inexperience of the professionals about the technique, the lack of recommendations, protocols and / or procedures, as well as their indications, contraindications, advantages, disadvantages and the situations in which the route can be used. It was concluded that there is a significant difference between those who do not have professional experience in palliative care regarding knowledge of the technique.

Keywords: Hypodermoclisis, palliative care, subcutaneous route, symptomatic control.

119 – THE CARER OF A TERMINAL NON-ONCOLOGICAL PATIENT AT HOME. LIVING EXPERIENCIES

MARIA CATARINA DIAS MAGALHÃES

Introduction: The considerable increase in the average life expectancy has resulted in the prolongation of some chronic and incapacitating diseases, thus leading to aggravation of previously acquired morbidity and greater vulnerability of the patient, requiring specific care, being necessary the appointment of caregiver to care for the patient. These patients and their caregivers live in a particularly difficult process and are confronted with an often complex, physically and emotionally draining illness process where they have to deal with successive losses of their family member. They thus play a central role of great responsibility so that the patient has the best care in what is the last phase of the life cycle, where often this care is little or nothing valued.

Objective: To describe and understand the experiences / experiences of caregivers before a patient with a non-oncological terminal illness in a home environment.

Method: Method of qualitative research, exploratory and a phenomenological approach. In order to perform this study, a non-probabilistic, intentional sample was used as a tool for the semi-structured interview. Eight interviews were carried out with caregivers of patients with a non-oncological terminal illness in a home environment, residents of the municipality of Celorico de Basto. All the interviews were recorded in audio and later transcribed and analysed, following the steps established by Van Manen (1990). The interviews were carried out at the caregiver's home, from January to March, 2017.

Results: Caregivers are in their totality female and of catholic religion. In relation to the degree of kinship, they are mostly daughters (75%). Most caregivers are married (75%), they were currently unemployed (37.5%). In relation to the level of schooling is also low, tense 37.5% only the 4th of school. The ages of those interviewed ranged from 23 to 60 years, of which 75% of caregivers were over 50 years of age. It should also be noted that the vast majority of caregivers live in the same room as the patient (87.5%). And who give this care to the patient between the ages of 6 months and 14 years, it should be noted that 50% of caregivers have been providing care for 10 or more years. Through reading the interviews and analysing them, seven central themes were identified: first signs (neurodegenerative changes), care in the terminal (current experience in caring), expression of feelings, difficulties in caring, lack of knowledge of the disease (lack of information), alteration of the caregiver's situation and coping mechanisms. Being the central theme the experiences / experiences of the caregivers of a patient with a non-oncological terminal illness, in a home context.

Conclusion: Caregivers of a terminal patient with a non-oncological disease in a home environment experience moments of gratification and fulfilment, as well as wear and tear and revolt. In this way, it is necessary to create or restructure caregivers' support to provide better care to the patient and to minimize the burden on caregivers.

Keywords: Caregivers, domicile, palliative care.

120 – ARTIFICIAL HYDRATION IN PALLIATIVE CARE: CAREGIVERS' PERCEPTION AT A NURSING HOME

CELINA MARIA TEIXEIRA DA SILVA

Introduction: Artificial Hydration (AH) is an alternative route of liquid administration used for different purposes and in different contexts, namely in Palliative Care (PC). The theme, which is not always consensual, is particularly important in the scope of care provided in Nursing Home (NH) where the number of admitted persons has increased, many of them with PC needs, namely with regard to food and hydration.

Objectives: To explore the perception of the staff of an NH on the concept of PC; to explore the perception of these collaborators on the use of AH in the elderly with PC needs.

Materials and Methods: A qualitative, exploratory study using the content analysis technique proposed by Lawrence Bardin. Twenty seven semi-structured interviews were conducted with employees of an NH in the North of Portugal. The interviews were recorded in audio format and transcribed. The study was submitted to the prior opinion of the management of the NH and an independent Ethics Committee, and the free and informed consent of the participants was obtained.

Results: From the analysis of the information emerged three main themes: 'PC', 'AH challenges in PC' and 'caregiver/patient relationship'. In the 'PC' theme, it was verified that informants tend to associate PC practice to patients in distress, standing out the physical care among the other dimensions of human life. Thus, the informants also value the importance of the humanization of care, the need to promote the quality of life, comfort and dignity of the person. In the theme 'challenges of AH in PC' important beliefs are observed around the symbology of hydration and the importance of the meal in Portuguese society. In the third theme, the informants expressed the feelings derived from the act of caring.

Conclusions: The study suggests the need for training in PC. In fact, the problem of AH, which is not always consensual, should have underlying principles and values of PC and, inherently, the patient and the family. The demystification of beliefs and the valuation of all the elements of the team, namely the patient and the family, in the decision making process are essential.

Keywords: Artificial hydration, nursing home, palliative care.

121 – RESOURCE MANAGEMENT IN THE PALLIATIVE RESOURCES

JOSÉ VITOR PINTO MARTINS

The aim of this study is to bring some light into management and promote business management in the health sector. The Portuguese National Health Service (NHS) is presently going through difficult days, thus facing the greatest challenge in its history. Over the last few years, we have witnessing a process of change, the scope of which is yet difficult to measure or evaluate. The population increase and constant medical advances brought about a significant rise in the expenditure to the Portuguese NHS, thus forcing the State to introduce new policies in order to overcome those expenses. Such policies should prioritize efficiency and transparency as the only way to ensure the defense of the NHS, that is deeply dependent on a culture of exactitude and public scrutiny that may allow to compare economic and financial results based on indicators such as the quality and the results at technical, clinical and scientific levels.

A modern, efficient and competent health service must be supported not only by both auditable and comparable practices in which the practice of scientifically-based clinical medicine, demanding in terms of quality, prevails, but also in the adequate use of the available resources.The urgency in the introduction of new policies to keep the sustainability of the NHS forcibly leads to mutual understanding both among different political forces and the civil society. Only this way will the conditions for the different intervening parts of the health system converge into a same objective, thus giving their contribution to the introduction and implementation of new policies aiming at the sustainability of the Portuguese NHS. If such cooperation is to be done wisely, with efficiency, transparency and justice, the objective of sustainability and the proximity of the NHS to the common citizen and user in palliative care giving will eventually be achieved.

Keywords: National Health Service, palliative care, priorities in healthcare, resource allocation.

122– PUBLIC SERVICES OF PALLIATIVE CARE IN BRAZIL THE REALITIES OF UNACON AND CACON

JULLIANA MORGADO ROCHA

Introduction: Patients diagnosed with cancer present various complications inherent to the disease and treatment; many are diagnosed when the disease is already at an advanced stage and there is no longer any possibility of cure. It is in this context that Palliative Care is applied. According to the National Academy of Palliative Care, there are still few Palliative Care Services in Brazil and there is no accurate data on the Brazilian reality. To understand the national framework, the research proposes to identify and describe Palliative Care public services in health care facilities qualified in High Complexity Oncology Care Units and High Complexity Oncology Care Centers in order to contribute to the consolidation of an official national registry, complementing the provision of information sufficient for managers to develop scientific and quality public policies, institutionalizing the activities related to the Palliative Care in the country.
Objective: To identify and describe public services of Palliative Care in establishments that have been licensed, through an *online* form.

Method: Exploratory-descriptive research, with quantitative approach and technical survey procedure.

Results: 45% (n = 140, N=311) of the Institutions responded to the form. 74% of the respondents (n = 103; N=140) reported having Palliative Care services, of which 94% (n=97, N=103) were offered at the institution; 3% (n=3; N=103) offered at the institution through contractualization and; 3% (n=3; N=103) referenced to other Palliative Care services that make up the Network of Attention to Chronic People. Of the aforementioned institutions, the prevailing model for patient care is that of in-hospital staff. The teams that work in the services are, mostly, minimal teams, with little or no trained professionals. The rest of the institutions, 26% (n=37, N=140), admitted not having and neither referencing or contracting Palliative Care services, claiming they did not provide adequate and professional infrastructure capable of organizing the teams, as well as lack of political will of the managers in the implementation and operation of services.

Conclusion: The study evidences that the legitimacy of inserting the palliative practice in the National Health System, through the formulation of policies, still demands stronger actions by the Ministry of Health. It is necessary to review strategies for implementation of cancer care policies, as well as the policies themselves requiring the Health Secretariats and Ministry to provide adequate and sufficient treatment for the provision of goods and services, particularly Palliative Care services.

Keywords: High complexity in oncology, palliative care, palliative care services.

123 – OCCUPATIONAL THERAPY IN HOME PALLIATIVE CARE – A SYSTEMATIC REVIEW

RITA GOMES SALGADO

Facing the diagnosis of an advanced, progressive or incurable disease implies an awareness of mortality and future planning through the patient's preferences in accordance with the family, namely in order to choose a place to be taken care of and live in fullness the time he or she has left. Most patients, whenever the safeguard of quality care is assured, intend to stay at home, a place that brings comfort, dignity, privacy and the possibility of maintaining significant bounds and occupations. Therefore in the sense of guaranteeing this basic human need, the occupation and in reducing the caregivers' burden, the support of the occupational therapists arises, integrated in a multidisciplinary team.

The aim of this systematic review is to understand the impact of occupational therapy in home palliative care, specifically the strategies and methods used, how occupational therapists are recognized and how they can improve their service delivery. Thus, 5 databases were searched (MEDLINE, Web of Knowledge, Scopus, Sage and OTseeker) using the keywords "occupational therapy" and "palliative care" or “terapia ocupacional” and “cuidados paliativos”. The research was conducted on May 29th 2018, at 11:00 am UTC+00:00 and no articles were excluded based on publication date. From a total of 51 articles found, 4 studies fulfilled the pre-selected criteria and were analysed for their validity.

According to these articles, the most frequently used interventions by occupational therapists in home context are prescription/provision of assistive devices and home assessments (usually to prepare the discharge home). They also address the symptom management, psychological support (e.g.: anxiety management) and cognitive intervention. Patients and caregivers, as well as healthcare professionals, report satisfaction with the services provided, understanding the service availability and the responsiveness to the needs, particularly regarding to patient independence and caregiver burden. They recognize the therapists' communication skills and their ability to manage practical aspects. However, doubts remain regarding the comprehensiveness of care.

In conclusion, there are strong signs about the benefits of occupational therapy on home-based palliative care. However, evidence is sparse, the studies are not generalizable and the information about occupational therapists' practice in this area is reduced. Thus, there's a need to improve the academic training and research in this field, as well as clinical practice, to ensure maximum quality of the different services and a focus on occupation.

Keywords: Home care; occupational therapy; palliative care; systematic review.

124 – COMMUNICATIVE INTERVENTION OF THE SPEECH THERAPIST IN PEDIATRIC PALLIATIVE CARE

HELENA FILIPA MOREIRA PIMENTA

There is a lack of literature about the communicative intervention of the speech therapist in Pediatric Palliative Care (PPC). The role of the speech therapist is still poorly recognized and there are difficulties in legitimizing it. When children have communication disorders, the use of Augmentative and/or Alternative Communication (AAC), through increased communicative effectiveness, can be vital for the humanization of life and death in PPC. A systematic review was carried out to describe speech therapist intervention in PPC and to identify the use of AAC systems in this area. Through *Pubmed, Scielo, Google Scholar* and *Speechbite* databases, 2359 results were obtained. Six scientific articles were eligible for the study.

The roles of the speech therapist were identified and the phases of implementation of a AAC system were described. Guidelines for the construction and implementation of CAA among children with life-limiting illnesses were identified. In conclusion, with this study, there was an improvement in the understanding of the roles of the speech therapist in communicative intervention in PPC and in the implementation process of ACC systems. The speech therapist can play a mandatory role in communicative support with children with life-limiting illnesses.

Keywords: Augmentative and/or alternative communication, child, communication, pediatric palliative care, speech and language therapist.

125 – WOUNDS IN PALLIATIVE CARE: RESULTS OF A STUDY ON KENNEDY TERMINAL ULCERS

MARTA FILIPA DE SOUSA MAIA

Introduction: The Kennedy Terminal Ulcer (KTU) is a kind of ulcer that occurs in people in the final stage of life. Because they are still unknown, it is essential to improve the knowledge on the subject, in order to achieve a greater optimization and effectiveness in the planning and implementation of the nursing care.

Aims: The main objectives of this study are to systematize the published scientific literature on UTK, clarifying the concept and identifying the contribution of nurses to the topic (study I) and to explore nurses' knowledge about KTU (study II).

Methodology: Study I is a systematic literature review concerning studies published in scientific and indexed journals until 31st December 2017. The search was conducted in the databases of PubMed, Web of Science, EBSCO, Scielo, The Cochrane Database of Systematic Reviews and JBI Database of Systematic Reviews and Implementation Reports., Search terms included "Kennedy terminal ulcer", "end of life ulcer" and "terminal ulcer". Study II is an exploratory, descriptive and cross-sectional study that analyzed the knowledge of Portuguese nurses about wounds. The data were collected through an online questionnaire, sent by e-mail, and participants were recruited non-probabilistically on “snowball”. The study obtained the independent opinion of an ethics committee and was also obtained the free and informed consent of the participants in the study.

Results: In the systematic literature review, 12 scientific papers were included. It was found that the etiology is related to the hypoperfusion of the skin. Thus, KTU seems to appear suddenly and have a rapid progression. Study II included 51 nurses, of whom 10 worked in Palliative Care and 41 in other services than Palliative Care. The data show that the knowledge of nurses about KTU is scarce and that more research is needed, which allows the development of guidelines and treatment protocols, as well as the inclusion of more training to diagnose wounds correctly, to draw realistic goals and implement appropriate interventions.

Keywords: Kennedy Terminal Ulcer, nurses, palliative care.

126 – ANTIBIOTICS IN END-OF-LIFE CARE: A SYSTEMATIC REVIEW

MARIA INÊS ALMEIDA COSTA

Patients receiving palliative and end-of-life care are susceptible to infections and often develop signs and symptoms that suggest this diagnosis. Because infections can be cumbersome, hasten patients decay or even be the terminal event, physicians are frequently posed the dilemma of whether or not to initiate antibiotics in this setting. However, data is not consensual regarding the role of antibiotics in symptom improvement or life prolongation.

The main objectives of this work are to characterize the use of antibiotics in patients at EOL and to clarify their impact on symptom control and survival. With this purpose, we systematically reviewed the available literature published from January 1, 1997 to June 30, 2017. Studies with adult patients with advanced/terminal illnesses followed by hospice/palliative care were included. We extracted data on demographics, patients' underlying condition(s), healthcare setting, antibiotics use prevalence's, indications and factors associated with antimicrobials prescription, percentage of symptom improvement and/or survival, and methods used to assess these outcomes.

A total of 27 publications met our inclusion criteria, most of which were retrospective and involved cancer patients admitted to hospice care programs. The use of antibiotics varied from 10 to 97,5%. Some studies addressed symptom improvement, which also varied widely (0-92%) but tended to be greater for urinary tract infection-related symptoms, followed by respiratory tract infection and skin and soft tissue infection. Bacteremia didn't benefit from antibiotics. An even smaller number of publications evaluated factors associated with antibiotics prescription and their impact on survival.

Data is still scarce and with debatable quality for definitely concluding about the impact of antibiotics on symptom improvement or life prolongation. Also, no study specifically evaluated how antibiotics influence quality of life. Future studies need to follow patients prospectively, better define what "symptom improvement" means, rely more on patients' self-report and compare outcomes between treated and non-treated patients.

Keywords: Antibiotics, antimicrobials, infection, end-of-life care, palliative care, terminal care.

127 – PALLIATIVE CARE IN NON ONCOLOGICAL PATIENTS AT A DEPARTMENT OF INTERNAL MEDICINE

ELAINE ARAÚJO AIRES DOS SANTOS

Introduction: The process of population aging is accompanied by an increase in the prevalence of chronic diseases and consequences such as functional dependence, cognitive decline, excessive symptoms, need for health services and lower quality of life. This reality is associated with greater needs for palliative care (PC), however, this practice in elderly patients with non-cancerous diseases is still insufficiently performed, accompanied by several failures and a greater focus on cancer patients.

Objectives: The main objectives of this study are: to identify and measure the characteristics of elderly patients with non-oncological diseases with palliative needs, including their main needs; verify the opinion of health professionals about the indication and performance of PC for non-cancer patients; to identify reasons for referral or non-referral of elderly people with chronic non-oncological diseases to specialized services in PC; contribute to the formulation of strategies aimed at encouraging and improving the practice of PC for these patients.

Materials and Methods: This is a descriptive, cross-sectional and observational study, with two-stage data collection: the first aims to identify elderly patients with PC needs for chronic diseases of non-oncologic etiology during a period of 3 months. Patients whose Surprise Question was positive (SQ +) were selected according to their respective attending physicians. Next, the NECPAL CCOMS-ICO version 3.1 2017 tool was applied. The second step was to evaluate the opinion of medical professionals and nurses about the practice of CP for elderly non-cancer patients through a quantitative questionnaire survey. Then, the data obtained were confronted and discussed.

Results and Conclusion: There was a low CP indication detection for the evaluated sample. There was an association between greater number of comorbidities and higher score of the NECPAL tool, and was also noticed a greater request for support to the EIHSCP in the cases with the highest score of the NECPAL tool. It was noted an overload of symptoms, which may indicate the need to develop a form more objective and effective identification than simple individual clinical judgment. Health professionals have demonstrated good knowledge about CP indication, however, these data are not compatible with what is seen in practice, since the minority of the evaluated cases received PC. The use of tools, such as NECPAL should be encouraged, and health services should promote ongoing training of professionals from a wide range of health areas, including Internal Medicine, so that patients can have better experiences which concerns symptomatic control, well-being and communication, during their health care.

Keywords: Aged, elderly, geriatric assessment, geriatrics, multiple organ failure, palliative care.

128 – THE IMPACT OF A PROGRAM OF MULTISENSORIAL STIMULATION IN THE QUALITY OF LIFE, DEPRESSION AND ANXIETY IN PALLIATIVE CARE PATIENTS AT A COUNTY INTERIOR HOSPITAL: CASE STUDY

ANA FRANCISCA CORREIA LOPES

Introduction: Palliative care appears as a response to the increased number of chronic diseases. The goal is not to prolong life nor anticipate death, but rather to provide quality of life for these patients. However, it’s not always easy to make it possible considering the difficulties and limitations the disease implies concerning negative emotional problems, such as depression and anxiety, lack of purpose, feeling undignified and low self-esteem. These factors should be treated accordingly so these patients are able to give meaning to their lives again and to live with quality. There are therapies which can help in this matter such as, for example, multisensorial stimulation providing improvements in well-being and comfort and relieving stress.

Objective: Evaluate the impact of a multisensorial stimulation program on quality of life in patients under palliative care services.

Methodology: Case study performed through qualitative research. To measure the quality of life it was used the McGill Quality of Life Questionnaire (MQOLQPT) and to measure anxiety and depression it was used the Hospital Anxiety and Depression Scale (HADS). To perform the multisensorial stimulation an intervention plan was designed.

Results: The initial sample was composed of 3 individuals, hospitalized in the Palliative Care services of Tondela - Viseu Hospital Center. All three individuals were male with ages comprised between 75-90 years old. Only one individual finished the intervention plan. The results obtained from the MQOLQ-PT were positive, showing improvements in total quality of life, in parallel with the results perceived by the patient, after the intervention. The HADS, from first to second evaluation, showed positive results concerning anxiety, as its levels decreased. Concerning depression scores, they remained stable.

Conclusion: Based on the results, it could be verified that after the intervention there were more positive scores referring to MQOLQ-PT and HADS. Nevertheless, it is not possible to state that these results were uniquely due to the multisensorial intervention, because the individual was also under other types of therapy. As the sample was low, based on a single individual, it is not possible ix to generalize these results. We conclude, then, that further investigation is necessary in this field.

Keywords: Palliative care, quality of life, multisensory stimulation.

129 – CHALLENGES OF PALLIATIVE CARE IN LOW-RESOURCE CONTEXT: EXPERIENCE OF THE DAY-TO-DAY PRACTICE OF PHYSICIANS IN MOZAMBIQUE

NELSON CUBOIA FERNANDO CUBOIA

Mozambique is a country where palliative care is not yet integrated into the national health system, however, we know that doctors in their day-to-day work deal with patients in need of these care.

Objective: To know the care offered and the challenges that doctors face in approaching patients with palliative needs in Mozambique as well as potential strategies to overcome existing barriers.

Method: This is a qualitative study of descriptive and exploratory nature, where individual interviewees were interviewed 14 doctors of Central Hospital of Maputo, from December 2018 to January 2019. The sample was of the intentional type, determined by saturation of responses. The analysis of the results was done by the method of content analysis, Bardin’s technique. The present study was approved by the Institutional Committee of Bioethics in Health of the Faculty of Medicine and Central Hospital of Maputo.

Results: most of our interviewees were medical specialists 9 (64.3%), followed by general practitioners 3 (21.4%) and finally internal physicians 2 (14.3%). All interviewees 14 (100%) had contact with palliative patients. Most of them 9 (64%) hadn’t training in palliative care. The care offered to palliative patients focused on the strict control of physical symptoms and psychosocial support. The main barriers were lack of training in palliative care, difficulty in communicating with patients, lack of integration of palliative care in education and in the national health system, lack of medication and excessive regulation of prescription of opioids. The main strategies highlighted by the participant to overcome existing barriers were the need to integrate Palliative Care into the health and education system and the availability of medicines.

Conclusion: As a conclusion, Mozambique does not, however have a holistic approach to palliative care, and physicians face enormous challenges in providing this care. Efforts must be made to overcome these challenges.

Keywords: Challenge, low income countries, Mozambique, palliative care.

130 – TELEPHONE CONSULTING SERVICE PROVIDED BY A PALLIATIVE CARE TEAM

MARIA DE LURDES MARTINS DA COSTA MARTINS

Introduction: The telephone follow-up of people that need palliative care at home is still a recent practice in Portugal and a service that is not yet available for most of the population. The study intends to perform the telephone follow-up carried out by the palliative care team of a district hospital in the Trás-os-Montes and Alto Douro region.

Objectives: To describe the activity of the palliative care team at the telephone consulting service; to analyze the efficacy of the telephone consulting performed by the palliative care team of a district hospital in the region of Trás-os-Montes and Alto Douro in the patient at home, measured by the number of hospitalizations in acute hospitals and palliative care services and emergency episodes.

Materials and Methods: Retrospective, descriptive-correlational study of telephone consulting service performed by the palliative care team during 1 January to 31 December of 2018. The data collection instrument consists of a telephone record sheet prepared by the palliative care team and by the consultation of the patient's clinical process. The study was previously submitted to the opinion and authorization of the direction of the service and also of the ethics committee of the institution. The data were analyzed by the statistical program Statistical Package for the Social Sciences, version 21.0 for Windows.

Results: Users of the telephone consulting service have an average of 78.25 years and are mostly carriers of oncological disease (n=113; 79.02%). Most of the contacts were made by relatives (n=279; 85.32%). During 2018, 327 calls were answered, with an average value of 12.14 minutes per call (± 4.81). The main motivation for telephone contact was uncontrolled symptomatic (n=319; 76.32%). After the use of the telephone consulting service, there was a reduction in the number of days of hospitalization (r_p= -0.27; p=0.0001) and of urgency episodes (r_p=-0.32; p=9.20x10^{-5}).

Conclusions: Telephone consulting is a viable alternative to traditional hospital follow-ups, since it has a smaller impact on the person than hospitalization, allowing better maintenance of quality of life. The indicators analyzed are conducive to its implementation, being a safe and effective way of keeping people at home in order to remain there for as long as possible until his hospitalization in a palliative care service.

Keywords: Home, palliative care team, telephone consulting.

131 – THE IMPORTANCE OF COMMUNICATION IN CONTROLLING AGITATION IN PERSONS WITH DEMENTIA: IMPACT OF AN EDUCATIONAL PROGRAM ON FORMAL CARERS

VÂNIA MOUTINHO BESSA

Introduction: The increasing number of people with dementia institutionalized in Elderly Residential Structures (ERPIS) has raised concerns regarding the care provided to this population. Other studies show that behavioural and psychological symptoms in people with dementia, such agitation and aggression are the most common difficulties verbalized by formal carers, mainly due to the lack of knowledge about the disease and about interventions that facilitate the relationship with the patients. Among other strategies, improving the communication is an important tool, because an effective interaction between patients and carers assists in the management of behavioural symptoms that patients present and improves their relationship.

Objective: Verify if an education programme applied to formal carers of elderly people with dementia has indirect effect in the agitation present in these patients.

Methodology: Carry out a prospective experimental study. During this investigation an Education Programme, with the duration of 10 hours, called “The Communication in the Dementia” has been developed for the formal carers of elderly people with the diagnose of dementia, which are residents of an ERPI. The Cummings Neuropsychiatric Inventory was used as an evaluation method to evaluate the agitation present in a group of elderly people with dementia, in the respective ERPI. This evaluation consisted in two separate moments, one before the programme implementation and other, two months after the programme conclusion.

Results: Despite the values obtained were not significant, the results suggest that there was a slight reduction of the frequency of agitation between before and after the implementation of the programme, and a reduction of the severity of the agitation.

Conclusions: At the end of this empirical study, the importance of communication is enhanced in the daily life of people with dementia, has it affects the neuropsychiatric symptoms of the disease, such as agitation, and that communication strategies could facilitate the management of these symptoms. The education programmes for formal carers are an important tool to improve the care provided to this population, but further information regarding the programme content, intensity and duration needs to be explored.

Keywords: Agitation, communication, dementia.

132 – PALLIATIVE CARE IN CHRONIC KIDNEY DISEASE. A STUDY IN A HOSPITAL PATIENT POPULATION

LARA SUSANA DIAS FREIRE FARIA

Introduction: Chronic Kidney Disease (CKD) is a progressive/debilitating disease, associated with complex comorbidities/high symptomatic burden, responding in a limited way to the treatments. Patients present complex needs with significant impact on their comfort/quality of life. However, the actual experience of these patients in the last months of life, particularly in Portugal, is not known.

Objectives: To explore the care given to the person with CKD in the last 6 months of life, in a hospital setting.

Method: Retrospective, quantitative, descriptive study. All patients with a primary and/or secondary diagnosis of CKD, aged ≥ 18 years, who died in a central hospital in the north of Portugal, between 01.01.2014 and 12.31.2018 were included in the study. The clinical processes of the eligible population were consulted based on a form that, among other variables, included the number of hospitalizations, number/type of complementary diagnostic tests/treatments (including Renal Substitution Treatments), place of death, if he died alone/accompanied, resuscitation and referral orders for Palliative Care (CP). Data were analyzed by SPSS® (p=0.05). The study was previously analyzed in an ethics committee, with a favorable opinion.

Results: A total of 235 cases of CKD patients died in a hospital context between 2014-2018. It was verified that 71 patients (30.20%) were hospitalized in more than one hospital service and 51 (71.83%) were hospitalized in an intermediate / intensive care unit. The majority died in an internal medicine service (n=186; 79.10%) and was only at death (n=104; 44.30%). The majority (n=217, 92.30%) performed several complementary diagnostic tests, some highly invasive. Of the 61 hemodialysis patients, 58 (89.20%) never stopped treatment. The majority (n=157, 66.80%) had no resuscitation orders, and this was predominantly documented in the last 3 days of life (n=79, 49.70%). Only 26 of the 235 patients were referred for CP. Generally, referral occurred within the last 3 days of life.

Conclusion: The person with CKD undergoes intensive/invasive treatments and hemodialysis until the end of life. Referral to CP is limited and late. The provision of CP to people with organ failure is still scarce and deserves reflection.

Keywords: Chronic Renal Disease, organ failure, palliative care.

133 – PRIMARY CAREGIVER PROFILE OF THE PERSON WITH CHRONIC KIDNEY DISEASE IN ADVANCED STAGE

JULIANA PEREIRA GROSSO

Introduction: The prevalence of Chronic Kidney Disease (CKD) is estimated to be 10% of the general population, especially over 65 years of age. Despite the importance of treatment, scientific evidence has shown that multiple factors progressively lead to a loss of patient functionality and may, in later stages, reach dependence on third parties. Given the above, and in many cases, it is essential to help an informal caregiver, which ensures the daily needs of the patient and helps to ensure their quality of life. However, playing this role can be very stressful, often leading to a feeling of stress and overload. Although the theme has gained prominence in recent years, studies on the caregiver of the person with CKD are still scarce.

Objectives: To analyze the profile of the main caregiver of the person with CKD in advanced stage; to identify burden factors in caregivers; to correlate caregiver burden with patient profile; to identify family and financial support provided and used by caregivers; to analyze the satisfaction of the caregiver with the care provided to the patient.

Methodology: Quantitative, cross-sectional, descriptive-correlational study. The consecutive non-probabilistic sample consisted of 52 primary informal caregivers of patients with advanced CKD. Data were collected through a questionnaire with questions of sociodemographic characterization, Barthel Index assessment and Caregiver burden assessment (Zarit Scale). The study obtained independent advice from the ethics committees of the institutions where the study was conducted, and informed consent was obtained from all participants.

Results: Fifty-two main caregivers participated in the study. Most caregivers are the children, followed by spouses; they are on average 62 years old and about 75% of their day is spent taking care of someone else. Most caregivers (all caregivers of patients with severe dependence - Barthel Index ≤ 55) have a high level of burden (Zarit score> 46), changes in overall health, and changes in daily family routine. Nevertheless, 92.3% of caregivers do not receive any support within the community. Despite these data, 90.6% of them admit they like caring and 94.2% are satisfied with this role, although 40.4% feel obliged to fulfil this task.

Conclusion: As caregivers are a strong link between the patient and health professionals, their presence in the health professional's care plan is essential. Failure to do so may result in an unhealthy transition, resulting in harm to the health of both the patient and family caregiver.

Keywords: Caregiver, chronic kidney disease, palliative care.

134 – DIGNITY THERAPY AND QUALITY OF LIFE IMPROVEMENT OF TERMINAL PATIENTS IN PALLIATIVE CARE

SÍLVIA CRISTINA CASTRO ALVES

Quality of life (QoL) is an holistic concept that encompasses multiple meanings, reflecting individual and collective knowledge, experiences and values. Two of the major challenges in delivering health care to end-of-life patients are ensuring QoL maintenance and the inner notion of dignity. Self-realization of the absence of these assumptions is strongly associated with the development and/or worsening of clinical depression, anxiety, death wish, hopelessness and feeling of "weight" for others. The notion of dignity is one of the factors that contributes most to the improvement of QoL in end-of-life patients10. In this context, the concepts of QoL and dignity are not mutually exclusive, but highly dependent on one another. Dignity Therapy (DT) is a brief and individualized approach to the psychosocial and existential stress of the patient, which has been the most prominent in recent years.

Aim: The aim of this study is to review, in the light of the best available evidence, the effectiveness of DT in improving quality of life in end-of-life patients undergoing palliative care (PC) in the absence of this intervention and/or comparison with other interventions.

Methods: The present study is an Integrative Review of Literature (IRL) and is characterized by a synthesis study, of a qualitative nature. For that, a research of scientific articles in Evidence Based Medicine databases, published between January 2008 and September 2018, was conducted in Portuguese, English and Spanish. The MeSH terms used were: "*Dignity Psychotherapy*", "*Terminal Ill*", "*Palliative Care*" and "*Quality of life*" were used.

Results: Of the 22 articles selected in the initial survey, only one Systematic Review (SR) was included. All items included in this SR were of high quality. Within this review, three RCT were analyzed, all of which verified that DT contributes to the statistically significant improvement in the QoL of end-of-life patients under PC.

Discussion: The results of this IRL are favorable to the use of DT in improving the QoL of end-of-life patients under CP, however, there are some points to consider as possible limitations in the extraction of generalized conclusions. The objective of SR was too heterogeneous, not fitting to its full extent, in the objective of IRL. For this reason, the author restricted her analysis only to the articles that within SR (three RCT) presented objectives and study designs, which fit the methodological framework defined for this work. With this condition, the sample of patients studied decreased to a total of N = 550 and with it also the strength of the conclusions was reduced. The patients included in the studies belonged to different countries and cultures, which may condition the rigor of DT application. The lack of a detailed description of the application of DT and other psychotherapeutic techniques raises some doubts regarding the possibility of bias of results. Also, the use of different scales to assess the impact of DT on QoL of patients may limit the interpretation and comparison of results between studies, conditioning the conclusion of more general conclusions. All articles may be published bias. Notwithstanding its limitations, this work presents as strong points the fact that it is a review carried out with methodological rigor, regarding a subject that has not yet been thoroughly studied, being able to gather in a single document the most relevant information contained in the most current articles information, simplifying the collection of information.

Conclusion: Although this IRL was unable to generalize its conclusion to the entire end-of-life population, it was found that the application of DT in end-of-life patients significantly improves their QoL. In future, it will be important to carry out more uniform studies with, for example, the use of culturally similar populations, patients in the same stages of disease, with the same cognitive abilities, using the same QoL assessment scales and with methodological designs identical and more detailed, so that the reader will not be in any doubt as to how they were conducted. The analysis of the possible beneficial effects of DT should not only be limited to the end-of-life patient but must also include family members and/or caregivers, since in their entirety these (patient-family / caregivers) are the receiving unit of care by the multidisciplinary team.

Keywords: Dignity psychotherapy, quality of life, palliative care, terminal ill.

135 – DIGNITY THERAPY EFFECTS IN THE PALLIATIVE CARE PATIENTS' FAMILY: A SYSTEMATIC REVIEW

LEONOR SILVA PEREIRA DE MACEDO GRIJÓ DE SOUSA LEITE

Dignity Therapy is a kind of psychotherapy that identifies the main concerns of *end-of-life patients* that affect their perception of dignity, helping them to find a new meaning of life. In most studies already conducted on DT, the outcomes are mostly analyzed for the terminally ill patients. At the time of this bibliographic research there was no reviews on the impact of DT in palliative patients' relatives, particularly as regards its possible contribution to the reduction of their total suffering.

Objective: Develop a systematic review of the literature to explore if the DT has effects on the reduction of palliative patients' relatives total suffering.

Methods: In November 2018, a bibliographic research was performed using the terms "Dignity Therapy" and "Palliative Care" in the following databases: Cochrane library, TRIP database, PUBMED, Scopus and Web of Knowledge. Of the 137 articles found, seven met the selection criteria previously named and were considered in the present study. No articles were excluded based on their date of publication. For assigning strength of recommendation (FR) and levels of evidence (NE), the American Family Physician's Strength of Recommendation Taxonomy (SORT) scale was used.

Results: Family members generally believe that DT helped to prepare the patient's end of life better and better overcome the bereavement phase. The legacy document was considered a source of comfort, and most would recommend DT to others in their situation. Most family members also report that DT has benefits for the patients, helping them better prepare for their own death, allowing them to better share their feelings and to talk about issues of their life that they had difficulty addressing prior to therapy. They therefore generally consider DT as important as any other aspect of the patient's treatment.

Conclusions: There are evidences of the benefits of DT for the relatives of palliative patients. However, there are still few studies that evaluate these outcomes. The existing evidence is, thus, poorly generalized, what means that further studies are needed to achieve the greatest benefits of this terapy, not only for the patients, but also for their families.

Keywords: Dignity therapy, family members, palliative care.

136 – AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SYSTEMS IN AMYOTROPHIC LATERAL SCLEROSIS: APPLICABILITY AND UTILITY IN PATIENTS, CARERS AND HEALTHCARE PROFESSIONALS

ANA MARGARIDA FERNANDES OLIVEIRA

Introduction: The Augmentative and Alternative Communication Systems are essential for improving the quality of life of people with communication issues, like the ALS patients. Being an incurable neurodegenerative disease, from which motor skills progressively deteriorate, causing physical, emotional, and psychological suffering, the continuous accompaniment from Palliative Care becomes fundamental. The ability to communicate through speech, handwriting or electronic devices is compromised in these patients. The reduced number of studies on different communication means and its utility, not only for patients, but for caregivers and healthcare professionals too, made this investigation meaningful.

Aims: This study has the main objective of identify the applicability and utility of Augmentative and Alternative Communication Systems from the patients, caregivers and healthcare professional's perspective.

Methodology: The sample includes 40 patients, 38 caregivers and 19 health professionals in the area of Amyotrophic Lateral Sclerosis. For data collection, the ALSFRS-R functional evaluation scale was applied to the patients, as well as three distinct inquiries for the patients, caregivers and healthcare professionals. The investigation was performed on Associação Portuguesa de Esclerose Lateral Amiotrófica and Hospital de Santo António – Centro Hospitalar e Universitário do Porto. Ethical and formal procedures were abided by, acquiring the institutional clearances and the informed consent of the study participants.

Results and conclusions: The results showed that the utility perception of Augmentative and Alternative Communication Systems is elevated. It was noticed that there are main factors for a higher systems utility. Still, the knowledge on this subject is diminished, showing the need for a greater theme consciousness.

Keywords: Amyotrophic Lateral Sclerosis, augmentative and alternative communication systems, palliative care.

137 – THE ROLE OF THE GERONTOLOGIST IN PALLIATIVE CARE

ANA PAULA BARBOSA FREITAS ROQUE

Introduction: Gerontology, a multidisciplinary science, studies the process of human aging to ensure that it is well-assisted, particularly in the terminal phase of life. Aging, accompanied by a progressive decline in functional reserves, the emergence of disease, dependence on the elderly and suffering, is associated with an intensification of the need for Palliative Care.

Aims: Systematize the published scientific production on Social Gerontology and Palliative Care, articulating and analyzing its importance and contribution (study I) and explore the knowledge of health professionals about the role of gerontologists in Palliative Care (study II).

Methodology: Study I, scoping review, started from searching the MEDLINE, Web of Knowledge and Scopus databases using the keywords “social gerontology” and “palliative care” and the digital platform “*Google Scholar*”. Included are articles addressing Palliative Care and Gerontology and/or Social Gerontology and written in all languages. Empirical, experimental and quasi-experimental, quantitative and qualitative articles, books or book chapters are incorporate. Review, opinion and reflection articles, poster and congress presentations, and editorial briefings, as well as those addressing pediatric care and individuals under the age of 65 and not related to the Palliative Care context are excluded. No articles were excluded by date of publication. With Study II, a pilot study, that seeks to complement the narrow-accredited literature of Study I, as it analyzes the knowledge of 11 health professionals from 4 Palliative Care teams of Azores, given the role and competences of the social gerontologist in Palliative Care. As part of this study, an online questionnaire was prepared and sent by email, to be fill in.

Results: The results refer to the importance of multi/interdisciplinarity and the recommendations and strategies for performance improvement in Gerontology in Palliative Care. The data support that the knowledge of professionals about the role of gerontologists in Palliative Care is still unclear. The significant increase in the aging rate in Portugal requires greater commitment from educational institutions in the training of professionals, particularly in Social Gerontology, in order to maximize the well-being of the elderly. The gerontologist is a relationship professional who does not replace, but complements, other professionals. The importance of non-pharmacological interventions plays a relevant role in the role of the social gerontologist in Palliative Care, whose wide range of approaches has been successfully tested.

Conclusions: More research is needed in the area of Social Gerontology in Palliative Care, as well as the development of specialized skills in this area, aimed at different professionals, namely in the field of Gerontology. It is concluded that research and evaluation are essential for changes to meet the real needs and expectations of older people in today's society.

Keywords: Palliative care, gerontology, social gerontology, role of the gerontologist in palliative care, perspective of health professionals.

138 – BEREAVEMENT PROCESS IN THE PERSPECTIVE OF THE CAREGIVER IN A GRIEVING PROCESS

MARILENE ALMEIDA MARINHO

Introduction: Responses to bereavement vary depending on whether death is expected or unexpected, and on the nature of family care experiences, but few previous researches have examined these factors simultaneously. Results from studies show that unexpected death is associated with a marked increase in depression, while the nature of care does not affect the risk of any of the psychological well-being measures.

Objective: Describe and analyze the expectations and experiences experienced by bereaved family members who were accompanied by a palliative care team.

Method: Exploratory-descriptive research, with quantitative approach.

Results: We interviewed 10 caregivers who lived a grieving process, which are characterized during the work. Only 2 of the bereaved caregivers interviewed are male. Caregivers aged 65-80 years are seen. 7 of the interviewees, had no experiences as a caregiver, and 3 were caregivers. In the question, degree of kinship, we show that there is a variety of caregivers, the number is diverse, between mother / father; children; among others. In the data obtained by the research, it is seen that most of the relatives of the bereaved caregivers, died in the hospital and a small amount, at home. The percentage of the item: Unit CTI, nor was quantified.

Conclusion: You see a restoration in the lives of bereaved people, adapting to the loss of the loved one and it is essential the help of a professional to guide you on the new phase of life without your relative. Network support from friends and family is critical currently, as well as: spirituality, self-care, leisure time, and so on. Some tendencies of bereaved caregivers were observed with the study carried out, such as: mood, new routines, sleeping pattern and normalized feeding, hope, new goals.

Keywords: Bereavement, caregiver, process.

139 – OCCUPATIONAL THERAPY IN ONCOLOGICAL PALLIATIVE CARE INTEGRATIVE LITERATURE REVIEW

FLÁVIA TATIANA PINTO BOTELHO

Chronic and progressive diseases, such as cancer, have had an increasing impact on the organization of the health system and the resources specifically allocated to chronic users. In this context, palliative care (PC) services are a widely recognized need. PC's main objective is to promote the well-being and quality of life of patients, in a holistic and global approach to suffering, considering the physical dimension, but also the psychological, social and spiritual dimensions of cancer patients. In this sense, Occupational Therapy (OT) plays a key role in palliative cancer treatment, as it promotes the maintenance of functionality, education and guidance of patients and their caregivers, working to maintain their autonomy and identity. considering their new reality associated with the disease. With this work it was intended, then, to answer the following research questions: what are the main interventions of OT with cancer patients in PC? and what are the benefits of OT for the quality of life of cancer patients in PC? For this, an Integrative Literature Review was carried out where, after a search in several scientific databases, 16 articles were selected, and their subsequent analysis was performed in order to collect the answers to the questions previously posed. The results revealed that the main OT interventions in cancer PC provide means for users to maintain their physical and emotional conditions in performing significant tasks, make necessary adaptations to maintain physical, cognitive and sensory functions, as well as physical comfort, control of pain, fatigue and other symptoms. Regarding the benefits of OT for cancer patients in PC, all studies refer to the disease management capacity, returning the autonomy and identity to cancer patients in palliative care. These results reveal the importance of OT being a cemented reality in this context, working within a multidisciplinary patient support team.

Keywords: Cancer, cancer patients, occupational performance, occupational therapy, palliative care, quality of life.

140 – PALLIATIVE CARE: THE ROLE OF THE SPEECH THERAPIST IN THE PROMOTION OF ADULT PATIENTS' COMMUNICATIVE FUNCTIONALITY

CÁTIA OLIVEIRA DIAS

Many symptoms experienced by palliative care patients result in communications disorders. In this context, the presence of speech language therapist is important because it is a professional communication specialist, essential and necessary competence throughout the palliative process.

The aim of this study is to identify communication strategies used by speech language therapist with adult patients in palliative care, according to their degree of importance, based on the analysis of their perceptions.

As specific objectives, it is also intended to verify if there are perception´s differences in the attribution of importance to strategies (between therapists with experience in palliative care with therapists without experience); identify the methods of evaluating the patient´s competences for the implemented strategies; verify how strategies to be implemented are selected; find out if shared strategies with the patient, family, caregivers and team promoted communicative functionality; determine if speech language therapist is a facilitator in communication process; verify if speech language therapists have difficulties in intervening with adults in palliative care situation, in the context of communication; and analyze the self-knowledge of these professionals about the strategies.

A quantitative cross-sectional observational study was used to develop the research, with a sample of 97 speech language therapist. The information was collected through a online questionnaire, which allowed the analysis of the respondent´s views.

For the data treatment, descriptive and inferential statistics methods were used through the *IBM SPSS statistical* software.

Through the results it was possible to determine the therapists considered "very important" to adjust the position of the patient and minimize environmental noise (Physical Space Strategies); the establishment of eye contact and the adjustment of the rhythm of speech (Nonverbal Strategies); linguistic adjustment and the use of short sentences (Verbal Strategies); the use of images of patients' self-interest (Visual Strategies); the utilization of orality and the multimodal forms (Types of Communication); the use of simplified language and structured waiting (Formal Strategies); and the application of tables with images (Support Products).

There was a greater homogeneity in terms of importance in verbal and non-verbal strategies (the highest percentages ranged from the "important" to "very important" degree).

In fact, this study concluded that there aren´t enough instruments supporting the practice of speech language therapists in the context of communications disorders in palliative care, and it is imperative to create guidelines to steer the work of these professionals.

Keywords: Communication, communication disorder, communication facilitation strategies, communicative functionality, palliative care, speech language therapist.

141 – THE NURSE IN PALLIATIVE CARE: PERCEPTIONS AND EXPERIENCES ABOUT TERMINALLY ILL PATIENTS IN THE HOME ENVIRONMENT.

MONA LISA FERNANDES DE SOUSA MORGADO

Introduction: Caring for terminally ill patients is a challenge for all health professionals, particularly nurses, as they are the ones who stay with the patient and their family for the longest time. The nurse is also the one who remarkably follows and continues the patient's trajectory, and therefore has the greatest responsibility for providing services in order to ensure a personalized care, with quality, respect and dignity. The nurse, integrated in the multidisciplinary and interdisciplinary team, within the scope of Palliative Care, or not, has a relevant and important intervention in the patient who faces the imminence of his own death. The theme arises from our aspirations as people and nurses to care for the terminally ill while respecting their right to life to death and is related to the search and need to explain and understand the experiences of nurses in caring for the terminally ill. in home environment.

Studies show that the satisfaction and satisfaction of end-of-life care is improved if patients die where they prefer. Home death is increasingly seen as an important indicator of end-of-life quality of care, as most terminally ill patients worldwide prefer to die at home.

Objective: Describe nurses' perceptions and experiences about terminally ill patients in the home environment.

Methodology: Design of an exploratory-descriptive study, in which a qualitative methodology will be used and is inserted in a phenomenological approach. The semi-structured interview will be used as a tool for nurses from the Community Palliative Care Support Teams (ECSCP), working in the area of influence of a Health Center Grouping (AceS) in the region. Nort of Portugal. The interviews will be recorded in audio support and later transcribed and analyzed.

Conclusions: Nurses working in Community Palliative Care Support Teams experience enriching end-of-life experiences of patients in the home environment, with repercussions that may be important for improving care delivery.

Keywords: End-of-life, home environment, nurse, palliative care, terminally ill.

142 – ACCREDITATION OF A PALLIATIVE CARE UNIT. HEALTHCARE QUALITY

MARIA CARLOTA PEDRICO

The National Health Accreditation Program intends to promote the continuous improvement of Quality in any Unit of the Portuguese Health System, regardless of its typology or specialization. It is intended to apply it to a Palliative Care Service not as an organic unit, but as a unit that integrates clinical management in its daily practice. A care organization in which care objectives are established based on their care processes, objectives that are continuously monitored and whose goals the Unit undertakes to comply with. A care organization where health professionals and their direct clinical staff become involved and committed to peer evaluation and self-assessment.

Accreditation in Health promotes the definition of professional competencies for all job assignments and all jobs, not only in terms of basic training and continuing training but also, in terms of experience, expertise and attitudes.

Keywords: Accreditation, certification, continuous quality improvement, evaluation, performance, management, quality, self-assessment, standards

143 – PROMOTION OF THE SUBJECTIVE WELLBEING IN ELDERLY PATIENTS WITH DEMENTIA. REMINISCENCE THERAPY

BIANCA PESTANA DE GÓIS

Research on reminiscence as an intervention strategy, for improving mental health and well-being, in elderly people with dementia, has proven to be beneficial on several aspects such as: cognition, life satisfaction, subjective well-being and quality of life, nevertheless such researches are still scarce.

This study aims to evaluate the effects of reminiscence therapy, on the promotion of subjective well-being in elderly people with dementia, in an institutional context. For this purpose, it was implemented a reminiscence program with ten individual sessions of 45 minutes each, resulting in a biographical book offered to each participant.

The sample study consists of 6 elderly individuals aged between 84 to 94 years old, with mild to moderate dementia who were institutionalized either in a residential facility for the elderly (n = 5) or in a medium-term continuous care and rehabilitation unit (n = 1). Prior to the beginning of the intervention, the Clinical Dementia Rating Assessment Protocol (CDR) was used to assess the stage of dementia the person is and to determine the inclusion or exclusion of participants in the intervention. In order to analyze the results, we used as a pre and posttest measure the Subjective Well- Being Assessment scale consisting of two subscales: The Satisfaction with Life subscale (SWLS) and the Positive and Negative Affects subscale (PANAS-VRP). To analyze the participants' performance during the reminiscence sessions, a registration table was conceived by using subjective well-being indicators, submitted to a qualitative approach analysis.

The outcome of this investigation indicates that reminiscence therapy may influence the subjective well-being of elderly people with dementia. In what concerns the subscale Satisfaction with Life, there were statistically significant differences between pretest and posttest (t (5) = -2.53, p = 0.05), indicating that reminiscence therapy may influence life satisfaction. The Positive and Negative Affects subscale revealed no statistical significance. These data allow us to verify that reminiscence is a non-pharmacological intervention with great potential to be adopted in geriatric contexts for people with palliative needs, aiming to promote their subjective well-being.

Keywords: Dementia, non-pharmacological intervention, palliative care, reminiscence therapy, subjective well-being.

144 – ETHICAL QUESTIONS RECOGNIZED BY POST GRADUATE HEALTHCARE PROFESSIONALS IN PALLIATIVE CARE

ÚRSULA DALCOLMO DE MENEZES

Background: Bioethics, as an ethics of life, turns to guide human conduct in the field of biological sciences and health care, as this conduct is analyzed in the light of values and moral principles. In turn, in view of the increased average life expectancy and chronic diseases, palliative care emerges as a need and medical specialty concerned with ensuring the quality of life in the care provided. While this new form of care provides healthcare professionals with new responsibilities and changes in their practice, palliative care deserves investigation in the sphere of possible underlying ethical issues that run the length of the disease from diagnosis to end-stage, and by various domains such as the goal of care, clinical management, communication and resource allocation.
Objectives: To analyze the ethical dilemmas in palliative care recognized by postgraduate health professionals in Palliative Care - by the Faculty of Medicine of the University of Porto.

Methodology: This is a cross-sectional study that used a structured questionnaire, self-applied through the Google Docs tool. We investigated the "frequency" and "difficulty" encountered by health professionals in 20 ethical dilemmas, according to their experience and perception. The scoring system for the "frequency scale" was a Likert scale. Measures for ethical dilemmas were reconstructed according to four domains: "goal of care", "clinical management", "communication" and "resources allocation". SPSS version 26 software was used for statistical analysis. A score ranking was performed, of which the first 5 deserved a critical reflection through literature review.

Sample: Postgraduate health professionals in palliative care, who attend the FMUP Masters and Doctoral Programs in Palliative Care for the 2016/2017, 2017/2018 and 2018/2019 school years. The postgraduate degree in this area comes from the completion of the first year of the respective course. A total of 32 professionals participated in the study.

Results: From the overall analysis of the sample the five most difficult and frequent ethical dilemmas considered are: “patients' unrealistic desire for a full recovery”, “families hiding the truth from patients”, “different expectations of the goal of caregiving”, “explain the actual progression of the disease to the patients" and finally "insufficient human resources in the palliative care team". The highest average score was observed in the domains of communication and care goals. While the lowest average score is in the domain of clinical management.

Discussion: Health care practice is a broad and complex universe that goes beyond technical excellence. It is fundamentally about human relationships, and demands from health professionals ethical skills, whether to make decisions about goals of care; for the consideration of appropriate treatments, such as the use of opioids or palliative sedation; for frank communication with patients and family members; and for the development of the empathic attitude that accompanies and safeguards the dignity of the patients until their end of life. Discussion on long-term fundraising plans is also needed in countries that are still in the early stages of PC system development.

Keyword: Bioethics, ethical dilemmas, health professionals, palliative care.

145 – STRATEGIES FOR THE PREVENTION OF PRESSURE ULCERS. INTEGRATIVE REVIEW

SAVA YASHCHUK

Introduction: Pressure ulcers (PU) are a public health problem and an indicator of the quality of care provided. They cause suffering and decrease the quality of life of patients and their caregivers, which can lead to death. They are a recurring problem in Portugal. It is estimated that about 95% of pressure ulcers are preventable through early identification of the degree of risk. Knowledge of the etiology and risk factors associated with the development of pressure ulcers is the key to the success of prevention strategies. The evaluation of the risk of developing pressure ulcers is fundamental in the planning and implementation of measures for their prevention and treatment.

Objective: To investigate the scientific evidence on the main nursing strategies for the prevention of pressure ulcers.

Method: Integrative review with search in the database MEDLINE, LILACS, BDENF to answer the question: What strategies have been used by the nursing team to prevent pressure ulcers (UP). In the period of 2015 - 2018 year of publication, published in Portuguese and English.

Results: The sample consisted of 12 articles. Four categories were identified: Programs and/or protocols for PU prevention; Use of support surfaces: Risk factors and Change position.

Conclusion: The conduction of the integrative review reinforced the importance of implementing preventive measures scientifically based on nursing care.

Keywords: Nursing care, pressure ulcers, prevention.

146 – TAKING CARE IN DEMENTIA. A STUDY ON THE PERCEPTION OF THE FORMAL CAREGIVERS OF ELDERLY PEOPLE ON END-OF-LIFE CARE

JOANA AZEVEDO DUARTE

Background: Given the complex and growing needs of the person with dementia, the need for third-party care arises, and institutionalization is a frequent response. Formal caregivers assume a preponderant role, due to the close relationship established. However, both the demand of caring and the frequent contact with suffering, of patients and families, and death places formal caregivers at risk for burnout.

Aim: It is intended to understand the perception of the formal caregivers of elderly people with dementia on end-of-life care: identify their knowledge about Palliative Care, namely related to dementia, describe their attitudes towards death, and characterize the professional quality of life, including the presence of burnout.

Methods: A cross-sectional descriptive-exploratory mixed study was designed. The sample consisted of 46 formal caregivers of the elderly, who work in two private institutions in the north of Portugal. A sociodemographic questionnaire created by the authors was applied, along with the Portuguese version of the Death Attitude Profile and the Professional Quality of Life Scale.

Results and Conclusions: The analysis of the results showed that the most prevalent attitudes towards death were Neutral Acceptance and Avoidance. The sample had mainly mean values of Compassion Satisfaction, Burnout and Secondary Traumatic Stress, although 19,6% of the sample had already high levels of Burnout and 13% had high Secondary Traumatic Stress scores. Regarding the knowledge about Palliative Care, although many domains identified meet the definition of Palliative Care, it was evident that some myths persist, mainly related to the recipients of care. It is suggested the need for intervention related to the impact and professional overload, as well as the need for specific training.

Keywords: Palliative care, dementia, formal caregiver, end-o-life care

147 – DEMENTIA AND REHABILITATION IN THE NATIONAL NETWORK OF INTEGRATED CONTINUED CARE

MARTA ALEXANDRA DE SOUSA MOREIRA

Introduction: Dementia represents, due to its characteristics and frequency, one of the major causes of limitation in functionality in the elderly population, causing dependence and high socio-familiar burden. Dementia limits life expectancy, although often it isn´t recognized as a terminal disease, with palliative care needs like those in cancer patients, and with benefit in accessing global rehabilitation care, in order to optimize cognition, functionality and well-being. In Portugal, an aging country, with high incidence and prevalence of dementia, the national network for integrated continuous care (RNCCI), implemented in 2006, although not structured and without the necessary resources for specific intervention in mental health patients, also integrates patients with dementia, aiming to promote autonomy and functionality through rehabilitation, readaptation and socio-familiar reintegration. Considering the possible interference of dementia in the rehabilitation process (as a treatment target and as a conditioner of specific needs while preparing and executing a individual intervention plan), it stands out the lack of guidelines and the small data regarding the efficacy of rehabilitation interventions in this patients, as in the rehabilitation interventions performed in dementated patients hospitalized at RNCCI.

Objective: Address rehabilitation in dementia and evaluate the efficacy of rehabilitation strategies.

Methodology: It was carried out a bibliographic review (in textbooks and articles regarding dementia, rehabilitation and continuous care units) and a integrative literature review (regarding the outcome of rehabilitation interventions in patients with dementia in the context of inpatient units with nursing support). A research protocol is purposed, with selection of appropriate instruments to evaluate variables of interest in patients with dementia integrated in the RNCCI.

Results: Greater global attention is drawn to the context that dementia represents (pointing out the needs to be met by the definition of new health policies). However, there are limitations at various levels, including the level of scientific knowledge on dementia, resources and investment in quality scientific research. Regarding rehabilitation care in dementia, the consulted bibliography point to positive interference of global rehabilitation on functionality and autonomy, suggesting a greater advantage if the rehabilitation process is introduced in earlier stages of dementia and in a personalized plan. No studies have been found regarding global rehabilitation intervention efficacy in dementated patients at the RNCCI.

Conclusion: The magnitude of dementia imposes a need for investment in research, in order to, with scientific quality evidence, be able to define technical guidelines, propose standardized interventions and rehabilitation strategies that are cost-effective. Rehabilitation in dementia can contribute to an optimization and greater preservation of the global functionality potential (including cognitive reserve) and consequent autonomy, minimizing the frailty of these patients, for what it should, considering individual specificities, integrate a dementia therapeutic plan.

Keywords: Continuous care, dementia, rehabilitation.

148 – ORAL HEALTH EFFECTS OF BOTULINUM TOXIN TREATMENT FOR DROOLING: A SYSTEMATIC REVIEW

LUISA BARRETO COSTA CORRÊA

Background: Drooling is a major morbidity of several neurological diseases. Intrasalivary botulinum neurotoxin (BoNT) injections have been used to manage this condition with most patients reporting an improvement in their symptoms. However, by decreasing salivary flow, BoNT injections may result in an increased risk of caries.

Objective: To perform a systematic review in order to assess whether, in patients with drooling, intrasalivary BoNT injections are associated with increased risk for carious lesions development, and modifications on salivary composition (oral pH, buffering capacity and osmolality) and on cariogenic bacteria load.

Methods: We searched PubMed, CENTRAL, Web of Science, and Scopus for all experimental and observational studies published until May 2019. Primary study selection, quality assessment, and data extraction were performed by two independent reviewers. No studies were excluded based on their language, publication status or date of publication. Studies' quality was assessed based on revised Cochrane Risk of Bias tool for randomized controlled trials, and on Risk of Bias in non-randomized studies tool. Meta-analysis was not performed.

Results: Searches retrieved 1025 records, of which 5 primary studies were included and analyzed. These studies included two randomized controlled trials and three quasi-experimental studies. None of the included primary studies found BoNT injections to be associated with increased risk of dental caries or with significant reductions in oral pH. One of the included primary studies reported an increase in salivary buffer capacity following BoNT. One of the included primary studies found an increase in Lactobacilli counts. As for bias, among randomized controlled trials, one was classified as of "high risk" and the other as of "some concerns". Among quasi-experimental studies, two were at critical risk while one was judged to be at high risk of bias.

Conclusions: Currently, there is no evidence that, in patients with drooling, BoNT injections associate with increased risk of dental caries or disturbances in oral pH or salivary buffering capacity. However, the included primary studies had important limitations and differences in their methodologies.

Keywords: Botulinum toxin, drooling, oral health.

149 – DETERMINING FACTORS IN TRANSITION FOR PALLIATIVE CARE: PERSPECTIVE OF THE EXPERT IN NURSING TO THE PERSON IN PALLIATIVE SITUATION

PEDRO MIGUEL VICENTE TAVARES

Introduction: The goal of the Palliative Care as a specialised nursing area is to relieve the suffering of patients and their families. Nurses are responsible for addressing the complexity of needs of the patient and their families with the objective to relief the suffering and improve the quality of life. This is done by means of assessment and treatment of distressing symptoms, support on communication and decision-making conversations in order to enhance the transition process. The concept of transition is brought by Afaf Meleis' in her Transitions Theory by focusing on human responses to life, health and disease processes. According to theory, there are facilitating and inhibiting conditions and therefore it is essential to adapt interventions in order to overcome the factors that interfere negatively and giving emphasis to the positive ones. Nurses must become the facilitators of the patient's transition process to the Palliative Care identifying and stepping in the obstacles to their development.

Aims of the research: To determine the conditioning factors for the transition to Palliative Care from the Clinical Nurse Specialist in Palliative and End of Life Care' perception.

Approach and method: A qualitative study using a phenomenological- descriptive approach bases on Afaf Meleis' Transitions Theory. Semi- structured interviews were conducted with different nine clinical nurse specialists in Palliative and End of Life Care from a Palliative Care Unit. Data analysis and treatment using Bardin's content analysis method and ATLAS.ti® software for data management.

Results: Facilitating factors for transition were identified such as: positive attitudes and beliefs about the Palliative Care; healthcare professional's skills and knowledge; effective inter and multidisciplinary teamwork. Insufficient family support, low socioeconomic status, unrealistic expectations and lack of knowledge about Palliative Care were found as inhibiting factors for the accomplishment of the transition. Difficulties with the referral system and accessing Palliative Care are also factors that can challenge the transition. All the participants highlight the need for training in Palliative Care for all the healthcare professionals in order to provide care with competence and knowledge at different levels.

Conclusions: Clinical nurse specialists in Palliative and End of Life Care are providing nursing care to patients, their families and caregivers. The transition to Palliative Care can be affected by: factors related to the individual; social and economic conditions; health system and healthcare team; and also factors related to the disease. Nurses must become the facilitators of the patient's transition process to the Palliative Care identifying and stepping in the obstacles to their development according to the individual, their family and the caregivers' needs.

Keywords: Nursing, palliative care, qualitative study, transition.

150 – Prognostic Accuracy of the Palliative Prognostic Index in cancer Patients Admitted to a Palliative care Unit

Sofia Isabel Macedo Silva

Introduction: Prognostic evaluation in palliative care (PC) influences the decision-making process and signalization of priorities. The prognostic scales allow the classification of patients in different groups, according to the survival after a certain time. Despite being one of the most used prognostic tools to predict the expectance of life in PC, the *Palliative Prognostic Index* (PPI), and its precision, varies and, to this date, a universal cutting point does not exist.

Objective: Evaluate the prognostic acuity of PPI in a group of oncological patients interned in a palliative care unit (PCU).

Materials and Methods: A longitudinal, prospective, cohort, observational and analytic study. All oncological patients were included, aged 18 and older, admitted in an PCU in the North of Portugal, between September 2018 and December 2019. Patients with iatrogenic delirium have been excluded. For the calculation of the PPI the following data was collected: *Palliative Performance Scale* (PPS); oral ingestion, oedema, dyspnoea at rest and delirium diagnosed through the DSM-5 (Manual for Diagnosis and Statistics of Mental Disorders). The statistical analysis was achieved with the help of the software *Statistical Package for the Social Sciences®* (SPSS) version 23.0.

Results: Of the 201 patients admitted in the PCU during the studied period, 27 were excluded. The sample (n=174) had an average age of 69.7 years; about 54% were men; about 79% was referenced by intra-hospital teams. The most prevailing neoplasms were those of the digestive (40.8%) and respiratory (21.8%) systems. The average time of survival in the three prognostic groups (group 1: PPI ≤4; group 2: 4< PPI 6; group 3: PPI>6) was of 20, 25 and 8.5 days respectively. Significant differences of PPI were observed in the survival between groups 1 and 3, especially in the first 6 weeks. The sensibility, specificity, positive predictive value and negative predictive value in the PPI at admission were, respectively, of 77.8; 46.3; 75.8 and 49% for a PPI > 6 and 87; 16; 85.1 and 18.2% for a PPI >4.

Conclusion: The PPI is a useful tool for medical practitioners to improve their capability of predicting the survival and mortality of patients with cancer in advanced stages in the context of PC in Portugal.

Keywords: Oncological patients, palliative care, prognosis.

151 – ORAL HEALTH EFFECTS OF BOTULINUM TOXIN TREATMENT FOR DROOLING: A SYSTEMATIC REVIEW

LUISA BARRETO COSTA CORRÊA

Background: Drooling is a major morbidity of several neurological diseases. Intrasalivary botulinum neurotoxin (BoNT) injections have been used to manage this condition with most patients reporting an improvement in their symptoms. However, by decreasing salivary flow, BoNT injections may result in an increased risk of caries.

Objective: To perform a systematic review in order to assess whether, in patients with drooling, intrasalivary BoNT injections are associated with increased risk for carious lesions development, and modifications on salivary composition (oral pH, buffering capacity and osmolality) and on cariogenic bacteria load.

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Conclusions: Currently, there is no evidence that, in patients with drooling, BoNT injections associate with increased risk of dental caries or disturbances in oral pH or salivary buffering capacity. However, the included primary studies had important limitations and differences in their methodologies.

Keywords: Botulinum toxin, drooling, oral health.

152 – THE IMPACT OF RESILIENCE AND OF THE HOSPITAL ETHICAL ENVIRONMENT IN THE PERCEPTION OF BURNOUT IN PALLIATIVE CARE PROFESSIONALS

ELSA Marina Monteiro ALVES

Introduction: Over the years, the literature has shown that palliative care professionals are vulnerable to burnout because of chronic stress as they work with patients with complex diseases. Therefore, this work is intended to demonstrate the importance of the role of “resilience” and the “hospital ethical environment” as risk/protection factors in the context of burnout syndrome, with negative / positive effects on the performance of health professionals, in particular of palliative care professionals.

Objectives: This investigation has as main goal to understand the impact of resilience and the ethical environment in the perception of burnout in palliative care professionals (CP), as well as to understand if palliative care professionals have higher levels of burnout, when compared with the remaining health professionals.

Methods: A cross-sectional and analytical study was carried out, using structured self-completed questionnaire: a socio-demographic characterization questionnaire; the MBI-GS-Maslach Burnout Inventory General Survey; the CD-RISC10- Connor-Davidson Resilience Scale and the HECS- Hospital Ethical Climate Survey, which was correctly translated for this study. The target population selected for this study, were health professionals who deal with end-of-life on their daily routines. The data analysed was collected between February 12th and May 7th, 2020 through the Google Forms platform. In addition to the descriptive statistics, to analyze the data obtained the different associations between scales were analyzed using Spearman's correlation and the Mann-Whitney test was applied to compare scales and subscales between the different groups.

Results: From the 61health professional who enrolled in the study, 34 work in palliative care; concerning their academic education, 36 hold a master’s degree; 21 have a job tenure of 6-15 years and 17 of 16-25 years. A negative correlation was found between resilience and both emotional exhaustion and cynicism while professional efficacy was positively correlated with resilience as well as with hospital ethical environment. No significant differences were found in burnout levels between palliative care professionals and other professionals.

Conclusion: Despite the correlations found between resilience and hospital ethical environment measures used are week, they allow to present these variables as important to minimize the impact of burnout on health professionals, given that both are positively associated to professional ethics and negatively to emotional exhaustion and cynicism. Variables such as academic education, professional efficacy, longer job tenure, resilience, and hospital ethical environment of palliative care professionals, may impact burnout.

Keywords: hospital ethical environment, burnout, palliative care, health professionals and resilience.

153 – SOCIAL REPRESENTATIONS OF PALLIATIVE CARE

CHEILA CRISTINA ROTHE

Introduction: Palliative care has been recognized by the World Health Organization since the 1990's, the same period in which it began in Portugal. Although palliative care has been developed in the country, its performance is still very limited. There are weaknesses in access by the National Health System, it is estimated that 70% of people in need, die without proper cares. There is a lack of knowledge of health professionals and associated stereotypes which consequently leads to a late allocation to palliative care.

Objectives: Given the problem presented, the general objective of this study is to know how people in general, Portuguese citizens and residents in Portugal for more than one year, perceive palliative care; to reach the significant dimensions that structure their social representations on palliative care.

Methods: The methodology used for this research, qualitative, was based on the interview instrument with semi-structured script which was constructed and analysed from the Free Association and the Content Analysis.

Results: It was found that the social representation on palliative care is still mostly related to end-of-life care for the elderly.

Conclusion: The data generally express the need for palliative care to be worked on, so that the population is more informed about this care, which is so relevant for the chronically ill.

Keywords: Palliative care, Portugal, social representation.

154 – ANXIETY AND DEPRESSION IN PALLIATIVE CARE PATIENTS IN A PORTUGUESE NORTHERN TERRITORY HOSPITAL

TIAGO GONÇALO DA ROCHA RIBEIRO

Introduction: Palliative care in Portugal is still insufficient, and there is a great need for specialized units, for the specific needs of patients under this care. Many of these patients are hospitalized in Internal Medicine services, in which it is not possible to follow the changes that have occurred in society in recent years: death started to take place, in the hospital, after an extensive period of chronic illness associated to the decline of the patient's functional status. Adequate control of symptoms of patients in palliative care, is crucial for their well-being and the creation of multidisciplinary teams is essential. However, research has shown that the diagnosis and monitoring of symptoms is not carried out in an appropriate way, requiring the training of qualified and specialized professionals for an excellent palliative care practice. It is considered that the psychosocial area is relevant in palliative care, since when the patient has high levels of anxiety and depression, he has less adherence to the therapeutic regime. There is an intensification of pain, dyspnea, fatigue, among other symptoms, which consequently triggers greater suffering in patients as well as in their family members or caregivers. From the literature review, it is validated that depression in palliative care, one of the psychosocial problems with high prevalence in cancer and non-cancer patients, is still often under-diagnosed, under-treated and understood as a medical act with a high degree of difficulty. The present study aims to contribute to a greater specialization of the technicians who, in a context of clinical practice, assist or come to assist individually patients with incurable or serious diseases, in an advanced, progressive and terminal phase, in order to soften their suffering, enhancing greater comfort and quality of life, maintaining their dignity.

Objectives: The main objective was to evaluate the levels of anxiety and depression of patients in palliative care at Centro Hospitalar Tâmega e Sousa, E.P.E.

Methods: An observational, cross-sectional, exploratory, and descriptive-correlational study was conducted. It was composed by 70 people, with a prevalence of female sex (58.57%), an average age of 66.34 years, in its majority with oncological disorders (61.43%) and low consumption of antidepressants (19.70%), anxiolytics (9.09%) or of both (13.63%).

Results: The results showed that a degree of frequency of anxiety varies between 59, 42% ("it occurs sometimes") and 40.58% ("occurs several times") and a degree of frequency of depression of 55.71% for cases which "occur several times", with mild symptoms in about 45.7% in case of depression and anxiety. This mild degree of symptomatology is possibly due to the fact that the patients in the sample study, were already being monitored by the intra-hospital palliative care team.

Conclusion: It is concluded that the patient with advanced, incurable and rapidly progressive disease must be examined in a holistic and biopsychosocial way and that his psychological state must be preserved through palliative care provided by multidisciplinary teams. Since the diagnosis of anxiety and depression is difficult to implement, it is important that health professionals give special attention to palliative care patients, so that they can act as soon as possible and properly.

Key Words: Anxiety, depression, palliative care

155 – PAIN EVALUATION IN CANCER PATIENTS

ANDRÉ AMATO VALOIS

Introduction: Among all cancer patients, 38% suffer from moderate to severe pain and 32% receive insufficient pain treatment, which has a burdensome impact on their quality of life. Despite the proven effectiveness of the current guidelines, several barriers preclude cancer patients from receiving adequate analgesia. One of the main causes is poor symptom assessment: many physicians do not ask about pain routinely and validated measurement scales are rarely used in consultations. Moreover, some characteristics of patients, their respective doctors, and the disease itself appear to influence on the quality of pain assessment, documentation, and treatment. To our knowledge, there are no recent studies that determine the frequency and influencing factors of cancer pain documentation by physicians in Portugal, and how this affects their analgesic prescriptions.

Objectives: Primarily, to determine the frequency of pain assessment documentation by physicians in Portugal during initial cancer patients' consultations. The secondary objectives were to determine the frequency of pain registration using validated scales, to analyze patients' and doctors' characteristics influencing pain documentation, and to determine if pain is adequately treated once it is identified.

Methods: Cross-sectional observational study, through retrospective analysis of outpatients' electronic medical records. The first and second scheduled consultations of 350 adult outpatients with cancer, in the largest oncology hospital in Portugal, were reviewed for any documentation of pain assessment, with or without validated measurement scales. Pain assessment frequency was compared according to recorded patients' and physicians' characteristics, and prescriptions for pain relief at each consultation were subsequently analyzed.

Results: 58% of patients had no pain assessment documented in their first visit, as well as 48% in their second visit. In only 2% of medical consultations, a validated pain measurement tool was used. Among the patients who had some degree of pain identified and documented, 54% did not receive a pain relief prescription in their first visit, as well as 28% in their second visit.

Conclusions: An alarming number of patients did not have their pain measured systematically. Additionally, many patients that reported feeling pain did not receive a prescription for pain relief. All Cancer patients should be regularly assessed for pain with validated measurement tools. However, additional actions are needed to solve the current state of undertreatment, such as better pain management training for physicians and early palliative care integration during cancer treatment.

Keywords: Analgesia, cancer pain, palliative care.

156 – QUALITY OF LIFE AND IMPACT OF TERMINOLOGY ON THE ACCEPTANCE OF PALLIATIVE CARE IN BREAST CANCER PATIENTS UNDER HORMONOTHERAPY

HUGO CELSO COELHO PINHEIRO

Introduction: Breast cancer is the most prevalent cancer and the one that is responsible for more deaths in Portugal. Disease burden in terms of symptoms and quality of life is poorly characterized in Portuguese patients particularly across the different stages of disease. Palliative Care referral is recommended at the moment of diagnosis aiming at more effective of symptom management and quality of life improvement. However, it has been shown that, in cancer patients, referral takes place mostly during the final phase of the disease, when no curative options are available. One of the factors pointed as contributor to this reality lies in the label "Palliative Care", often associated with the idea that it is directed at end-of-life care, constituting a source of hopelessness, restlessness, and suffering. The existence of such stigma remains undisclosed for the Portuguese patients' point of view.

Objectives: To characterize the quality of life of breast cancer patients under hormone therapy with adjuvant and palliative intent and to address the presence of stigma associated with the "Palliative Care" terminology regarding the acceptance of symptomatic care.

Methods: A cross-sectional observational study was conducted among breast cancer patients under hormone therapy with adjuvant (n=95) and palliative (n=84) intent. Validated instruments (EORTC QLQ-C30 and EORTC BR-23) were used to evaluate the quality of life, level of functioning and symptom burden of these patients. A novel instrument (ITACPal) was developed to assess the presence and determinants of stigma associated with "Palliative Care" terminology.

Results: In general, a good quality of life with maintained levels of functioning regarding several dimensions of life and low symptom burden was documented for breast cancer patients under hormone therapy with adjuvant and palliative intent. Fatigue, however, was found to significantly impact the quality of life of patients under palliative treatment. The need for more effective symptom control was associated with the lower quality of life, decreased function, and increased symptom burden. Seventy-nine percent of patients declared to know the principles and aims of Palliative Care. Fifty-four were found more reluctant to be followed by a "Palliative Care" team when compared to other "symptom management" team.

Discussion and Conclusions: The quality of life of breast cancer patients is maintained when comparing those under hormone therapy with adjuvant and palliative intent. Despite most patients stated to be acquainted with Palliative Care principles and aims, a stigma was found related to "Palliative Care" terminology. This stigma may function as an important barrier to referral warranting the development of strategies to demystify the approach of Palliative Care making it available to every patient that would benefit from it.

Keywords: adjuvant and palliative, breast cancer, hormone therapy, quality of life, palliative care, symptom control.

157 – PHYSICIANS ATTITUDES' BEFORE DEATH AND SPIRITUALITY. A PORTRAIT IN ANALYSIS

BELA ALICE BOTELHO MORAIS COSTA

Introduction: Death as a process inherent to human existence is constantly changing in terms of experience, significance, and ritualism. Likewise, attitudes towards death take on patterns that vary in sociocultural, individual, and professional terms. Today, the hospitalization of death and the growing interest in investigating this theme has demonstrated the central role of the health professional in the process of dying and in the construction of a good death. The attitudes that these professionals have towards death seem to have an impact on the quality-of-care provision and on the attitudes developed by patients and their families. The training on death, previous experiences, and the presence of a meaning for life have shown in some studies, developed mainly in nurses, a positive impact on attitudes towards death. With this study we intend to recognize the levels of spirituality and attitudes towards death, as well as to determine the relationship between spirituality and attitudes towards death of Portuguese doctors.

Methods: This is an observational, descriptive, and cross-sectional study of doctors in Portugal. The sample data were collected in the form of a self-answer questionnaire, composed of three parts: demographic and professional characterization; Pinto CR and Pais-Ribeiro spirituality scale; scale of attitudes towards death (DAP-R). For statistical analysis, SPSSR was used, using descriptive statistics to characterize the sample, followed by multivariate analyzes of variance and chi-square test to study the formulated hypotheses.

Results: The doctors in the sample are predominantly female (67.1%), with an average age of 37.5 years. Despite the great majority having already experienced death processes (94%), the majority (61.1%) had no training in this area in the last 5 years and feel that their training is not adequate to deal with these situations (67,3%). Doctors have an average level of spirituality of 2.7 with a predominance of the dimension of optimism (2.96). These showed to be associated with statistical significance with age, religious practice, and education. Regarding attitudes towards death, the predominant attitude was neutral acceptance (71.8%), followed by fear and anxiety. Attitudes towards death showed a significant association with age, professional practice, professional experiences of death, religious practice, and training. The levels of spirituality have a statistically significant effect on attitudes towards death, leading to positive attitudes.

Discussion and conclusion: The results obtained show the association between spirituality and attitudes towards death as well as the impact on them of factors such as age, experiences, and training, corroborating other studies carried out with health professionals. The unprecedented nature of this study in the medical population can contribute to the establishment of measures aimed at optimizing the process of humanization of death, leading these professionals to positively face their role in monitoring death and consequently conditioning an improvement in the provision of care and of experiences for the patient and the family. Further studies would be beneficial in the sense of structuring in a more formal and pragmatic way the most effective and efficient mechanisms to develop the spirituality and positive attitudes of doctors towards death.

Keywords: Death, physicians' attitudes, spirituality.

158 – COMMUNICATION IN PALLIATIVE CARE: THE FEELING OF HEALTH CARE PROFESSIONALS

LILIANA PATRÍCIA RODRIGUES VAZ

Background: Palliative care refer to an area of medical care which have been developing in the latest years with a notorious improvement in the knowledge and scientific evidence were this type of care relies. All the feelings that could arise from the close contact with dead, the doubts, questions and fears that medical staff can experience when working with palliative cares need a careful handling and attention. However, the impact of these emotions is not yet very explored and studied, especially among the Portuguese palliative care teams.

Aims: The present study has as major goal to explore strategies used by the medical staff working at the palliative cares, to manage emotions and feelings that arise from this specific medical care when facing situations considered as "hard".

Methods: Qualitative study, based on the phenomenal type using the content analysis technique proposed by Laurence Bardin. 17 interviews were semi-structured and performed with medical staff specifically working at palliative cares in two different Portuguese teams. The interviews were transcript and carefully analysed. The present study has reviewed by the Ethical Committee with favorable feedback and the consent of the intervenient was also obtained.

Results: From the deep analyze of the interviews, four main subjects arise: Difficult Situation in Palliative Cares, Feelings, Parameters that could facilitate of difficult, Coping strategies. On the first subject, the medical staff have perception that the situations their facing are hard and complex and know how to handle them. Regarding the second subject, the staff talks and expresses the feelings they experience in these situations. On the third subject, factors that can facilitate or difficult these moments are identified which will help later, on the last subject, to design strategies to cope and manage these feelings and emotions.

Conclusions: It is important and fundamental to invest in the development of the individual and collective equilibrium of people working at palliative cares to avoid extreme situations of burnout, compassion fatigue, moral distress that can emerge. At the palliative cares all the experiences are lived with different intensity and strategies to help the medical professionals to cope with these situations are extremely important.

Keywords: Communication, coping strategies, feelings, medical staff, palliative care.

159 – SUPPORT GROUPS FOR PATIENTS AND FAMILIES/INFORMAL CAREGIVERS IN PALLIATIVE CARE. AN INTEGRATIVE REVIEW

ANA LUÍSA LEÃO DE ALBUQUERQUE FERREIRA

Introduction: Palliative care has the philosophy of affirming life and facing death as a normal process; do not rush or postpone death; seek to relieve pain and other distressing symptoms.

Objectives: This study sought to analyze the scientific production on the use of support groups for patients in palliative care and their families/informal caregivers, with the intention of discovering examples of group practices and possible benefits to participants, within the context of health.

Methods: As a methodology, it was preferable to carry out an integrative review, with a bibliographic research of an exploratory nature with a qualitative approach being elaborated, aiming at summarizing research already completed and obtaining explanations from a topic of interest.

Results and Conclusion: It was recognized that the presence in support groups can be substantial for the psychological organization of users and their families / informal caregivers, in the context of palliative care. Being able to directly influence individuals to better enjoy life in all its fullness.

Keywords: End-of-life, informal caregivers, palliative care, self-help, support groups.

160 – THE PHYCOLOGIST ROLE IN PALLIATIVE CARE: A SYSTEMATIC REVIEW

ROSALDINA DE JESUS VIRGÍLIO CORTEZ

Introduction: The approach to palliative care in Portugal is a recent activity and the first initiatives emerged only in the beginning of 90's. The number of units with the capacity to provide palliative care services does not cover the country's demands. In addition, there is also a deficit in the constitution of multidisciplinary teams in terms of the professionals that should be included in them, namely, psychologists.

Objectives: This work intends to present an integrative approach to the psychologists' role in palliative care.

Method: For this purpose, a systematic review was carried out according to the PRISMA guidelines. Three databases were searched, Pubmed, Web of Science and Scopus, and 12 articles were found. Three main categories for the psychologists' role was identified: support to the patient and family, support to the team and training and, research.

Results and Conclusion: With the patient, psychologist can contribute to the relief of his/her suffering and to improve quality of life. It can provide support to the family so that they are able to deal with the disease in all phases, and support professionals in emotional management, as well as provide training and supervision.

Keywords: Palliative care, psychology, terminally ill.

161 – PERCEPTION OF MEDICAL STUDENTS WITH AND WITHOUT TRAINING IN IN PALLIATIVE CARE ON THE CONCEPT OF GOOD DEATH

MARTA LOPES GUEDES

Introduction: In Portugal, about 100000 people die by year and many of them due to chronic disabling diseases. Palliative Care becomes more important with these patients, where the curative approach in no longer an option. The purpose is to provide support to people in end-of-life improving quality of life and autonomy until their death. The training of medical doctors in this area is fundamental to a patient-centered response. However, in medical undergraduate training palliative care curricula are not yet included in all medical faculties.

Objectives: Assess medical student's perceptions about the concept of good death, in accordance with their attendance at palliative care undergraduate training.

Method: This is an observational study in a pre and post-test design. The study sample includes 56 medical students who attending the 4th year. Twenty-eight students belong to the educational intervention group and 28 to the control group. The sociodemographic data was collected through a questionnaire built for this purpose and to evaluate the concept of good death the “Concept of Good Death Scale” was used.

Results: The results showed statistically significant differences between the intervention group before and after the educational intervention in the concept of good death. There was an increase in the appreciation of the concept of good death in the educational intervention group compared to the control group. In the item analysis of the scale, there were also significant differences in the intervention group from pre to post-test.

Conclusion: Palliative care educational intervention, applied through an optional course unit, seems to increase the awareness about the concept of a good death amongst fourth year medical students.

Keywords: Good death, medical students, palliative care.

162 – PEDIATRIC PALLIATIVE CARE IN THE COMPLEX CHRONIC PATIENT DEPENDENT OF RESPIRATORY MEDICAL TECHNOLOGY

ANA LUÍSA DIAS TINOCO

Introduction: Recent medical and technological developments have enabled children with severe and potentially lethal pathologies to survive longer using complex medical devices. Caring for children with chronic respiratory pathology, dependent on respiratory technology is a complex process. Therefore, a different approach between caregivers and health teams is required. In pediatrics, the recognition and dissemination of palliative care are still at an early stage. The services available to children and their families are fragmented and inconsistent. Despite the existing several studies about palliative care provided to these children, data regarding the Portuguese reality are scarce.

Objectives: To describe the care provided to children with complex chronic pathology dependent on medical respiratory technology and monitored in a central hospital in the northern region of Portugal.

Method: It is intended to develop a quantitative, descriptive, retrospective study. The sample will consist of children dependent on respiratory medical technology, referred to the Pediatric Consultation - Ventilated Patients, between 1st of January 2014 and 31st of December 2019. Data collection will be collected through the analysis of the clinical processes of the eligible population. Among other variables, it will include information regarding demography, clinical condition and health care provided at the hospital and in the community, from the respiratory point of view. The data will be analyzed using the SPSSR program ($p = 0.05$). The data will be analyzed jointly and anonymously. The study was previously analyzed in an ethics committee, and a favorable consensus was obtained.

Results and Conclusion: The study will allow to know with more detail this kind of population, with such specific needs, and will provide a very targeted contribution to pediatric palliative care.

Keywords: Child, complex chronic disease, pediatric palliative care, respiratory medical technology.

163 – CHARACTERIZATION OF MOUTH DISORDERS IN PALLIATIVE CARE PATIENTS

CLÁUDIA GASPAR DIAS DE BARROS

Introduction: In palliative care, there are several mouth disorders that arise in the context of the most diverse treatments or from the evolution of the pathology itself, interfering in the patient's quality life. Mouth, which performs the most varied and complex functions, it is, however, still little deserving of attention by health professionals.

Objectives: To identify the prevalent mouth disorders in palliative care patients; to Identify the etiology of mouth disorders; to identify pharmacological and non-pharmacological strategies for the symptomatic treatment/control of mouth disorders; to analyze the efficacy of non-pharmacological strategies; to explore solutions that aim to improve the provision of oral care to patients in palliative care.

Method: Observational, exploratory, and descriptive study about mouth disorders of patients admitted to a Palliative Care Unit of a district hospital in the region of Trás-os-Montes e Alto Douro, between the 6th November 2019 and the 31st July 2020. The data collection instrument includes a questionnaire developed by the researcher and the consultation of the patient's clinical file. It was obtained the previous authorization of the ethics committee and of the board of directors. Data were analyzed using the IBM SPSS® software, version 26 for Windows.

Results: In this study (n=46), the most representative age group is 71 to 80 years old (34,78%). Most have oncological diseases (84,78%) and are polymedicated. 95,65% had incomplete dentition, and 41,30% assumed that they rarely performed oral hygiene care. Xerostomia was reported by 31,80% of the sample; oral candidiasis was identified in 27,13% patients while tongue coating in 8,52% and oral mucositis in 3,90%. Patients with oncological diseases have more probability to suffer from mouth disorders (*p*=0,047), compared to non-cancer patients. Patients with frequent hygiene habits have fewer mouth disorders (*rp*=-0,304; *p*=0,040). There is a considerable improvement in the tongue coating with an increase in the frequency of oral hygiene care (*p*=0,005).

Conclusions: Results highlights that the implementation of pharmacological and non-pharmacological strategies has a central role in the person’s comfort and quality life. It is imperative that health professionals are aware of oral problems and their consequences for the person's well-being.

Keywords: mouth; oral candidiasis; palliative care; oral mucositis; xerostomia.

164 – PALLIATIVE CARE IN NURSING HOMES: A SCOPING REVIEW

FILIPA ISABEL FERREIRA DA SILVA

Introduction: Within the background of increased average life expectancy, of population ageing and consequent increase on functional limitations, it becomes fundamental to deliver palliative actions and care in Nursing Homes/Residential Structures for Elderly People, where the phenomenon of death is imminent.

Objectives: Identify and understand the palliative care rendered to elderly people institutionalized in Residential Structures for Elderly People.

Method: Scoping review based on the principles advocated by the Joanna Briggs Institute. The consulted databases were Scopus, Medline (Pubmed) and Web of Knowledge (ISI) e SAGE, utilizing the following key concepts: palliative care, nursing homes, aged. The survey took place on May 12th, 2020, at 5 PM defining the 2014-2020-time horizon. Of the 304 articles found, 27 met the selection criteria previously named and were considered in the present review.

Results: The conducted research resulted in the selection of 27 articles included in the review. Fundamental factors have been identified with an impact on the effectiveness of palliative care in Residential Structures for the Elderly People, such as organizational culture, quality of care, symptom control, education and training, discussion, and decision-making and advanced care planning.

Conclusions: The following review paper describes the essence of palliative care in Residential Structures for Elderly People as a complex and multifactorial one and being related to its residents, professionals, family members and to the organizational environment where care is provided. The growing need to provide palliative care in this context requires solutions to be found to overcome the observed difficulties, where improvement is necessary and possible, assuming itself as a recognized priority. Future research needs to identify the most appropriate way to improve care coordination, support from nursing home administrations and the integration of specialized services in the formulation of national and international policies in the field of palliative care in Residential Structures for the Elderly People.

Keywords: Aged, nursing homes, palliative care

165 – DEMENTIA: AN EVALUATION ON THE MULTIDIMENSIONALITY OF THE CONSTRUCTION OF SEXUAL DESIRE

MAGDA BRANDÃO

Introduction: Currently there are several studies, with differential advances, that mark the evolution of knowledge about dementia. The practice of this learning allows professionals who are in contact with carriers of this pathology to provide adequate responses to the needs that users present.

Objectives: The research carried out intends to deepen the knowledge that exists from the pathology of dementia, in order to recognize other aspects that are not yet explored, such as: the personal approach of the individual (the construction of sexual desire) and the multidimensionality that it covers. These two aspects, considered significant for human behavior, are part of the evolution of the origin of the human being as individual beings.

Method: An exploratory study was used in the dissertation process, in which a group of individuals was covered by the researcher, who then collected data with several instruments: the New Sexual Satisfaction Scale, the DSI-2 (Sexual Desire Inventory) and the WHOQOL-BREF (Portuguese Version). The study was conducted in two different units at Santa Casa da Misericórdia de Albergaria-a-Velha - at the day care center and at the residence - from February 19 to March 12, 2020 and interviews were conducted with users of this institution. The values of the "New Sexual Scale" instrument proved to be very individual scores, not approaching the sample average.

Results: There is a social variable, in the question of the academic background of the participants, in which the results showed that there is statistical significance, where the participants with the highest education had a lower score in terms of sexual satisfaction than the participants with the lowest education. It was also found that full sexual satisfaction does not ensure active sexual desire.

Conclusions: In short, it was observed that human behavior and its environment, especially personal experiences and beliefs, greatly influence the individual's way of interpreting sexuality, especially in the elderly, where it is still a very repressed area.

Keywords: Dementia, Sexuality, New Scale of Sexual Satisfaction, DSI-2, WHOQOL-BREF.

166 – COMMUNICATION IN PALLIATIVE CARE: NURSING COMMUNICATIONAL STRATEGIES FOR THE PROMOTION OF A THERAPEUTICAL COMMUNICATION

CATARINA FILIPA CARDOSO MATOS

Introduction: Palliative care (PC) integrates a vast interdisciplinary diversity of care that are intended to improve the quality of life of patients and their families who suffer from incurable and progressive diseases. Teamwork, the establishment of interpersonal relations and the proper use of communication strategies are considered the triad that supports PC. To provide holistic care to palliative care inpatients, it is imperative that nurses establish therapeutic communication.

Objectives: The research question that arises later emerged as a driving force for the realization of this exploratory and descriptive study and had as main objective to know as existing communication objectives in nursing that help and promote the establishment of therapeutic communication in PC.

Method: It is an Integrative Review (IR) of the literature that started with the following research question: *"In relation to patients in palliative care, which are the communicational nursing strategies that favor the therapeutic communication process?".* In order to answer the research question outlined for this study, the research was carried out in several scientific databases; of the searches performed were selected ten articles.

Results and Conclusion: The analysis of the selected articles allowed us to conclude that the establishment of a therapeutic communication is essential for nurses to provide quality, excellent and person-centered care. It is also worth mentioning the scarcity of scientific content produced in this area, which is so specific that PC are concerned, regarding therapeutic communication, which leads us to the need for training nurses on this subject.

Keyword: Communication, communication strategies, nursing, palliative care, therapeutic communication.

167 – OCCUPATIONAL ENGAGEMENT DURING FAMILIAR MONITORING IN A PALLIATIVE CARE DEPARTMENT

ANA LUIZA FIORIN ZAMAI

Introduction: Occupational Therapy is a profession concerned with promoting health and wellbeing through occupation. The experience and performance of the occupational role of caregiver occur in a unique way in the life of everyone. Coping with new responsibilities originated from illness, hospitalization and the end of life of the sick relative are situations that can trigger emotional and physical conditions such as overload, changes in the caregiver's quality of life and health, and changes in engagement in occupations.

Objectives: The aim of the study was to understand the engagement in a caregiver's occupations during the monitoring of a family member hospitalized in a palliative care unit.

Method: It was a qualitative, exploratory, and transversal research. Three family members participated in the study who experienced the hospitalization of their relative with an advanced stage illness and in a palliative care unit. For data collection, informed consent and information to the participant, sociodemographic characterization questionnaire and semi-structured interview were used. For the treatment of the data the Oral Life History and the content analysis proposed by Bardin were used.

Results: In relation to the results of the interviews, it was identified that the caregiver's perception of palliative care is still limited to end-of-life care; caregiver satisfaction was presented in the face of palliative care assistance; it was found that the burden of care affects emotional, physical and social dimensions of the caregiver's life; and it was possible to identify the changes that occurred in the engagement in the caregiver's occupations after the illness and hospitalization of his relative, as well as the adaptations in the engagement in the significant occupations were presented.

Conclusion: The study confirmed how complex the care process is and how this role can influence and be influenced by the illness and hospitalization of the sick relative, as well as impact the engagement in the caregiver's occupations. The occupational therapist in caring for the caregiver must consider the unique meanings attributed to the occupations and pay attention to the demands imposed by the occupational environment in order to provide individualized support for the individual's needs and desires and in the reorganization of the responsibilities originated from the care role.

Keywords: Caregiver, occupation, occupational therapy, palliative care.

168 – MEDICAL UNDERGRADUATE TEACHING ON ADVANCED DIRECTIVES IN PALLIATIVE CARE: A COMPARATIVE ANALYSIS BETWEEN BRASIL AND PORTUGAL

ROSÁLIA MARQUES DE FREITAS DE OLIVEIRA

Introduction: The growing need to provide palliative care (PC) to the world population has already been well established by WHO and other entities. Among the approaches of PC is good doctor-patient-family communication, which opens the field for the realization of the Advanced Directives (AD) in the search to guarantee the patient's autonomy. The current Medicine is still focused on healing and all the technical apparatus around this objective. There is an important demand for the training of new doctors, it is necessary to change the mentality of teaching so that it is reflected in the provision of health services in the future. The question of this work seeks to know how graduated training in Medicine in Brazil and in Portugal is currently being given in the face of these needs that are increasingly urgent, especially with regard to the teaching of the Advanced Directives within the scope of Palliative Care.

Objectives: To carry out a bibliographic review of medical undergraduate teaching on Advanced Directives in Palliative Care, analyzing the available evidence about this teaching and to proceed a content analysis of the curricular matrices of medical undergraduate courses in Brazil and in Portugal, from a comparative perspective.

Method: This study is divided into a theoretical framework and a comparative content analysis of the curricular matrices, carried out by the hypothetical-deductive method, with a qualitative approach, of the descriptive exploratory type of the curricular matrices of the medical undergraduate courses of five public Higher Education Institutes in Brazil, one in each region of the country and of the eight Higher Education Institutes in Portugal that offer this course.

Results: The study showed that both countries have started discussing topics related to Palliative Care and, in case of Portugal, topics related to Advanced Directives in Palliative Care were found during medical training. It was also found that Portugal appears to be at the forefront with 62.5% of its medical degrees to offer an optional discipline of PC and one to be offered as a mandatory, already in Brazil's Institutes used for this study, the offer of the discipline of PC was not found.

Conclusion: The comparison of both countries shows that the reality of the teaching Palliative Care and Advanced Directives is proportional to the existence of legislation in this subject and that there is still a need to develop a new curriculum, or improve the existing one in the countries studied, with the inclusion of PC (which includes the AD) as a mandatory discipline with clear, realistic objectives, with priority to content appropriate for academic and clinical training, mainly focused on primary health care. Much still needs to be done, especially in Brazil, so that PC and AD are taught as an integral component in current education as recommended by WHO.

Keywords: Advanced directives, graduation, medical education.

169 – PALLIATIVE CARE IN ADVANCED LIVER DISEASE – PROSPECTIVE STUDY ON PALLIATIVE NEEDS AND POSSIBILITIES OF CARE INTEGRATION FROM A PORTUGUESE UNIVERSITY HOSPITAL AND TRANSPLANT CENTER

SARA NEVES VIEIRA DA SILVA

Introduction: Advanced liver disease (ALD) is an important cause of morbidity and mortality, comparable to other organ failures. The need for palliative care (PC) in patients with ALD seems to be high. In the only Portuguese study identified, more than 80% of patients hospitalized with ALD had criteria for PC.

Objectives: The present study specifically evaluated the palliative needs of ALD patients and sought to identify which articulation opportunities to provide PC exist for these patients.

Method: This prospective observational study considered ALD patients admitted to an university hospital and transplantation center.

Results: The results confirmed a high percentage of patients with ALD with positive NECPal(4) (42.6%) and that every patient identified at least one need / problem using the IPOS questionnaire. The most frequent symptoms identified were weakness (77.8%), reduced mobility (70.3%), pain (48.1%), and the psycho-emotional symptoms of depression (66.7%) and anxiety (77.8%).

Conclusion: There were no significant differences between the subgroups of patients analyzed, confirming that even patients with the prospect of transplantation have important needs for PC. The referral to and the availability of PC also revealed relevant limitations. In the future, patients with ALD would probably benefit from the development of a better articulation of care, ideally by complementing teams with the ability to identify needs early and to implement basic palliative measures, with later guidance of the patients to more specialized PC in case of necessity.

Keywords: Advanced liver disease, liver transplant, palliative care.

170 – CAN MEDICAL STUDENT'S EMPATHY AND COMPASSION BE NURTURED BY TEACHING PALLIATIVE CARE. A SCOPING REVIEW

JOÃO LUIZ DE ANDRADE AFFONSO PINTO

Background: Empathy and compassion have been increasingly seen as essential skills in health care. However, developing these skills in medical students can be a challenge. Medical education plays a fundamental role in the development of these skills and the teaching of palliative care, and/or end-of-life care, is indicated as a key tool in this process.

Objective: To analyse the impact of palliative care education on empathy and/or compassion in medical students.

Method: A scoping review type research was conducted, and the Web of Science, PubMed and Scopus databases were used. The search was conducted on October 5, 2020, at 1:00PM (Lisbon time), and the keywords used were "("palliative care" OR "palliative medicine" OR "end of life care") AND ("empathy" OR "compassion") AND ("medical education" OR "medical students" OR "undergraduate medicine" OR "undergraduate students")". A total of 237 articles were found, 10 of which were selected for review based on the pre-established selection criteria.

Results: The present study could demonstrate that the teaching of palliative care was able to cause reflection in students and certify the importance of empathy and compassion in several aspects: in clinical treatment, compassionate care, in the relationship with patients and families, in dealing with their own emotions, in communication skills and in professionalism. It was also observed the power of reflection and self-knowledge that is generated by joining the teaching in palliative care to the tool of art, that is, artistic elements such as drama, literature, and plastic arts. However, a study that used simulation in end-of-life care was not able to associate end-of-life care training with increased empathy.

Conclusion: Teaching palliative care may be an excellent strategy for the development and nurturing of empathy and compassion in medical students. Research should continue in this direction, mainly regarding the maintenance of these skills during the academic and mainly professional medical pathway, that is, in the long term, and how much, in fact, these reflections and learning translate into changes in attitudes in clinical practice.

Keywords: Compassion, end-of-life care, empathy, medical education, medical students, palliative care.

171 – PERI AND NEONATAL PALLIATIVE CARE: DILEMMAS AND ANXIETIES IN MEDICAL DECISION MAKING

ANA CAROLINA FARIAS DA SILVA

Background: There are some resistances in the integration of the palliative approach in peri and neonatology, increasing impasses in medical decision-making due to the absence of standardized guidelines.

Objective: In the present qualitative study, the general objective is to identify how neonatologists understand the palliative proposal in view of the dilemmas experienced in care planning that involve complex and/or limiting therapeutic decisions for new-borns.

Method: Therefore, semi-structured interviews were carried out between December 2019 and February 2020 with sixteen doctors who work in an intensive care unit and/or birth room at Sepaco Hospital and Maternity, a private health institution located in the city of São Paulo – SP, Brazil. The material acquired was interpreted through Content Analysis, based on the interlocution of the concepts and techniques of psychoanalytic theory, with the number of interviews being dimensioned through the saturation criterion.

Results: Five categories of analysis were chosen: motivations for professional choice; between healing and caring; subjectivity in the practice of medicine; conflicts and dilemmas in making complex decisions; and understanding on the proposal of palliative care. It was identified that the dilemmas raised in the decision-making process involve external and internal factors, in view of the physician's subjective involvement in the exercise of his profession. Be faced with the possibility of death in this setting can bring out intense anguish, exposing the narcissistic wound the doctor before a baby with no cure.

Conclusion: Palliative care, therefore, offers a possibility of symbolically linking what is experienced as traumatic, favouring the attribution of a new meaning to medical activity.

Keywords: Decision making, medicine, neonatology, new-borns and perinatal care palliative care.

172 – (RE)SIGNIFYING SEXUALITY IN PALLIATIVE CARE. INTEGRATIVE REVIEW

IZABEL SANTOS DA SILVA

Background: Sexuality is one of the components that influence people's quality of life, but it is difficult to incorporate it into the general approach to palliative care. Although health professionals recognize the importance of focusing more adequately about patients and their partners in need of palliative care, there are many obstacles from the perspective of professionals and from the perspective of patients and their partners. On the other hand, many preconceived ideas and stereotypes about the sexuality of people under palliative care predominate. In summary, sexuality seems to constitute itself as a dynamic and unique process that has been transformed throughout the life cycle, recognizing the fundamental role of relationships and the value of sexuality experiences at this stage of life, with feelings of confidence in the care process as something functional. In this context, this study gathers relevant evidence for the (Re)signification and understanding of sexuality in palliative care.

Objectives: To analyse scientific production related to sexuality and its aspects in palliative care. Specifically, check the possible barriers to sexuality in patients in palliative care; knowing the possible difficulties encountered by professionals regarding approaching sexuality with patients in palliative care; list possible practices and/or strategies implemented to overcome barriers and improve the quality of life of patients in palliative care.

Method: An integrative review study was carried out by searching three databases, Scielo, Pubmed and Scopus, using the following key concepts: “sexuality AND palliative care”. The research took place from January 23 to February 10, 2021, and included articles published from 2011 until 2021, in English and/or Portuguese language.

Results: This review aimed to characterize aspects of sexuality in palliative care using existing results and interventions in the literature. In a total of 934 articles, 65 articles indexed in the three databases and that met the inclusion criteria were included in the review. Regarding the country where of the 65 (100%) articles included, the highest concentration was in Brazil with 16 (25%), with a higher incidence of publication in the year 2019 (11 articles). The results found focus on the importance of sexuality/intimacy for the quality of life of patients in palliative care; communication about sexuality in palliative care; the barriers to the inclusion of sexuality in the care dynamics; the importance of training/training professionals to address issues of sexuality; sexuality as an unmet need and the inclusion of partners and their perception of the experience and expression of sexuality.

Conclusions: This study allows critical observations on sexual behaviour at the end of life and the technical and psychosocial conditions of professionals and caregivers. From a holistic perspective, sexual behaviour should be considered an important part of palliative care. Practice shows that in a palliative care setting, couples are more likely to seek help and support to improve their relationship than to seek technical advice or sexual treatment. Talking about worries can ease the pain. We suggest ongoing research in these areas to enhance the ability of palliative care professionals to reinforce that such care is holistic and person-centred. It is hoped that this study can support further investigations relevant to this theme, and stimulate further reflection on the importance of sexuality, in the practice of palliative care, investigations that focus on the need to train professionals; partner care and support; and planning interventions designed to help couples protect themselves from their disease-related concerns.

Keywords: Intimacy, palliative care, sexuality.

173- CHANGES IN THE NUTRITION ON PALLIATIVE PATIENTS – SCOPING REVIEW

BÁRBARA NEVES RAMALHO

Background: Palliative patients face numerous nutritional changes that limit their daily activities and generate conflict within the family, among other aspects. This creates a need to explore strategies and ways to minimize damage at nutritional level for both the patient and the family.

Objectives: To identify and understand the impact of malnutrition on the patient and family in palliative care.

Method: The present study consists of a scoping review. The databases searched were Scopus and Pubmed, using as keywords: palliative care and nutrition. This research took place on March 16, 2021, at 15 p-m (Portuguese time). Only articles from 2017 – 2021 were included. Of the total 102 articles were found, only 9 meet the pre-established criteria.

Results: The present research resulted in 9 articles that me the intended criteria and were included in the review. The impact on the patient due to nutritional changes resulting from the pathology was observed; the impact of these also on the family, mainly related to family and social rituals and values centered on the meaning of food/meal; the importance of nutritional support and alternatives to oral feeding; the impact of religious beliefs on nutrition and ethical issues related with the care plan.

Conclusions: This review addresses food strategies and alternatives, beliefs regarding religion and some gaps in the diet of patients in palliative care. Nutritional planning as well as the choices and wishes of patients and their families must be evaluated and questioned at an early stage so that family conflicts and distress are prevented, with the progress of the disease.

Keywords: Changes in dietary pattern, nutrition, palliative care

174- THE Needs of Informal Carers of Children at a Palliative Care Unit – Scoping Review

SARA VALENTE SILVA

Context: In our society, due to the improvements observed in medicine, we have witnessed an increase in the number of informal caregivers, leading to a better monitoring near the chronical patients (or bearers of potentially fatal diseases), increasing the average life expectancy. Palliative care has the goal of improving the quality of life of its patients and their relatives for as long as possible, mitigating their symptoms effects caused by the disease. In the pediatric population there must be a special care due to their more fragile personalities, which are not as developed as the adult population. Thus, the caregiver plays a massive role in the evolution of the disease. Caring and monitoring the pediatric patient has a great impact in the life of the caregiver, leading to several changes. So, it is fundamental to understand the caregiver's daily needs.

Objectives: To understand the needs identified by the caregivers throughout the monitoring of a patient in a palliative care unit.

Method: During the month of December of 2020, a scoping review search, using as reference the keywords "palliative", "pediatric" and "caregiver" and as support the data bases PubMed, Scopus and Web of Science, allowed to identify 421 articles, in which 11 were selected to integrate this review, according to the pre-established selection criteria.

Results: The studies show that the lack of support felt by the informal caregivers covers different areas, such as labour, financial (specially the support of the Government) and even the lack of support by pediatric palliative care units. These gaps identified by the caregivers also include society in general, where the misinformation regarding how to deal with palliative pediatric patients, as well as the bereavement process and sensibility on dealing with caregivers' personal, financial, and emotional issues. The interpersonal relationships of the caregivers are also affected by this whole process of "institutional neglect", having a huge impact in their personal lives, giving them the feeling of uselessness and solitude.

Conclusion: The monitoring provided by palliative care is a great asset regarding the care of children with life-threatening illnesses and to suppress the caregivers needs. However, the team needs to be well prepared to deal with the caregivers and their needs, to improve their responsiveness. Research must continue to keep identifying the main problems of caregivers so that they may be mitigated, especially when it comes to providing care and support in pediatric palliative context.

Keywords: Informal caregivers, palliative care, pediatric, pediatric palliative care.

175- PALLIATIVE CARE IN THE CHRONIC KIDNEY DISEASE: EVALUATION OF PALLIATIVE NEEDS IN HAEMODIALYSIS PATIENTS

SÓNIA RAQUEL BRANDÃO PONTES

Introduction: The Chronic Kidney Disease (CKD), as a serious and progressive evolution pathology, find in haemodialysis (HD) a possibility of treatment that doesn't cure the patient, but only increases his/her lifetime. This increase in survival, together with the various comorbidities associated with the disease, reflect a set of symptoms that compromise the patient's life in several areas: physical, psychological, social and spiritual.

Objectives: Identify the need of Palliative Care (PC) in the person with CKD in a regular program of HD and explore the complexity level inherent in each situation.

Method: Descriptive, cross-sectional, quantitative research. The patients will be selected from two clinics in the north of the country, both from the private health sector, considering the non-probabilistic sampling method, of the consecutive type. Bearing in mind the inclusion criteria it was defined that those who would participate in this study would have CKD, stage V, doing haemodialysis, over 18 years old who agree to participate voluntarily. Data collection will be carried out by consulting the clinical process of patients, with the professionals of the institutions in which the study will be developed and, when necessary, with the patients involved. To this end, a socio-demographic questionnaire will be used as data collection tool, the questionnaire NECPAL CCOMS-ICO© version 3.1 and the Complexity Diagnostic Tool in Palliative Care (CDT-PC). Data will be analysed according to descriptive statistics, through the statistical computer program IBM SPSS®, version 26 for Windows®, with a significance level of 0.05.

Final Considerations: Taking care of the person with CKD requires a totalitarian look at each situation from the professionals: first you must know the real care needs of each patient and then you must assess the situation of complexity in which they are. This project aims to show that the complexity inherent in CKD requires an intervention according to the principles of PC. Only in this way will it be possible to adequately respond to the patient's needs while effectively managing health resources.

Keywords: Chronic kidney disease, complexity, palliative care, palliative needs.

176- TRANSLATION, CROSS-CULTURAL ADAPTATION, AND VALIDATION TO EUROPEAN PORTUGUESE OF THE AMYOTROPHIC LATERAL SCLEROSIS SPECIFIC QUALITY OF LIFE – SHORT FORM (ALSSQOL-SF)

ADRIANA MARCELINO DA SILVA MARTINS

Introduction: Amyotrophic Lateral Sclerosis (ALS) is a debilitating neurodegenerative disease that compromises the nervous system. It causes physical, progressive, and cumulative impairment, with an impact on the quality of life (QoL) of people and families affected by it. QoL is a broad concept affected, in a complex way, by the person's physical health, psychological status, level of independence, social relationships, personal beliefs, and relationship with the environment. To this extent, when having the diagnosis of ALS, the impairment of physical health can influence the perception of QoL and the perspectives and future. The progression of weakness and loss of independence emphasize the negative aspects of the disease, including the fear of dying and concern for the caregiver and family. It is important to consider all factors when helping the patient and their family, considering their perception of QoL, assessing and reassessing it over time.

Objectives: To carry out the translation and cross-cultural adaptation of the Amyotrophic Lateral Sclerosis Specific Quality of Life – Short form (ALSSQOL-SF) instrument to European Portuguese.

Method: Translation, cross-cultural adaptation, and validation study, carried out at the Hospital and University Center of Porto and the Portuguese Association of Amyotrophic Lateral Sclerosis, in accordance with the cultural and linguistic adaptation guidelines proposed by Beaton et al. (2000).

Results: All phases of cross-cultural adaptation were carried out uneventfully. Thirty-one individuals participated in the pre-test. Conclusion: It was possible to carry out the translation and cross-cultural adaptation of the ALSSQOL-SF instrument into European Portuguese.

Keywords: Amyotrophic lateral sclerosis, quality of life, ALSSQOL-SF.

177- EVALUATION OF RESPIRATORY INTERVENTIONS IN THE BURDEN OF INFORMAL CAREGIVERS OF PATIENTS WITH AMYOTROPHIC LATERAL SCLEROSIS

ANA RITA DE SOUSA OSÓRIO

Introduction: Amyotrophic lateral sclerosis (ALS) is a rare neurodegenerative disease that affects motor neurons. This pathology leads to progressive motor disability and sometimes neurobehavioral changes. Given the impossibility of curative treatment, supportive care is essential, namely ventilatory support since the main cause of death is respiratory failure. Due to functional incapacity, patients become highly dependent on their informal caregiver (IC), causing them to be exposed to several risks and potential causes of burden.

Objectives: The main objective of this work is to understand how respiratory therapies influence the burden of informal caregivers.

Method: This study aimed to characterize and quantify the IC burden of patients with ALS. It is a observational cross-sectional study, comparative with quantitative analysis of the ICs of patients with ALS, followed in the Pulmonology/home ventilation consultation at Hospital Senhora da Oliveira, Guimarães (n=26). A sociodemographic/technical questionnaire was applied, and the Zarit Scale was used, through which an IC burden score was obtained that allowed dividing the sample into two groups.

Results: It was found that 14 individuals had absence to moderate burden (54%), the others 12 individuals had moderate to severe or severe burden (46%). In both groups, no statistically significant differences were found between the level of IC burden and the presence of respiratory therapies, namely ventilatory support (p=0.386). Individuals in the most burden group were older, and there are statistically significant differences between the groups (p=0.029). All ICs recognized that the monitoring of respiratory therapies was an asset in their lives. Discussion: As expected most ICs were burden, at different levels, and the lack of support at home was evident in both groups. Like as most patients were not followed up by Palliative Care (PC). These findings are the opposite of what is advocated by international recommendations. Currently, multidisciplinary support (including PC) is recommended, as well as a support network is needed for these families that mostly reside at home. Regarding respiratory therapies, there was no relationship with ICs burden, resulting in further studies being needed to clarify the influence of these therapies on ICs. However, all ICs in this sample stated that the monitoring of respiratory therapies represented an asset in their daily lives.

Conclusion: Although all the research performed on informal caregivers of patients with ALS, the burden-causing variables analyzed over the last decade were practically the same. In this study, we didn't find a relationship between respiratory therapies and IC burden, so further studies are needed to understand this dynamic.

Keywords: Amyotrophic lateral sclerosis, burden, respiratory Informal caregiver therapies, ventilatory support

178- SPEECH THERAPISTS TRAINING IN PALLIATIVE CARE: A SYSTEMATIC REVIEW AND A PROPOSAL OF A DISTANCE TRAINING COURSE

LIZ TEIXEIRA NASCIMENTO

Introduction: Communication and feeding contribute towards the active participation of the individual in their own care, beyond facilitating the clinical practice of health care professionals. Given this, speech therapy plays an essential role in caring for palliative care patients, with the goal of providing pleasure, comfort, reduced suffering, and quality of life for as long as possible.

Objectives: This study aims to collect data regarding palliative care training received by speech therapists and speech therapy students.

Method: A systematic review was conducted by searching five databases: Medline, Web of Knowledge, Scopus, Psycinfo and Education Source using the following keywords: ("speech-therapy" OR "speech-language-pathology") AND ("palliative care" OR "palliative medicine" OR "end of life care") AND ("education"). To establish the quality and level of evidence, the researchers applied the Medical Education Research Quality Instrument (MERSQI). From a total of 58 articles found, 6 articles were included in the review based on the selection criteria.

Results: Of the 6 articles selected, 5 (83.33%) were carried out with college students, while just 1 (16.67%) addressed professionals with degrees and clinical experience. The MERSQI score of the articles varied between 9.5 and 14.5. The results highlighted relevant areas within the scope of Palliative Care teaching programs for Speech-Language students and professionals, namely diversified teaching strategies, integrating more traditional methodologies as well as more alternative ones; the intervention time, which ranged between 4 weeks and 6 months; the topics covered, mainly death and dying, Palliative Care, communication and teamwork; the role of the speech therapist in Palliative Care and the need for education in Palliative Care.

Conclusion: Speech therapy students and professionals still feel unprepared to intervene in palliative care given the deficit of palliative care training in this area. Education on Palliative Care for Speech-Language professionals is a topic with scientific potential that needs to be explored with greater intensity. Thus, a distance training course in palliative care is proposed for Speech-Language students and professionals.

Keywords: education, end of life care, palliative care, palliative medicine, speech-language pathology, speech therapy

179- IDENTIFICATION OF FOOD PREFERENCES AND CONDITIONING FACTORS THAT AFFECT THE FOOD INTAKE OF PATIENTS WITH DEMENTIA OR COGNITIVE IMPAIRMENT

SOFIA JORGE TEIXEIRA SEQUEIRA

Introduction: The increase in average life expectancy and the aging of the population has led to an increase in the prevalence of progressive chronic diseases associated with aging, namely dementias. Metabolic and physiological changes may result in difficulties in food intake and, therefore, compromise the nutritional status of these patients.

Objectives: The main goals of this study were to identify the preferences regarding food, drinks and oral nutritional supplements and factors that affect the food intake of patients with dementia or cognitive impairment.

Method: This is a cross-sectional study. The target population were patients diagnosed with dementia or cognitive impairment and/or their informal caregivers, admitted to the Long-term Care Unit and Convalescence, Rehabilitation and Maintenance Unit of the Fernando Pessoa Teaching Hospital. Data was collected using a mixed questionnaire specifically designed for this purpose.

Results: Most patients mentioned a preference for sweet flavours, cooked and hot food of normal consistency and water as a drink. Among the factors that conditioned food intake, the most selected were the company during meals (70.3%; n=26), the presentation (51.4%; n=19) and the quantity/volume of meals (37.8%; n=14).

Discussion: The inclusion of certain foods in hospital diets is discussed, contributing to an increase in the quality of life of these patients. Furthermore, the importance of intervening in terms of the conditioning factors of food intake is underlined.

Conclusion: Nutritional intervention in the hospital settings, in addition to the patient's nutritional needs, must take into consideration the patient’s preferences to contribute to his/her general well-being.

Keywords: dementia, food diet, nutrition, palliative care.

180- THE ROLE OF RADIOTHERAPY IN THE TREATMENT OF SIALORRHEA IN PALLIATIVE CARE. A SYSTEMATIC REVIEW

TERESA ALEXANDRA NATÁRIO MACEDO

Introduction: Sialorrhea results from excessive accumulation of saliva in oral cavity with involuntary externalization, conditioning physical and psychological suffering to the patient and family. The most frequent causes are neurological. Therapy includes several aspects from behavioural reconditioning to pharmacological treatment, surgery, and radiotherapy. Pharmacological treatment is limited due to adverse effects, and surgery is questionable in the most fragile patients. In these, radiotherapy is a modality that can be used more safely. However, it's not routinely used, and the amount of literature that addresses its applicability in this context is scarce.

Objectives: The aim of this review is to get systematized information about the role of radiotherapy in the treatment of refractory sialorrhea and to establish, at the present time, if radiation treatment may be a first-line option.

Method: A systematic search was made for relevant publications in the following health indexed databases: PubMed and SCOPUS, using as keywords 'drooling', 'sialorrhea', 'radiotherapy' and 'radiation therapy', all included in the Medical Subject Headings (MeSH).

Results: Twelve studies were selected, involving 237 patients who received therapy for sialorrhea in which radiation treatment was considered. The oldest study in 1998 and the most recent in 2020. Considering all patients, 125 were evaluated in retrospective studies and 111 in prospective studies. One patient was reported in a clinical case.

Conclusion: Radiotherapy treatment, if it is available, is a valid option after failure of medical treatment in patients with refractory sialorrhea.

Keywords: Drooling, radiation therapy, radiotherapy, saliva, sialorrhea.

181- PHYSICIAN ASSISTED DEATH AND THE FAMILY: A SYSTEMATIC REVIEW

TALITA DE ALMEIDA MOREIRA

Introduction: Faced with the process of hastening death, in addition to the patient, the family may also be affected. Although family members often live with the legal, moral, psychological, and social issues of the early death process, there are few studies dedicated to family issues.

Objectives: The aim of this study is to analyze the literature on early death and family involvement, to contribute to the discussion of the role and emotional impacts of the family in the processes of hastening death.

Method: This is a systematic review study conducted in the PubMed and Scopus databases during the month of May 2021. Of the articles included (n = 5), 2 were systematic reviews, 2 were theoretical articles and 1 literature review. From the reading of the articles, two thematic axes were created: 1. Involvement of family members in requests and early death proceedings. 2. Emotional aspects, grief and support to family members.

Conclusions: The family may be involved in several issues related to the hastening death process. The family may be involved in several issues related to the early death process. In addition to the roles that family members may be called to assume, several emotional issues can arise, such as ambivalent feelings, fears, doubts, negotiation of values and beliefs and mourning. Despite all the practical and emotional impacts that family members may develop in the process of early death, the literature points out that they receive little attention and visibility in studies dedicated to the theme.

Keywords: Emotional support, family Involvement, grief, hastening death, systematic review.

182- THE IMPACT OF THE PANDEMIC IN PALLIATIVE CARE COMMUNICATION

MARIA JOÃO PECEGUEIRO

Introduction: In November 2019, the first case of infection by SARS-CoV-2 (meaning "severe acute respiratory syndrome – coronavirus 2") was registered in the world identified in Wuhan). Coronaviruses are part of a large family of common viruses that affect different species of animals, and sometimes people, which seems to have been the case with SARS-CoV-2; evidence indicates that ground zero for the pandemic was the live animal market in Wuhan, China, where domestic animals mix with wild animals, as well as the presence of humans and poor hygiene conditions. The first cases reached Portugal in March 2020, and during the same month the situation was declared a pandemic, given the impact (at so many levels) on the world population.

Objectives: The objective of this work is to carry out a review of the existing literature, referring to articles published between December 2019 and June 2021, which assess the impact of the Covid-19 pandemic (disease caused by the infection of the SARSCoV-2 coronavirus) brought to health services, more specifically to Palliative Care units, regarding communication. Basically, it is intended to understand how the communication processes in these units have changed, what are the resulting impacts at different levels and how the difficulties were overcome. The aim of this review is to integrate the different studies carried out to date in the scope of the Covid-19 pandemic, summarizing the results obtained therefrom.

Method: A literature search was carried out using the Web of Science, Scopus and Pubmed databases, using the following keywords: communication, palliative care, Covid-19. Articles with pertinent information about the topic and that meet the inclusion criteria were included.

Results: the main results of this review showed that communication, a crucial aspect in palliative care area, was significantly compromised due to the Covid-19 pandemic, largely because of the restriction measures that were imposed to stop the spread of the virus. Face-to-face communication, touch, and human contact were replaced by the online system as a measure to bridge the distance.

Conclusions: This change, together with the implementation of personal protective equipment, somehow impoverished verbal, and non-verbal communication, constituting an increased risk for unhealthy processes of dying and mourning. The use of new means of communication constituted, though, some positive aspects, such as the use of social networks, television, and websites to convey information.

Keywords: communication, Covid-19, palliative care.

183- INTERNSHIP AT THE PALLIATIVE CARE DEPARTMENT OF *THE UNIDADE LOCAL DE SAÚDE DO NORDESTE*

CATARINA RAMOS RODRIGUES

Introduction: The provision of palliative care, promoting the well-being and quality of life of patients, is an essential qualitative element of the health system. Thus, its adequate development must be guaranteed, based on the principles of equity and universal coverage. Considering the importance of optimizing the response to the palliative needs of society and its complexity, the student took an internship at the Palliative Care Department of the *Unidade Local de Saúde do Nordeste,* with the aim of developing skills in this area. Since the analysis of practice is the starting point to obtain knowledge, it proposes to analyze its assistance, training, and scientific activities.

Objectives and Method: Acquire practical skills in palliative care, namely in the areas of symptomatic control, family/caregiver support, communication, and teamwork. Evaluate the prevalence of patients taking potentially inappropriate medication at the Palliative Care Department of the *Unidade Local de Saúde do Nordeste*.

Results: The internship allowed the acquisition of knowledge and skills in the four central areas of action in palliative care: symptomatic control, through the implementation of pharmacological and non-pharmacological strategies; communication, through the development of communication models adapted to the various moments of care provision; family support, which should be based on early identification of needs and a proactive response, and interdisciplinary teamwork, a structuring dimension of performance in palliative care. With regard to the study of the prevalence of potentially inappropriate medications, it was found that their prescription occurred in 317 drugs (44.9%), affecting 72 elderly people (83.7%). The most frequently identified criteria were medications without clear clinical evidence (9.1%); anti-dyslipidemic therapy (9.8%); antihypertensive therapy (6.9%); proton pump inhibitors (25.2%) and food supplements and multivitamins make up 11% of potentially inappropriate medications.

Discussion: The described internship was a very enriching experience, either because it allowed contact with the various forms of assistance in palliative care, or because it was possible to accompany several professionals. The observation of multiple contexts and different approaches allowed the understanding of what an adequate assistance response will be. The perception of the importance of this type of care and the integration of its concepts and dynamics provided a training opportunity to optimize practice. Regarding the prevalence of potentially inappropriate medications, it was found that although the scientific literature presents a wide spectrum of values, there is a consensus in stating that this is a reality of daily practice that should be optimized. The study developed meets current scientific evidence. By identifying the dimension of the problem and the pharmacological classes most frequently involved, this study can serve as a work base to improve the quality of care.

Keywords: Internship, palliative care, potentially inappropriate medication.

184- PALLIATIVE NEEDS AND PATTERN OF USE OF HEALTH SERVICES BY THE ELDERLY THAT GO TO AN EMERGENCY DEPARTMENT

HELGA ANDREIA DA SILVA MARTINS

Background: The dramatic aging of the population predicts an increase in the need for palliative care (PC) in the coming years. It is a challenge for the PC attendants to meet the needs of the elderly, with complex diseases and a longer trajectory. Faced with this problem, greater use of health services is expected in the last year of life.

Objectives: It is intended to know the prevalence of palliative needs in the elderly who die in the emergency department (ED), characterize these elderly people, know under what circumstances they die, the pattern of use of health services and factors that contribute to a greater number of episodes (≥4 times) to ED in the last year of life.

Method: Retrospective, cross-sectional, descriptive, and exploratory study, with a quantitative character. Inclusion criteria: age ≥65 years, death within the first 24 hours of admission to the ED and palliative needs criteria according to Murtagh et al (2014) and/or Beynon et al (2011). Exclusion criteria: living outside the hospital's coverage area and no history in the electronic clinical file.

Results: The prevalence of palliative needs was 97.7%. The mean age was 84.42 years (SD = 8.01). The elderly were mostly women (n = 94, 54.7%) and married (n = 102, 65.0%). Most lived at home (n = 119, 70.8%) and the main caregivers were their children (n = 60, 38.5%) or spouse (n = 37, 23.7%). More than half of cases scored between 10-40% on Karnofsky Performance Status (KPS). On average, had 4.49 comorbidities (SD = 2.05). Only 3.5% (n = 6) of cases referred to PC. Most of the elderly (n = 88, 51.1%) were admitted and died outside of normal working hours. In 169 cases (98.3%) there was ambulance transport and in 152 cases (88.4%) there was some type of intervention. In 20 cases (11.6%) the palliative approach was the only intervention. The main cause of death was non-oncologic (n = 146, 89.0%). The average total time spent in the ED environment and hospitalization was 8.94 days (SD = 14.49, Mdn = 1.32, AIQ = 12.88). Patients who resorted to SU ≥4 times had more scores between 10 and 40% in KPS, more frequently (n = 40, 56.3%) several comorbidities (≥5), a greater number of admissions and more time spent in hospital.

Conclusions: The prevalence of palliative needs in the studied population is very high. Elderly people with palliative needs are predominantly women, very elderly and dependent, with multi-morbidity and a history of various resources to health services in their last year of life. The early referral of these elderly people to PC could have avoided these resources and deaths in the hospital environment.

Keywords: Elderly person, health services palliative care, palliative care needs.

185- CLINICAL COMPLEXITY OF PATIENTS WITH NEEDS OF PALLIATIVE CARE: A SCOPING REVIEW

GIOVANNI CERULLO

Introduction: Recognizing the need for Palliative Care (PC), and referral to PC teams leads to an improvement in the quality of life of patients, also allowing to draw integrated care plans. Nevertheless, early recognition of the need for PC does not necessarily correspond to referral to specialized PC services for patients with moderate/severe clinical complexity. Currently, complexity in PC is defined as the relationship between patients' conditions and of their family, which require a multidimensional assessment by multidisciplinary PC teams. The complexity depends on the interaction of several patient intrinsic factors, the family, and the complexity perceived by the healthcare professionals involved. The definition of clinical complexity is still little explored, as well as the instruments available to assess complexity that can be used in clinical practice. Thus, the assessment of clinical complexity by the PC team is often subjective. It is crucial to clearly define the clinical complexity of patients with need for PC and to find suitable instruments to assess it to reach a greater number of patients and families who need specialized care.

Objectives: Gather relevant information on the definition of clinical complexity of patients followed in PC, as well as on the instruments used for an objective assessment of complexity.

Methods: For this Scoping Review, the keywords: palliative care AND hospitalization criteria AND complexity criteria AND complexity assessment AND clinical complexity, were searched in PubMed, Scopus, Cochrane, and b-on databases, for relevant information on the definition and/or approach and/or protocols related to clinical complexity in patients followed in PC, or with the instruments used to assess it, regardless of study design, the language of publication, or year of publication. The online search was performed on August 16, 2021.

Results: From the 626 references found, 15 studies met the selection criteria, and so were included in the review. According to the included studies, complexity may be organized/defined into 3, 4, or 6 domains, generally including the patient, the family, the health system, and the socio-cultural context. Of the 13 instruments mentioned for the objective assessment of complexity, the HexCOM, IDC-Pal, and the recent ID-PALL seem to offer the broadest determinations of complexity. Among these, the IDC-Pal (Instrumento Diagnóstico de la Complejidad en Cuidados Paliativos) was the most used, including aspects related to the patient, family support, and the organization of the PC team that follows the patient and his family.

Conclusion: Complexity is a dynamic process, that reflects the reality of patients and families, and patients, families, and health professionals' perceptions, and so must be systematically adjusted to the stage of the disease. The models developed are intended to guide PC supply, although more research is needed to address clinical complexity in patients needing PC. The definition of complexity and the development and use of suitable instruments can help to identify, assess, and treat the patient's physical, psychological, social, and spiritual problems early while supporting their family across the grieving process. Yet, this may not always be summarized in a quantitative value through easy-to-use instruments, which highlight the important and invaluable role of PC interdisciplinary teams. In addition, research regarding the adaptation of the instruments to clinical practice is needed.

Keywords: Clinical assessment, clinical complexity, complexity criteria, palliative care.

186- EXPERIENCE AT AN INTRA-HOSPITAL PALLIATIVE CARE SUPPORT TEAM

TELMO DIOGO GOMES CORREIA

Taking care of the person at the end of life in a holistic way implies understanding the process of suffering. Within the scope of the master’s course in palliative care, at the Faculty of Medicine of the University of Porto, the possibility of carrying out a technical-scientific internship of a professional nature proved to be the best option for the acquisition and development of specialized skills and abilities in the field of palliative care. Our option was to carry out the internship in the Intra-Hospital Support Team in Palliative Care of Porto University Hospital Center, to contribute to a care centered on the person and family, focusing on it as a care unit and as such, for the construction of the end-of-life process with quality.

This report intends to describe critically and reflectively, supported by scientific evidence, the activities developed in the internship. The document is structured in: reflection on the state of the art; organization of the internship, the functioning of the team and the activities carried out; critical reflection on acquired skills; and a research project developed with the team, within the scope of identifying the palliative needs of a medical service.

Keywords: Intra-hospital palliative care support team, palliative care.

187- INTERNSHIP AT THE PALLIATIVE CARE SUPPORT TEAM OF *THE UNIDADE LOCAL DE SAÚDE DO ALTO MINHO*

LARA DE ANDRADE MAIA

Background and Objectives: Combining the practical component with theoretical and scientific training has already proven its value as a pedagogical technique conducive to the most effective sedimentation of acquired knowledge, so this is the objective that the candidate proposes.

Method: Technical-scientific internship of 450 hours (between April and June 2021) actively integrating the palliative care team of the Local Health Unit of Alto Minho, both in its in-hospital and community slope. Data from the patient population observed for their sociodemographic characterization, degree of autonomy (according to the Eastern Cooperative Oncology Group performance status) and frequency of their main diagnosis and the main symptom that motivated the referral were collected and analyzed.

Results: A total of 270 patients were observed between the in-hospital and community care of the internship. The most prevalent pathological group in both groups was oncological disease, accounting for about 65% of patients in both types of care, attributing to almost all the others, terminal organ insufficiency. Both patients followed by the inpatient and community teams presented pain and dyspnea as the most frequent symptoms, but the symptomatic diversity objectivated in the sample gives account of the multiplicity of clinical contexts to which the candidate was exposed, counting on its resolution with the careful and scientifically rigorous guidance of a multidisciplinary team.

Conclusion: The number of patients observed during this internship does not correspond to the total number of patients observed by the team during the same period but is more than half. Although Viana do Castelo is a district with a coverage close to that recommended (except for inpatient units), it is clearly insufficient to respond to the population’s palliative care needs. It is urgent to invest in the training of professionals who feel motivated to provide this type of care, so that the network can be extended. The skills and knowledge acquired at the head of the theoretical component of this master’s degree, added to those achieved and established with the experience of work within a specialized team are proof of the added value it represents.

Keywords: End of life, palliative care, palliative patient.

188- RADIOTHERAPY IN THE PALLIATIVE TREATMENT OF BONE METASTASIS: SINGLE FRACTION *VERSUS* FRACTIONATED TREATMENT AND QUALITY OF LIFE

SOFIA DANIELA SARAIVA MACHADO

Background: Bone metastasis is a frequent complication associated with advanced cancer disease, and pain is its most common symptom and the one that causes the greatest impact on the patient's quality of life. Radiotherapy is an important therapeutic treatment in this context, and two fractional schemes can be used: Single Fraction and Multiple Fraction Treatment.

Objectives: The main goal of this study is to compare the differences in pain response and quality of life in the two fractionation schemes used and in palliative radiotherapy treatment.

Method: A quasi-experimental study was performed to answer the following research question: Are there differences in pain response and quality of life as a function of the fractionation scheme used in palliative radiotherapy treatment in patients with painful bone metastases?

Participants: The study sample comprised 32 patients diagnosed with bone metastasis and indicated for palliative radiotherapy treatment at the Radiotherapy Service of Centro Hospitalar e Universitário de S. João.

Results: Statistically significant differences were found in the pain characteristics dimension when comparing the single fraction with the fractionated treatment. Pain characteristics decreased significantly with the single fraction. Regarding the comparison of the quality-of-life dimensions between the pre-test and the post-test, statistically significant differences were found in "painful sites", "pain characteristics" (measures pain control) and "functional interference".

Conclusions: The single fraction seems to be favourable to a greater pain control. Furthermore, radiotherapy seems to contribute to a decrease in symptoms and an increase in the patients’ functional capacity, contributing to a better quality of life.

Keywords: Bone neoplasms, dose fractionation, palliative care, radiotherapy dosage, quality of life.

189- THE GENERAL PRACTITIONER AND PALLIATIVE CARE – SCOPING REVIEW

MARTA DUARTE DA SILVA GOMES

Background: Palliative care is defined as a holistic approach that improves the quality of life of patients and families facing problems related to the emergence of life-threatening illnesses, paying special attention to their needs and preferences. With demographic aging and the consequent increase in chronic diseases, the need for palliative care has grown. Family physicians are in a privileged position to provide this type of care, considering the person-centered model of action and the longitudinality and continuity of patient follow-up. However, there are barriers to the provision of palliative care by these health professionals.

Objectives: Understand the role of the family physicians in the provision of palliative care within the scope of primary health care.

Methods: *Scoping review* based on bibliographic research in three scientific databases - Scopus, ISI Web of Knowledge and Medline (PubMed) - using the keywords “palliative care” AND “family physicians”. In the Medline database (PubMed), the MeSH terms “palliative care” AND “family physicians” were used. The period established for the research was from January 2000 to March 2022.

Results: Of a total of 515 articles found, 24 met the selection criteria and were included in the review. Overall, family physicians, patients and caregivers consider that it is the role of family physicians to provide palliative care to patients who benefit from them, considering the privileged position in which they find themselves. The follow-up of palliative patients by the family physicians has a positive impact on patients and their caregivers. However, the fragmentation of care, the lack of definition in the roles played by the different professionals who follow the patient, the difficulties in communication and the lack of training of family physicians constitute barriers to the provision of palliative care in the scope of primary health care. Mandatory training in palliative care in medical curriculum and the creation of tools that improve communication between different levels of care are identified as solutions.

Conclusions: One of the tasks of family physicians is to provide community palliative care for the benefit of patients and their families. It is essential to identify the main obstacles that affect this function and create strategies to minimize them. This review can contribute to structuring improvement plans within the scope of palliative care provided by the family physicians in the community.

Keywords: Family physicians, palliative care.

190- INTERNSHIP IN PALLIATIVE CARE AT CENTRO HOSPITALAR ENTRE DOURO E VOUGA PALLIATIVE CARE AND ADVANCED CHRONIC OBSTRUCTIVE PULMONARY DISEASE: TEAM EXPERIENCE

NILZA RAQUEL FERNANDES TAVARES

Background: Healthcare professionals must invest in their training, adapting their knowledge to the needs of the population they serve, and Palliative Care is an emerging need.

Objectives: Through the experiences and situations observed, made possible by this internship, I intend to highlight the great interpersonal variability, regarding signs and symptoms, concerns, feelings, fears, expectations and support network, which influence the course of the disease, symptomatic control, suffering and resolution.

Method: Symptomatic control is a complex challenge, sometimes reduced by the very limit of known interventions, or refractoriness to the multiple measures instituted, and conditioned by individual experience. Each one has a different illness experience, and care should be personalized. It is essential to learn and understand the context of each person, interpret their world, understand the impact on quality of life and functionality, and understand the pain.

Results: This internship allowed me to identify and acquire several skills of communication, fundamental in the provision of healthcare, and to recognize the importance of a holistic approach and the multidisciplinary team. The COPD patient has an unpredictable individual disease course, with overlapping potentially life-threatening exacerbations. A study was carried to assess the impact of Palliative Care in patients with advanced COPD. Half of the COPD patients had a mean follow-up by the EIHSCP of 3 months ± 1.9 months, until their death. Most referrals are requests for inpatient support for symptom control and two-thirds of patients died in hospital. There was a significant decrease in the number of hospitalizations and episodes of urgency in the year after the start of follow-up by the EIHSCP.

Conclusions: Although several societies recommend the integration of Palliative Care in the approach to COPD since diagnosis, there is a reference for the control of refractory symptoms in an advanced stage of the disease. A holistic and multidisciplinary approach to the patient with COPD, with attention to the multiple co-existing morbidities, is essential for the success of interventions in Palliative Care, to reduce the symptomatic, social, and economic burden of this disease.

Keywords: Chronic obstructive pulmonary disease, palliative care, team experience.

191- TRANSCULTURAL ADAPTATION AND VALIDATION OF THE NEONATAL PALLIATIVE CARE ATTITUDE SCALE (NIPCAS□©) FOR BRASILIAN PORTUGUESE

FERNANDA HERMETO

Background: Neonatology has made significant advances in recent decades. The highly technical environment necessary to save or prolong lives in Neonatal Intensive Care Units (NICU) must coexist with comfort-oriented care to decrease pain and improve quality of life. For many health professionals, it can be difficult to define the purpose of treatment, from aggressive intervention aimed at the cure of the new-born to the goals of palliative care (PC). Educational, institutional and attitude issues related to the health team can represent barriers to the implementation and use of PC. In a population-based study, an instrument was developed to measure barriers and facilitators on the practice of PC for babies, the *Neonatal Palliative Care Attitude Scale* (*NiPCAS*□©). As Neonatal Palliative Care (NPC) is still a poorly explored area, both in Portugal and in Brazil, it is important to assess the level of resistance and receptivity of the multiprofessional team concerning this practice.

Objectives: To perform the cross-cultural adaptation and validation into Brazilian Portuguese of the *NiPCAS*□© scale.

Study design: Methodological study of translation, semantic adaptation, and cultural validation. Physicians and nurses working in NICUs in Brazil were included in the study. Data were collected through a self-completion questionnaire, made available in digital format. The study protocol was previously subject to review by an ethics committee and informed consent was obtained from the participants. Data were analyzed using the SPSS® version 27.

Results: During the scale validation process, it was decided to keep the structure of the original scale with 3 subscales. An overall *Cronbach's alpha* of 0.727 was obtained, so it is considered that the internal consistency of this scale can be reliable, concluding that the scale is validated by this sample.

Conclusions: This study may contribute to the provision of NPC in Brazil, to the extent that the adapted instrument proved to be valid for identifying barriers to and facilitators of medical practice of palliative care in the neonatal period in this country.

Keywords: Attitudes, neonatology, palliative care, scales, validation studies.

192- MULTIPLE SCLEROSIS AND PALLIATIVE CARE: SCOPING REVIEW

ANDREIA RAQUEL MARTINS PEREIRA

Background: Multiple sclerosis is a progressive, chronic neurological disease that affects the central nervous system. Symptoms of multiple sclerosis can have implications in several areas, including physical, emotional, and psychosocial. Its most relevant clinical aspect is the great variability, and the course of the disease is unpredictable. In some patients with this pathology, a high level of suffering may be found that affects the quality of life of these patients and their family/caregivers. In view of this fact and the arising needs from the disease, the relevant role of palliative care in multiple sclerosis is hypothesized.

Objectives: To evaluate the impact of palliative care intervention in patients with multiple sclerosis and their caregivers/families.

Methods: A literature review was conducted in March 2022, through the Pubmed®, ScienceDirect® and ScienceOpen® databases, using the descriptors "palliative care" and "multiple sclerosis". This *scoping review* was based on the principles of the PRISMA methodology®. The research was limited to the last 10 years (2012 - 2022).

Results: The conducted research led to an initial sample of 2100 articles. Twenty-three articles were selected, most of them qualitative studies. Although studies report heterogeneous results, particularly regarding quality of life and symptom control, there is strong evidence that palliative care will play an additional role to conventional care, aiming to provide care tailored to the needs of the patient and caregiver.

Conclusions: Palliative care seems to have a beneficial effect in patients with multiple sclerosis and their caregivers. However, some misconceptions still prevail in this area, so more studies are urgently needed. Therefore, more investments in this area will be needed, from a scientific and economic point of view.

Keywords: Caregiver, multiple sclerosis, palliative care.

193- SPIRITUAL EVALUATION IN PRIMARY CARE CHRONIC PATIENTS: SCOPING REVIEW

NATALINA MARIA SANTOS RODRIGUES

Background: The aging of the population, the increase in chronic diseases, and the growing importance of a holistic approach based on a biopsychospiritual model have made it important to define tools for the assessment and incorporation of spirituality in the daily life of health care.

Objectives: To identify and evaluate the evidence of the use of spiritual history collection and spirituality assessment tools in Primary Health Care for the chronically ill patients.

Methods: Scoping review performed according to PRISMA guidelines. (Page et al.,2021) The study searched the electronic databases OVID Medline, PubMed Medline, Scopus and Web of Knowledge (ISI) and SAGE. The keywords used during the search were "Spirituality" or "Religion" or "Religion and Medicine" with the association of "Primary Health Care " or "Physician's Role " or " Physician-Patient Relations”, with "Chronic Disease" or “Palliative Care” or “Palliative Medicine” or “terminal care”. The Boolean operator AND and OR was used. The research took place on June 11, 2022, at 6 pm, with no time limit. 686 articles were reported, and after removing duplicates, 546 articles remained for screening by title and abstract, of which 486 were excluded. Of the full texts of 60 articles, 12 were included for evaluation.

Results: The research carried out resulted in the selection of 12 articles. These addressed the understanding of the relationship between spirituality and multiple symptoms with an impact on the physical dimension, namely in improving intestinal or respiratory symptoms, pain, or eating. In the psychological and family dimension, spirituality was related to the improvement of family connection and mental well-being, being associated with lesser complaints of anxiety or depression. In the studies under analysis, spirituality and religion are described individually or as interconnected or aggregated concepts. It was possible to identify several spiritual assessment tools, verifying that the scales of assessment of spiritual well-being scored according to a Likert scale were the most prevalent. In primary health care, only five of the articles had the instruments applied by family doctors. Some of the limitations described are the difficulty in recruiting health professionals to apply the instruments due to lack of time or because they do not feel comfortable with the topic.

Conclusions: The studies analyzed include spirituality as an important concept in the evaluation of patients with chronic or palliative pathologies. Several obstacles were described, namely the fact that the spiritual assessment is not always performed by the health professional, but by a spiritual technician. Multiple instruments were found for spiritual assessment, which makes it difficult to standardize the most relevant concepts to be evaluated. More studies are needed with well-defined protocols, from the selection of samples to the correct application of assessment instruments, in order to identify and understand the most prevalent and important instruments and aspects of spirituality in the individual.

Keywords: Chronic disease, palliative care, primary health care, religion, spirituality, terminal care.

194- COMPASSIONATE COMMUNITIES: COMMUNITY EMPOWERMENT IN PALLIATIVE CARE

DEOLINDA LILIANA DO VALE MACHADO LEÃO

Background: In Portugal, compassionate communities are an increasingly visible strategy in the training and support network in palliative care. They encourage, facilitate, support, and celebrate mutual care for people with life-threatening and life-limiting illnesses. They are a response to vulnerability and suffering through a culture of compassion. Compassionate empowerment enhances quality of life. State cannot respond to all health needs related to advanced or end-of-life disease, loss, and bereavement. And complementary support that responds to the needs of palliative care becomes elementary. This is not an exclusive task of social and health services, but everyone's responsibility. We all take care, and we will all be taken care of.

Objectives: With this internship, we seek to gain greater knowledge about compassionate communities in Portugal and in the world, we show the vision of palliative care health professionals and those responsible for compassionate communities, we seek to acquire practical skills in community training in palliative care for formal and informal caregivers, and we learned to activate and dynamize collaborative networks of proximity care.

Method: The methodology used was qualitative, through action research, participant observation, semi-structured interviews, and content analysis.

Results: We can see that communities in Portugal have been very dynamic in raising awareness, training, and creating networks in palliative care, being increasingly closer to the work of other compassionate communities worldwide. On the other hand, we found that there is still a lack of knowledge on this topic among health professionals, requiring training in this area.

Conclusion: The final assessment proved to be positive, as several skills were acquired, given that learning opportunities were always sought in the field.

Keywords: Compassion, compassionate community, empowerment, palliative care, quality of life.

195- NUTRITIONAL EVALUATION IN CHRONIC CARE PATIENTS AT THE HOSPITAL SANTA MARIA – PORTO AND ITS PERCEPTION BY THE NURSING TEAM

MARIA INÊS FREITAS BARROS

Background: The increase in life expectancy in recent years has led to a greater demand for palliative care and coupled with the increase in the prevalence of people with disabling chronic diseases, there was a lack of long-term care. As patients in long-term care are nutritionally vulnerable, performing a nutritional screening will be essential for the early identification of nutritional risk and of which will lead to timely nutritional intervention.

Objectives: Therefore, malnutrition can be prevented, as well as the problems that can arise associated with it. Nutritional intervention must consider the recommendations for age and/or present pathologies, adjusted accordingly to the patient's clinical situation, as well as their preferences and tolerance, with the main goal of promoting the patient quality of life. At the same time, any adjustment must consider its risks/benefits so that the autonomy and expectations of the patient and their caregivers/family members are respected. The nutritional therapy implemented has a greater chance of success when the multidisciplinary team actively participates with the same goal – to improve the general condition of the patient.

Method: Considering the objective of the study, a prospective cohort study with retrospective data collection was chosen. The main goal includes the assessment of the nutritional status of patients hospitalized in long-term care and the assessment of the perception of this nutritional status by health professionals.

Results: The study will take place at Hospital Santa Maria – Porto, for six months, and will include patients admitted to long term care between 2000, who are still hospitalized at the beginning of the study (January 2022), and June 2022. The questionnaires will be applied to the largest number of health professionals who contact with the patients included in the study, and who agree to participate.

Conclusion: With the results of this study, it is expected to assess the impact of the nutritional status of patients in long term care on their therapeutic response/quality of life and what is the perception of health professionals, namely nurses, regarding their nutritional status.

Keywords: Long term care, nutritional intervention, nutritional status, nutritional supplements, palliative care

196- REIKI IN PALLIATIVE CARE: ITS PERCEPTION AND ACCEPTATION BY NURSES

TIAGO LOPES DA SILVA

Background: With the current increase in the number of people with incurable chronic comorbidities, studies estimate a greater demand for palliative care. In parallel with this increase, there is also evidence of a surge for non-pharmacological interventions, also known as unconventional therapies. REIKI is one of these integrative therapeutic modalities that takes in consideration the therapeutic objective of the patient in palliative care, prioritizing their well-being and better quality of life. Although there is still a lack of full-bodied studies on this therapy, from what is known, it is a particularly safe modality with potential benefits to the user. It is up to nurses in the perspective of palliative care to know the Unconventional Therapies and REIKI therapy to better guide their users.

Objectives: To better understand the perception of the use and expectations surrounding REIKI therapy by the nursing professionals who care for patients in a palliative care unit.

Method: This is a descriptive cross-sectional pilot study with a mixed approach. Data as collected through the application of a questionnaire given to the palliative care nursing team regarding perception, use and expectation of Unconventional Therapies with a focus on Reiki therapy, at a Hospital Center in Northern Portugal. Quantitative data was analyzed based on descriptive statistics, through frequency and percentage. Qualitative data was processed through content analysis.

Results and Discussion: A total of 21 nurses responded to the questionnaire, 17 (81%) were women, most were aged between 26 and 35 years of age, and 17 (81%) nurses reported working with palliative care at the hospital for 1 to 5 years. Most nurses believe that Unconventional Therapies could be useful to their patients, however, less than half were in favor of using REIKI as an Unconventional Therapy. Despite this position, the majority reported not having sufficient knowledge about this modality, as this study speculates is one of the influential reasons for its recommendation. The main factors that could contribute to the decision making for the use of REIKI were: “clinical experience” and “existence of randomized controlled clinical studies”. Regarding the nurses' expectations about the implementation of REIKI therapy as an adjuvant in palliative care, through a qualitative analysis, different response groups were formed that correspond to: “Open to REIKI Therapy”, “Self-Perception of Need”; “Benefits and Control of Symptomatology”; and “Challenges”.

Conclusions: In general, positive opinions were revealed by nurses, despite knowing little concerning REIKI, they seem to be in favor of its use if available at their institution and if more consolidated evidence is published about its benefits for palliative care patients. With this in mind, the present study reinforces the need to develop studies that use REIKI therapy as an intervention for patients in palliative care.

Keywords: Nursing, palliative care, REIKI, therapeutic touch

197- INSERTION OF DENTAL MEDICINE IN PALLIATIVE CARE DURING THE YEARS: A HISTORICAL RETROSPECTIVE OF PATIENTS' ACCESS, CARE AND ASSISTANCE

THIAGO RIOS REZENDE

Introduction: Patients under palliative care, even after been affected by oral conditions, rarely receive appropriate oral care services. As a result, it may be associated to several factors, from worsening of patient's health conditions to the absence of a trained professionals in health teams. In this sense, dentists play a significant role in access, care and assistance for patients in palliative care.

Objectives: To this extent, the present study aimed to analyze the insertion of dentistry in palliative care over the years through a retrospective historical approach.

Materials and Method: A scoping review was conducted using scientific studies indexed in the Pubmed, Scopus and Web of Science databases to select studies published between 2010 and 2022. The descriptors used for the search were Palliative Care, Dentistry, Oral Care where they appear in the list of terms of the *MeSH* Data Base. In addition, the Boolean operators were used as follows: Palliative Care AND Dentistry and Palliative Care AND (Dentistry AND Oral Care).

Results: A total of 312 articles were analysed and only 10 articles were included for this scoping review. Moreover, the results showed that dentists were noticed in the last decade not only as an essential professional in the promotion of health for end-of-life patients, but also for health promotion, training for health professionals in oral palliative care, screening of oral alterations and therefore, to be integrated as an essential competent in the palliative care team.

Conclusion: Even though oral palliative care provided by health teams has advanced in recent decades, there is still a limitation in teamwork between dentistry and the health professions involved in patient care. In this perspective, interdisciplinarity and the insertion of the dentist in palliative care teams play a significant role in the treatment of the patient, to promote universality in the healthcare access.

Keywords: Dentistry, oral medicine, palliative care.

198- THE CONSPIRACY OF SILENCE IN PALLIATIVE CARE: SCOPING REVIEW

SINARA MONIQUE GUIMARÃES MENDONÇA

Background: The conspiracy of silence is an implicit or tacit agreement exercised by the family or health professionals to change the information provided to the patient to hide the diagnosis, prognosis or severity of the patient's clinical situation. The relevance of studying the issue of conspiracy of silence stems from its high occurrence in relation to patients in palliative care and the consequent implications related to this phenomenon, which impact not only patients, but also their families, professionals who provide care and the health system.

Objectives: To identify and synthesize the literature evidence on the phenomenon of conspiracy of silence in the experience of patients in palliative care, family, and health professionals.

Methodology: A scope review was developed. The systematic search of the studies was performed on March 1, 2022, in the databases Medline/via PubMed, Science Direct, Scopus and the Virtual Health Library (VHL). In the grey-based research, a search was carried out in the Google Scholar search engine and in Brazilian and Portuguese academic repositories. Results: Of a total of 219, the final sample consisted of 26 studies.

Results: The information brought in the selected studies were categorized and analyzed in the light of the literature on the subject, with emphasis on concepts, types of conspiracy, agents involved, causes, ethical issues, consequences of the conspiracy of silence, interventions to reduce the occurrence of the conspiracy of silence.

Conclusion: The conspiracy of silence entails negative consequences for patients in palliative care, especially in their autonomy and quality of life; to families, resulting from changes in their functioning; and to the confrontation and humanization of the care provided. The studies corroborate that the improvement of professionals in communication techniques provides better assistance to situations and demands of the patient and family, favoring the avoidance or management of the conspiracy of silence effectively.

Keywords: Communication, conspiracy of silence, palliative care.

199- NUTRITIONISTS IN PALLIATIVE CARE: A LOOK OVER PORTUGUESE REALITY

PAULA ALEXANDRA SOUSA LEITE DA SILVA

Introduction: Palliative care (PC) favors a holistic ad interdisciplinary approach, improving physical, emotional, social, and spiritual comfort to the patient, aiming to relief their suffering and improve their quality of life. Food and nutrition care should be present at all stages of complex and life-limiting diseases while also respecting the needs and concerns of the patient and their family. However, there is still a need for a greater recognition of the role of nutritionists in PC. Also, the knowledge regarding nutritionist's performance, presence, and importance in these services in mainland Portugal is still scarce.

Objectives: To determine the coverage of Portuguese nutritionists in PC teams/services within the National PC Network (RNCP), to characterize their care activity and to explore their knowledge.

Methods: Descriptive and exploratory cross-sectional study through a mainly quantitative methodology. Data were collected through a structured questionnaire, addressed to nutritionists working at the RNCP. The project was previously analyzed by an ethics committee and consent was obtained from the participants.

Results: Among the 106 PC services available in mainland Portugal, we obtained a response from 75, with 41 reporting working with nutritionists. The final sample was composed by 45 nutritionists present in the 4 types of PC units, most of which were women and worked in the northern region. Still, 60.0% only provided informal support. Lack of time was reported as the major obstacle to their performance (35.6%). Most (84.4%) reported having felt a gap in their formation in PC, and 28.9% declare not have specific education. Adaption of food textures (86.7%) and comfort food care (91.1%) are identified as pillars of food and nutritional care in PC.

Conclusion: The study provided relevant information regarding the coverage of nutritionist in PC services in Portugal, highlighting a great shortage of these professionals. Although their performance is aligned with the principles and objective of PC and considerable fraction of the sample did not report specific training. There is a need for greater recognition of these professionals within teams and management, greater investment in specific training, and sharing of professional experiences among peers. Consequently, a differentiated performance will be possible and in accordance with the guidelines of national and international entities.

Keywords: Food care, nutritional support, palliative care, sciences of nutrition.

200- PALLIATIVE CARE IN SEVERE MULTIPLE SCLEROSIS: SCOPING REVIEW

DIANA FILIPA SANTOS MURTEIRA

Background: In contrast, with the trajectory of non-malignant diseases, Multiple Sclerosis often presents a long and uncertain evolution. While robust evidence supports treatment decisions in advanced Multiple Sclerosis, recent guidelines suggest the shift to a palliative approach as the disease progresses.

Objectives: To identify and understand the integration of Palliative Care in patients with severe Multiple Sclerosis.

Methods: Scoping Review based on the principles recommended by the Joanna Briggs Institute. The databases consulted were Scopus, Medline (Pubmed), Web of Knowledge (ISI) and SAGE, using the following key concepts: multiple sclerosis and palliative care through the AND function. The research took place on December 9th, 2021, at 5:23 p.m., and the time horizon 2011-2021 was defined.

Results: A total of 132 articles found were included, through the selection criteria, 18 articles in the review. Key factors were identified, such as the effectiveness of Palliative Care intervention in severe Multiple Sclerosis, given the financial costs, reduction of symptoms and caregiver burden and the perception of unmet needs by users, health professionals and caregivers during the Palliative Care approach.

Conclusions: Patients with Multiple Sclerosis should have access to specialised Palliative Care when they reach the severe phase of the disease. One of the appropriate options is the provision of a multidisciplinary team to provide targeted consultations based on the needs of patients. These issues have important implications for the future planning and provision of Palliative Care services.

Keywords: Advanced illness, multiple sclerosis, palliative care.

201- DEPRESCRIPTION AND INTENSIVE CARE: SYSTEMATIC REVIEW

ARIADNE DOURADO BARBOSA

Introduction: deprescription has been widely used in palliative care, terminally ill patients, and geriatric medicine in general. However, in the context of the intensive care unit (ICU), there is a great need to understand how to do this efficiently. Currently, there are few bibliographic references that support its promotion on a larger scale.

Objectives: The study aims to evaluate the amount of deprescription evidenced, what its common points are and what difficulties researchers encounter in promoting this practice.

Method: Systematic review of studies published until 2022, based on active search in the databases Scopus, PubMed, ISI Web of Science and SciElo, between April and May 2022, using the keywords "deprescription" or "deprescribing" and "intensive care". Studies in palliative care or that addressed the theme end of life or terminality, studies on COVID, in pregnant women or pediatrics were excluded.

Results: The research found 124 studies from the credentials exposed above, 75 in Pub Med, 12 on the web of science, 37 in Scopus, 0 in SciElo. After selecting 13 studies, excluding 7 by duplicity and including 2 from the references of the analyzed studies, 8 publications were analyzed. Among them, 4 refer to the management of acid suppressants in the prophylaxis of stress ulcers, two refer to the deprescription for the management of delirium, one refers to the deprescription of anticonvulsants after seizure control and one refers to the deprescription of amiodarone after control of atrial fibrillation. A total of 2489 patients were analyzed, with an average of 311 patients per study. This review presented a total deprescription rate in the ICU of 23.3% and 34% at hospital discharge. When analyzing the rate of deprescription before and after the implementation of educational measures and electronic control of the prescription, it is noticed that it increased from 20.4% in the pre-intervention phases to 24.9% after the intervention.

Conclusion: These figures are similar to those found when we evaluate deprescription outside the scope of intensive care. However, even though it is expressive, there is the possibility of improving this value after the expansion of knowledge about deprescription and the understanding that its practice should include all professionals related to patient care.

Keywords: Deprescription, deprescribing, intensive care.

202- PALLIATIVE CARE FOR PEOPLE WITH ADVANCED CHRONIC KIDNEY DISEASE

GABRIELA SOARES HABIB NUNES

Background: Chronic Kidney Disease (CKD) is a progressive disease, associated with several comorbidities, including some symptoms, which are not always amenable to treatment. Therapy is predominantly disease-focused, the patient needs and quality of life are not at the top of priorities. In this context, and although international recommendations point to an early integration of people with advanced CKD into Palliative Care (PC), this practice is still not regular, largely due to the lack of knowledge that still exists in the population and among the professionals themselves.

Objectives: To explore the knowledge, attitudes and practices of health professionals working with people with advanced CKD on the provision of PC in this context.

Method: Descriptive, cross-sectional study following a quantitative approach. Health professionals who work in units/services specifically aimed at people with CKD were included in the study. Data were collected through a self-completion questionnaire, made available in digital format. The study protocol was previously subject to review by the ethics committee and informed, free and informed consent was obtained from the participants. Data were analyzed using the SPSS® program, version 22 for Windows

Results: 110 health professionals participated in the study, of which 67,3% were of Portuguese nationality, 34% Brazilian and 2% Angolan. Among these, 61.8% were physicians, of which 92.6% were nephrologists and 7.4% were resident physicians. Among the other professionals, most were nurses (36.4%), while the others were nutritionists (0.9%) and psychologist (0.9%). When asked about their academic background, only 40% of the participants mentioned some approach to the PC, and only 32.7% had already realized a course in PC. Yet, 65% of the participants reported that there was no PC team, service or department in the institution where they work and 58.2% reported that there was no discussion about cases of patients with an indication for PC. Finally, 87% of professionals reported that they were interested in providing training on the approach and management of patients with PC needs.

Conclusion: The study adds an important contribution to the provision of PC to people with chronic CKD, both in Portugal and in Brazil. Conceptions about the knowledge, attitudes and practices of health professionals working in this area may have implications for early referral and integration, and for a more effective and comforting care practice.

Keywords: Attitude, chronic kidney disease, knowledge, organ failure, palliative care.

203- PALLIATIVE USE OF HIGH FLOW OXYGEN VIA NASAL CANNULA IN PATIENTS WITH ADVANCED LUNG DISEASE: A RANDOMISED CONTROLLED TRIAL

MARIA LUÍSA ALMEIDA CRESPO SOARES

Background: Dyspnea is one of the most frequently reported symptoms in patients with advanced pulmonary disease and in end-of-life. The most frequent approaches to dyspnea include opioids, other drugs and oxygen. Oxygen is effective for dyspnea in hypoxemic patients and opioids can help in the most severe cases of dyspnea. Oxygen supplementation is often used through nasal prongs, simple masks, Venturi masks, nonrebreather masks, but may have some limitations. The high flow oxygen nasal cannula is a relatively recent technology that consists of a humidification heated system with a mixture of oxygen with air generating a high flow of gas. It could be a more comfortable and effective alternative in relieving dyspnea in hypoxemic patients in palliative care.

Objectives: This project intends to present a research project to evaluate the effectiveness of high flow oxygen nasal cannula versus conventional oxygen therapy and its effectiveness in reducing dyspnea and the amount of opioids.

Method: This is a non-blinded randomized controlled trial. The study was approved by the Ethics Committee of the Centro Hospitalar Universitário São João and is registered on ClinicalTrials.gov, number NCT02253667.

Results and Conclusions: Palliation of dyspnea in terminally ill patients is a subject that needs more attention in clinical practice and in the medical literature. This project will show the relevance of the use of the high flow oxygen nasal cannula in the context of palliative care to relieve dyspnea in patients with hypoxemic lung disease and its feasibility in an inpatient ward environment.

Keywords: Conventional oxygen therapy, dyspnea, high flow oxygen nasal cannula opioids, palliative care.

204- CONSPIRATION OF SILENCE IN PALLIATIVE CARE

ANA CAROLINA DA SILVA FERREIRA

Background: Introduction: Silence about difficult news is common in the initial phase of palliative care and at the end of life, involving patient, family members and the healthcare team. This phenomenon of hiding the truth - conspiracy of silence, has negative consequences for the patient and family. and deserves attention from health professionals in valuing the use of strategies in order to understand the motivations of family members and help them in the communication process with their patients, as well as the measures that can be taken to prevent this phenomenon.

Objectives: the aim of this study is to investigate and explore the strategies used by health professionals to prevent and intervene in the conspiracy of silence in the context of oncological palliative care.

Method: Qualitative study using the Interpretive Phenomenological Analysis approach. The participants were nurses, doctors and psychologists who work in the palliative care unit of a referral cancer center. The choice of participants was intentional with a sample of 12 people, data collection took place through semi-structured interviews. Thematic analysis of the reports was performed.

Results: Data analysis, through interviews with participants, allowed us to understand the phenomenon under study, through the description of their experiences, feelings and difficulties. Participants reported important prevention and intervention strategies based on their long professional experience and trainings such as honest communication without impositions, listening to the motivations that led to the conspiracy of silence; try to demystify erroneous ideas such as the conception that many people have that the truth harms the patient, verify the knowledge that patient and family have about the disease, prognosis and palliative treatment; and also checking what they need and want to know. They were reported with positive outcomes in communication in most cases.

Conclusion: Professionals are aware of the ethical duty to tell the truth. And when faced with the conspiracy of silence, they resorted to appropriate communication strategies to intervene in the best possible way. The importance of training and developing protocols for communication and intervention in situations of conspiracy of silence is highlighted.

Keywords: Communication, conspiracy of silence, palliative care.

205- PATIENT-PHYSICIAN COMMUNICATION IN PROLONGED HOSPITALIZATION. THE PATIENT'S PERCEPTION

CARLA FERREIRA DA SILVA

Background: Communication skills are a determinant component of patient-centered care and have been shown to positively affect patient satisfaction, treatment adherence and clinical outcomes.

Objectives: This study aimed to characterize the quality of doctor-patient communication, from the patient's perspective, in a long-term inpatient unit and to identify possible communication problems.

Method: Across-sectional study was carried out with patients admitted to a long-term inpatient unit. A convenience sample was used, which included patients present at the time of data collection and who had the cognitive ability to understand, consent and answer the questions. Two questionnaires were applied: the first to collect sociodemographic and generic health data (gender, age, education, length of stay) and the second to assess the quality of communication from the user's point of view, using the Health Care Communication Questionnaire (HCCQ), translated and validated for the Portuguese population.

Results: Forty patients were included, with an average age of 70 years, men representing 55% of the sample. In general, patients demonstrate high levels of satisfaction about how professionals communicate. The least scored domain assesses aspects of non-verbal communication such as smiling or eye contact. A higher education level and younger age showed a negative correlation with the total scores found in the HCCQ.

Conclusion: Knowing how to communicate can improve not only patient satisfaction, but also the well-being of the professionals. Non-verbal communication seems to influence the quality of doctor-patient interaction. Skills training in this area is possible and beneficial for better health outcomes.

Keywords: Palliative care, patient-centered care, patient-physician communication.

206- DIRECT ACTION HELPERS: PROFESSIONAL QUALITY OF LIFE AND LITERACY IN DEMENTIA AND PALLIATIVE CARE

DANIELA FILIPA PEREIRA VIEIRA

Background: Considering the current demographic aging phenomenon, organizations that provide support services to the elderly, particularly Residential Structures for Elderly People (ERPI - acronym in Portuguese), must be able to intervene in an inter and multidisciplinary manner to improve the quality of life of elderly people living with a chronic, incurable, and progressive illness. The Direct Action Helper (AAD - acronym in Portuguese), who, in addition to instrumental support, should transversally consider a personalized and humanized action, is one of the indispensable professional classes in the care process present in these structures. Despite the indisputable value of the action of this professional group, empirical evidence is scarce, not allowing a rigorous characterization of the challenges that this class faces in the intervention of elderly people, particularly those who experience pathological aging.

Objectives: In this sense, the current research project aimed to determine the quality of professional life (compassionate satisfaction, burnout, and secondary traumatic stress), the degree of literacy in dementia and in palliative care of a sample of AAD that provides care in ERPI, from the city of Vila Nova de Gaia.

Method: This is a cross-sectional, observational, quantitative, and analytical study. 70 AAD participated, 92.9% female and with a median age of 49 years.

Results: The results show that most participants show high levels of gratification and pleasure in providing care to the elderly. Despite the high levels of compassion satisfaction, the group has moderate levels of burnout and secondary traumatic stress. Regarding attitudes towards dementia, in general, the sample shows positive attitudes.

Conclusion: It is concluded that the palliative approach is absent in the studied ERPIs, justifying the need to sensitise the teams to the articulation in a network with a view to providing comfort care and promoting the quality of life of elderly people living with prolonged, incurable, and progressive illnesses.

Keywords: Dementia, direct action helper, quality of professional life, literacy, palliative care.

207- WHEN DEATH IS THE NEXT STEP: THE ROLE OF SPIRITUALITY IN THE GRIEVING PROCESS OF CAREGIVERS IN ONCOLOGICAL PALLIATIVE CARE

CARLA ISABEL VIEIRA RIBEIRO

Background: When death is the next step: the role of spirituality in the grieving process of formal caregiver in oncological palliative care Background: Palliative care focuses on caring for patients and families in situations where there is an incurable and progressive disease, promoting their wellbeing and quality of life. Nevertheless, the patients' and families' suffering, the constant exposition to death and dying and the uncertainty of the disease trajectory are the main factors of distress in formal caregivers, especially in oncological palliative care. Taking care of an oncological patient demands an extreme technical and human capacity. Despite the existing awareness, so little is known about how formal caregivers live the process of dying and death of their patients and the role of spirituality in this process.

Objectives: To explore healthcare professionals' perceptions of death and dying and the role of spirituality in the grief process.

Method: A cross-sectional study was developed with formal caregivers working in oncological palliative care reference centers in Portugal. Data were collected through the implementation of self-reported questionnaires, namely a sociodemographic questionnaire, the Pinto and Pais-Ribeiro's Spirituality Scale, the Death Attitude Profile – revised scale and the Overload Professional Grief Scale. Results: A total of 21 healthcare professionals participated in this study. This sample was composed by medical doctors (38.1%), psychologists (28.6%), nurses (19%), spiritual assistants (9.5%) and other categories (4.8%).

Results: The results in all spirituality domains were found high, considering it a relevant construct, namely the "beliefs" and the "hope/optimism" subscales, suggesting that the level of spirituality is elevated in this population. Higher levels of spirituality were found to be correlated with less death avoidance (avoiding talking about death and avoiding contact with death) in the healthcare professionals. No indicators of professional grief overload were found.

Conclusion: These results indicate that spirituality has an important role in the formal caregivers´ perceptions of death and dying in oncological palliative care which might have practical and clinical implications. The challenge is to focus on the development and implementation of intervention programs focusing on formal caregivers' wellbeing, integrating the spiritual dimension into the self-care of this professionals.

Keywords: Bereavement, death, grief, oncology, palliative care, professional grief, spirituality.

208- INTERNSHIP IN A PALLIATIVE CARE UNIT: ELABORATION OF A TOTAL PAIN ASSESSMENT PROTOCOL

ANA ISABEL NEVES DA SILVA

Background: Population aging has increased in recent years, mainly in developed countries, with an increase in the prevalence of associated diseases, namely degenerative and oncological ones, causing a decrease in the quality of life of these people. In this context, Palliative Care has an increasing importance in health care, since it allows an effective response to physical, psychological, social, and spiritual needs, thus enabling a dignified end of life. Pain is one of the most frequent symptoms in Palliative Care, and a multidimensional approach is important, evaluating Total Pain, for its effective relief. Currently, there are several scales that allow the assessment of isolated pain components, but no tool that allows the assessment of total pain, translating a gap in this area. In Family Medicine, in addition to pain being one of the most common symptoms, an in-depth knowledge of the area of Palliative Care represents a huge advantage for a correct approach and monitoring of patients who benefit from palliative actions or palliative care. As a Family Physician, for the reasons mentioned above, the student sees an internship in this area as an asset for her professional and personal development. In this sense, she performed an internship at the WeCare Saúde institution, during which she developed and applied a protocol for the assessment of Total Pain, in patients at the institution.

Objectives: This internship report aims to describe the internship carried out in the area of Palliative Care and the elaboration of a Total Pain Assessment Protocol with subsequent evaluation of its prevalence in a descriptive research study format, transversal and qualitative.

Method: Internship at WeCare Saúde Palliative Care Unit, lasting 405 contact hours, between December 2021 and February 2022, in the inpatient mode. Elaboration of a total pain assessment protocol, applied to palliative care patients present at the institution during the period from January 2022 to February 2022 - convenience sample with a total of 12 users after selection by the student with supervisor approval, according to the following criteria: adult patients receiving palliative care, cognitively autonomous and able to give consent. Included in this protocol, a self-completion questionnaire was developed based on six validated scales (numerical pain scale, faces scale, McGill scale, HADS scale, FACIT-PAL scale and FACIT-SP-12 scale), with the objective of to assess the presence of total pain that includes four components: physical, emotional, social and spiritual. The presence of each of the four pain domains mentioned above was evaluated. Thus, a quantitative, descriptive and transversal research study was carried out. Descriptive statistics were used through frequencies and percentages for categorical variables and medians and interquartile range for the description of quantitative variables. To study the association of quantitative variables, which did not present normal distribution, Spearman's correlation coefficient was calculated.

Results and Conclusions: During the internship, the student observed a total of 39 users of Palliative Care, with oncological pathology being the most frequent (67%), namely breast cancer. It also observed 58 users of the Convalescence Unit and the Long-Term and Maintenance Unit in need of palliative actions, the most frequent being the management of pain, dyspnea, agitation, and insomnia. The internship provided a considerable gain in the student's professional and personal life. The total pain assessment protocol was applied to 12 users and physical pain was observed in 100% of users on the numerical scale and in 91.7% on the face scale. According to the McGill scale, all users indicated some degree of physical pain, and 83.3% some degree of psychological pain. According to the HADS scale, 75% had psychological pain. According to the FACIT-PAl and FACIT-Sp-12 scale, all users presented some degree of social and spiritual pain. Finally, considering the presence of total pain in the face of some degree of all types of pain, this was found in most users interviewed. This protocol represents a useful tool in clinical practice and for future studies.

Keywords: Emotional pain, internship, palliative care, physical pain, spiritual pain, social pain, total pain.

209- INTERNSHIP REPORT: SKILLS OF PALLIATIVE CARE NURSES DEVELOPED IN AN INPATIENT CONTEXT

SANDRA VANESSA COELHO DA FONTE

Background and Objectivess: This report intends to present and describe the 2nd year of a master's degree in palliative care, based on the choice of carrying out a technical-scientific internship, in the context of internment at the Palliative Service of the Portuguese Institute of Oncology in Porto. The main objective of choosing the internship was a possibility of applying in practice the knowledge acquired previously, in my area of training, in the proximity of a specialized multidisciplinary team.

Method: The report developed is organized in three parts: theoretical framework about the historical evolution, legislation and strategic plan/actions in Portugal of palliative care; characterization of the internship location, presentation of the general and specific objectives defined for it and description of the context in which the internship took place; and the development of four themes, considering the relevant areas of action for the development of the competences that I proposed: symptom control, communication and therapeutic relationship, family support and spirituality.

Results and Conclusions: The completion of this internship allowed me to acquire practical experience in the provision of nursing care and the development of specific skills, through the recognition of problem situations, in the field, by participating in their resolution, with a critical spirit, theoretical knowledge and in collaboration with the remaining multidisciplinary team, with the principle of providing integrated and global care to dependent users and their families, in particular to patients with advanced, incurable and progressive disease.

Keywords: Nursing, palliative care, skills, technical-scientific internship.

210- DEATHBED PHENOMENA, OTHER END-OF-LIFE EXPERIENCES AND THEIR EFFECTS ON PALLIATIVE CARE TEAMS: A SYSTEMATIC REVIEW

MANUELA VIDIGAL BERTÃO

Background: Palliative care advocates a biopsychosocial-spiritual understanding of life and death. The dying process can include many subjective experiences influenced by individual biography and intrapersonal, interpersonal, and transpersonal relationships. These end-of-life experiences have taken on different names (end-of-life experiences, deathbed phenomena, paranormal phenomena, deathbed visions, deathbed coincidences, nearing death awareness) and aroused increasing interest in the scientific community for their meaning and impact on patient's quality of death of, in the family and in the health care professionals.

Objectives: To develop a systematic review of the literature to identify and characterize deathbed phenomena and other end-of-life experiences and the effects of their occurrence on the patient, family, health care professionals and volunteers in palliative care settings.

Methods: The research took place between June and July 2021. The databases used were PubMed, PsycInfo and Web of Science. The search terms used in the various databases were: "deathbed phenomena", "deathbed visions", "end-of-life experiences", "paranormal experiences", "paranormal phenomena", "spirituality", "palliative care" and "attitude to death". The search strategy followed the PRISMA guidelines and included articles without restriction of publication date.

Results: Of a total of 145 articles found, 12 met the pre-selected eligibility criteria and were included in the qualitative synthesis. The prevalence of end-of-life experiences ranged from 28-87%. The most reported end-of-life experiences were dreams and visions. Health care professionals tend to "medicalize" end-of-life experiences from the perspective of patients and family members, and these, in turn, tend to hide their experience for fear of being caricatured. Most end-of-life experiences are immediately followed by positive feelings, although there are also reports of negative experiences. Eight common themes were found in the analysed studies: (1) end-of-life experiences are not uncommon (n=12, 100%), (2) end-of-life experiences can be comforting or not (n=10, 83,3%), (3) spiritual transformation of end-of-life experiences (n=7, 58,3%), (4) hallucinations and end-of-life experiences (n=6, 50%), (5) normalization of end-of-life experiences (n=6, 50%), (6) training of health professionals (n=5, 41,6%), (7) end-of-life experiences as prognostic indicators (n=4 , 33,3%), (8) contribution of end-of-life experiences in grief (n=3, 25%).

Conclusions: End-of-life experiences are phenomena not yet fully understandable, but they emerge as transformative and meaningful events for end-of-life patients and even family members, facilitating a peaceful death and better mourning, respectively. Regardless of the immediate emotional quality of end-of-life experiences, they seem to constitute windows into the interior of the human soul in the unfathomable mystery that death represents, allowing the sick person to grow and their relational reorganization. The therapeutic function of these phenomena needs to be rescued and the conspiracy of silence around this theme laid down between society in general and the scientific community, so that the total needs of the person at the end of life are considered. The training of health professionals and the education of patients and their families in this area are fundamental for the study of these phenomena.

Keywords: Deathbed phenomena, end-of-life experience, palliative care, spirituality.

211- ADMISSION TO THE EMERGENCY SERVICE BY PATIENTS BEING FOLLOWED UP IN A PALLIATIVE CARE CONSULTATION

MARIANA GOMES DE AZEVEDO NETO BRITES

Background: Palliative Care is an approach that aims to improve the quality of life of patients and families facing life-threatening diseases. Admissions to the emergency department interfere with patients' quality of life, but some are considered potentially avoidable.

Objectives: This study aims to characterize the use of emergency department by palliative patients at a public hospital center in the North Coast region of Portugal.

Method: We carried out a retrospective study that included patients who had their first Palliative Care appointment at a public hospital center in the North Coast region of Portugal during 2019. 135 patients were included who originated 255 admissions to the emergency department. The study was authorized by the Ethics Committee. The statistical analysis was performed by SPSS, version 26.0. Absolute (n) and relative (%) frequency descriptive analysis were used for categorical variables and medians (Mdn) and percentiles (P25 and P75) in continuous variables. The multivariable associations were calculated with through logistic models that included independent variables with $p<.10$ in univariate analysis and the statistical significance was set at $p<.05$ and 95% confidence interval.

Results: It was observed that 55.1% (n=54) of patients went to the emergency department, but only 2% (n=5) of emergency department visits was initiated by referral from the Palliative Care team. Out-of-hour admissions were the most common and most patients arrived by ambulance. The most frequent complaints were respiratory, pain and changes in behavior and general condition. In 63.7% (n=160) of the patients, they were discharged home. Patients who had more than one hospitalization had a higher number of admissions and longer length of stay in the emergency department. Hospital death was associated with emergency department use. Patients who died during the last emergency department admission or subsequent hospitalization had higher length of stay and were admitted more times to the emergency department.

Conclusion: The use of the emergency department by palliative patients suggests that there are gaps in the provision of care. It is necessary to anticipate crisis situations and inform patients and caregivers, provide home and telephone appointments and invest in health professional’s education to respond to the needs that will be growing in the future in this area.

Keywords: Palliative care; emergency service, hospital; health services misuse

212- MULTIMORBIDITIES IN THE ELDERLY PERSON: THE PALLIATIVE NEEDS OF ERPI RESIDENTS

ANA ISABEL RIBEIRO PEREIRA

Background: The sociodemographic aging and consequent growth of the elderly population is associated with an increase in the prevalence of chronic diseases, leading to higher levels of dependence and complex care needs in his population. The elderly person needs to seek specialized health care, as well as differentiated support services, such as Long-Term Care Facilities (LTCF), it is common for them to go through a complex path till eath living with multimorbidity. This context represents a challenge in health care, namely the management of physical, psychological and spiritual symptoms, as well as social needs and financial problems.

Objectives: This research aims to characterize elderly people with multimorbidity living in LTCF and identify palliative care needs in this population.

Method: This is an observational and cross-sectional study. Data collection was carried out using three instruments: a questionnaire with clinical information, a sociodemographic questionnaire and the Integrated Palliative Care Outcome Scale (IPOS). In total, 32 patients were eligible to participate in the study, aged between 65 and 100 years old, living in a LTCF.

Results: The results confirm the population's aging trend, with particular incidence in the age group above 80, in which 50% of the patients is aged between 81-95 years. Palliative care needs were identified, particularly in the emotional and physical dimension, with special focus on depressive symptoms and physical symptoms mostly related do motor skills. Family plays an important role in the study population, with their well-being representing the biggest concern for residents.

Conclusion: These data confirm the pertinence of a palliative approach in LTCF's, centered on the needs of the person and his family, as well as the importance of training professionals in this area, as suggested by international guidelines.

Keywords: Integrated Palliative Care Outcome Scale (IPOS), Long Term Care Facilities (LTCF), Multimorbidity, Older People, Palliative Care.

213- INTERNSHIP IN PALLIATIVE CARE AT THE INTRA-HOSPITAL PALLIATIVE CARE SUPPORT TEAM OF THE PÓVOA DE VARZIM/VILA DO CONDE EPE HOSPITAL CENTER

BENEDITA TEIXEIRA GRAÇA MOURA

Background: Palliative care is becoming increasingly important in health care, as it provides an effective response to the physical, psychological, social and spiritual needs of people with progressive and incurable diseases and their families, providing appropriate care at this stage of their lives. A professional internship in this area is essential to consolidate solid academic training and to be able to provide specialized palliative care to patients who need it.

Objectives: Combine the practical knowledge acquired in the clinical environment with the theoretical and scientific foundation to achieve aptitude for working in Palliative Care. Characterization of the patients observed throughout the internship and analysis of the main diagnoses, in the inpatient and outpatient setting, the reason for referral to palliative care, and knowledge of their prognosis.

Method: A 405-hour technical-scientific internship was carried out (between October 2022 and July 2023), actively integrating the in-hospital Palliative Care support team, in all its aspects of action. The variables of the sample of patients observed during the internship period were collected and analyzed, including sociodemographic data, main diagnosis, main symptom that motivated the referral, destination after discharge, and knowledge of the patient regarding the prognosis. Data were recorded and analyzed in a database using Microsoft ExcelÓ 2022.

Results: A total of 264 patients were seen during the internship between outpatient and inpatient visits. The most frequent diagnoses of patients were non-oncological diseases, revealing an evolution in the referral of these patients. The most frequently reported symptoms were pain and dyspnea in line with other studies. Participation in meetings and family conferences were essential to develop multidisciplinary expertise and communication in the palliative care setting.

Conclusion: The activity developed included the observation of patients in the outpatient and inpatient departments and participation in other activities. It was possible to develop communication skills and patient counseling in different contexts, which complemented the theoretical knowledge acquired in the Master's degree

Keywords: end of life; palliative care.

214- ASSESSMENT OF THE MAIN NEEDS OF PALLIATIVE PATIENTS/CAREGIVERS - SUPPORT FOR A PALLIATIVE CARE TEAM

CARLA ALEXANDRA DIAS RODRIGUES

Background: Over the last few years, we have observed an increase in the aging of the population, and consequently in the diseases associated with it, which leads to an increase in the response needs regarding patients with palliative needs. This monitoring concerns not only the level of physical symptoms, but also psychological, social and spiritual ones, so that in this way it is possible to ensure an adequate response to patients, with correct symptomatic control and maximization of quality of life.

Objectives: The area of Palliative Care, being an area of excellence, namely in the daily clinical practice of General and Family Medicine, is still underdeveloped, with response levels below expectations. The acquisition of knowledge and skills in this area makes it possible to respond to the countless patients we face daily with palliative needs. Since my area of work is General and Family Medicine and I am aware of the importance of the complementarity of the two areas mentioned above, I found it extremely important to carry out an internship in two units with different typologies.

Method: An internship was carried out at the Northeast Local Health Unit (Intra-Hospital Palliative Care Support Team and Community Palliative Care Support Team) and at WeCare Saúde (Póvoa de Varzim), a unit that is part of the National Network of Integrated Continuing Care (RNCCI). During this internship, the main palliative needs were evaluated, as well as their response. The main objective consists in the description of the stages carried out, as well as a brief subjective evaluation of the main referred symptoms and level of response to the measures instituted by a Palliative Medicine team. Methodology: Internship in a Palliative Care Unit at the Local Health Unit in the Northeast and at WeCare Saúde, making a total of 416 hours of contact, between August and September 2022, in the various modalities (intra-hospital, home and inpatient). The main symptoms were evaluated, namely pain, dyspnea, insomnia, agitation, as well as the needs of caregivers (end-of-life care and bereavement follow-up).

Results: Oncological disease was the most prevalent reason for referral to Palliative Medicine teams in its various aspects. During the internship, accompanied users of the Convalescence Unit and the Long-Term and Maintenance Unit with some needs considered palliative, namely pain, dyspnea, and agitation.

Conclusion: Both internships were extremely important for me, as I gained skills in the management of palliative patients, but also for my clinical practice in General and Family Medicine. I believe that I have made important gains not only in my professional life but also in my personal life.

Keywords: palliative care, internship, palliative needs, caregivers.

215- PHYSIOTHERAPY'S ROLE IN PROMOTING THE QUALITY OF LIFE OF PEOPLE UNDERGOING CANCER PALLIATIVE CARE: AN INTEGRATIVE REVIEW

ANA ONEIDE BRITO VASCONCELOS

Background: Palliative Care establishes a humanistic and integrated approach within the treatment of patients who do not have the possibility of a cure, being more focused on oncology. Physiotherapy plays a crucial role in minimizing symptoms and promoting quality of life.

Objectives: The objective of this study was to investigate through an integrative review the role of physiotherapy in cancer patients, especially those in palliative care. This is bibliographic research of the integrative literature review type. The research guiding question was formulated as follows: "Are there scientific evidence that physiotherapy promotes quality of life in cancer patients under palliative care?"

Method: The search strategy was conducted using the databases United States National Library of Medicine (PubMED), Biblioteca Virtual em Saúde (BVS), Scientific Electronic Library Online (SCIELO), and Physiotherapy Evidence Database (PEDro). The articles were searched from March to April 2023.

Results: The final sample of selected studies, according to the findings in the databases, consisted of 10 scientific articles, considering the inclusion and exclusion criteria established in this study. The study aimed to understand the role of physiotherapists in palliative care through scientific literature.

Conclusion: It was concluded that physiotherapists working in the field of oncology play a role in the prevention, treatment, and palliation of dysfunctions at any stage of cancer treatment, such as diagnosis, pre-, peri-, and post-surgery, as well as in the effects of treatments such as chemotherapy, radiotherapy, or exclusive palliative care, using specific techniques to minimize symptoms related to pain, fatigue, and dyspnea.

Keywords: palliative care, physiotherapy, quality of life.

216- PALLIATIVE CARE: A LOOK AT THE PORTUGUESE REALITY

JOANA FILIPA MOURA DE ANDRADE

Background: Approximately a 20-year gap separates the inception of palliative care in the Netherlands and Portugal. This disparity in timelines continues to manifest itself today in terms of literacy, implementation, and discussions surrounding this topic.

Objectives: This study analyzes the literature on palliative care models in Portugal, focusing on community support measures, as well as in the Netherlands, given its preeminent status in this area in Europe.

Method: Articles from both national and international journals with impact factors were examined, along with the legislation of both countries. The study has an exploratory nature, approaching a meta-analytical form. It offers an objective analysis of the scientific literature on this topic. This analysis characterizes the edited literature regarding the history of palliative care in both countries, community support measures, and research orientations and strategies.

Results: The analysis produced allows for the characterization of the Portuguese and Dutch models. Finally, questions are raised about the importance and utility of science in understanding and comparing palliative care in both countries.

Conclusion: This is a study that deserves future investment as it is crucial to stay aware of developments in countries with more robust systems in this field, to align with these nations.

Keywords: Palliative Care; Dutch Model; Community Support Measures.

217- REFERRAL IN PALLIATIVE CARE: BARRIERS TO REFERRAL BY HEALTH PROFESSIONALS – SCOPING REVIEW

MARIA CLARA MONTEIRO PINTO BALDAIA

Background: Palliative care aims to improve the quality of life of patients and their families' facing problems associated with life-threatening illnesses. They are more effective the earlier they are integrated into the course of the disease, not only because of improving patients' and family's quality of life, but also reducing occasional hospitalizations and the (over)utilization of health care services. Despite the benefit of early referral, this is still not the most frequent procedure.

Objectives: To identify and understand the referral barriers to Palliative Care, by health care professionals, for adult patients with oncological or non-oncological pathologies, in any activity context.

Method: Scoping Review based on the principles advocated by the Joanna Briggs Institute. The databases consulted were Pubmed, Scopus, and Web of Science in June 2023, using the keywords: palliative care AND reference, the time horizon 2013-2023 was defined. Of the total of 957 articles found, 15 articles were selected for the review.

Results: Patients referral to palliative care is occurring late and, mostly, when the patient has no symptomatic control and treatment options are exhausted. Three main categories of referral barriers were identified: providers- related (Health care professionals' beliefs, lack of knowledge of the concept of palliative care, difficulty in dealing with patients at the end of life, not wanting to burden the patients, stigma-related to palliative care, difficulty in care coordination) health care system related (limited resources and referral criteria) and patient-related (difficulty in prognostication, patient prejudice).

Conclusion: Although healthcare professionals recognize the value and the importance of palliative care, there is some resistance to referral. Access to palliative care requires multiple sectors working together to address patients' needs. Investment in training new professionals and improving access to services and resources is essential.

Keywords: Barriers, End of life Care, Palliative Care, Referral.

218- ELABORATION AND IMPLEMENTATION OF A PROTOCOL FOR PAIN ASSESSMENT IN PALLIATIVE CARE

THIAGO FERREIRA FILGUEIRAS

Background: Population ageing and the development of new technologies for the diagnosis and discovery of new diseases have been changing the reality of health care and requiring an approach that seeks to improve the quality of life of patients and families in the face of imminent death, for example. Through the prevention and relief of symptoms and suffering during this process. One of the most significant difficulties is treating pain, which is related to the difficulty of measuring and diagnosing it in its various aspects, be it physical, emotional, social and spiritual. Currently, several scales help assess pain in the reality of care institutions, but there is no complete tool to fully assess pain, highlighting the lack of studies in this area.

Objectives: conduct an internship in Palliative Care to develop care practice, totalling 509 hours. A quantitative, descriptive and cross-sectional research study was developed to develop and implement a pain assessment protocol in institutions that serve patients in Palliative Care.

Method: this methodological study was developed in two health units serving patients in Palliative Care, Ashbury Nursing Home in Ireland and Policlínica Santa Maria in Brazil. It took place between October 2022 and April 2023, with a total duration of 509 contact hours. The sample had 18 patients after selection by the principal researcher of this study, according to the research eligibility criteria: adult patients over 18 years old admitted to palliative units in the health institutions mentioned above. Included in this protocol was an instrument designed to be completed based on eight scales (Visual Numerical Scale, Visual Analogue Scale, Face Scale, Brief Pain Inventory, McGill Scale, Bristol Scale, Palliative Performance Scale and Palliative Prognostic Index) to evaluate and provide better assistance to patients in physical, emotional and social skills. A quantitative, descriptive and crosssectional research study was designed.

Results: during the internship, the researcher managed to monitor 18 patients under Palliative Care, with breast neoplasms being the disease with the highest prevalence in oncological cases, followed by cardiorespiratory diseases, with the highest prevalence in non-oncological cases.

Conclusion: this protocol represents a precious tool for the clinical practice of Palliative Care in institutions beginning to develop these activities and provides a support instrument for future studies.

Keywords: Methodological studies. Nursing. Oncology Ward. Palliative care.

219- ASSESSMENT OF PALLIATIVE NEEDS IN A FAMILY HEALTH UNIT

ILDA MARIA OLIVEIRA MARTINS GONÇALVES CAMPOS

Background: The Portuguese population is in an aging process. Since Portugal has one of the highest average life expectancy rates, but the lowest rate of years of healthy life, palliative needs should be predictably increasing. One of the barriers to timely access to palliative care is the difficulty in identifying patients who may benefit from it. These patients are mainly in the community, which includes the home and nursing homes, so primary health care teams are in the best position to identify patients with potential palliative needs.

Objectives: To assess palliative needs in a Family Health Unit in Matosinhos.

Method: Cross-sectional observational study in a sample of patients aged 65 years or over from a Family Health Unit in Matosinhos, through the application of the palliative needs assessment scale – SPICT-PT™.

Results: The sample consisted of 349 patients, 56.4% female and 43.6% male. The median age was 74 years. The most prevalent pathological group was related to the circulatory system, followed by the group of endocrine diseases and oncological diseases. 25 (7.2%) patients with palliative needs were identified. These have a higher median age as well as a higher degree of dependence. This group had a greater number of diseases of the circulatory system, psychological and oncological. Of the patients with palliative needs, 6 (24%) were referred to the palliative care team.

Conclusion: The identification of 7.2% of patients aged 65 years and over with palliative needs is similar to that reported in other studies. Patients with palliative needs are older and more dependent patients. Thus, with the increasing aging of the population, monitoring and periodic evaluation of these patients becomes very relevant. The low number of referrals of patients with palliative needs to the palliative care team is also in line with other studies. This data may be due to a clear difficulty of family physicians in identifying patients with palliative needs or it could be the fact that patients are symptomatically controlled and are of low complexity. The application of this tool allows the identification of these patients and the best planning of care at various levels.

Keywords: Palliative needs, Palliative Care, Primary Health Care, SPICT-PT™.

220- CAREGIVER OVERLOAD: BARRIERS AND CONTRIBUTIONS OF THE HOME SUPPORT SERVICE

ANA RITA MEIRELES FERNANDES

Background: The different changes that have taken place in today's society, especially in terms of family organization and intergenerational and social solidarity, lead a large number of people, in a situation of dependence, to look to the home care service for answers to their basic needs and or instruments of daily life. Over the last few years, assistance to chronic users has favored the home model, supporting their stay within the family nucleus and determining greater investment of time and responsibility on the part of the caregiver. In most cases, it is a family member who, initially inexperienced, will provide the patient with a constant presence to help them deal with various changes.

Objectives: The objective of this study is to evaluate the burden on the palliative user's caregiver and understand the barriers of the Home Support Service. Subsequently, the aim is to understand the contributions of the Home Support Service, to try to minimize the burden on the caregiver.

Method: A quantitative study was developed. The data needed to carry out this study were collected from caregivers of dependent patients, who benefit from the Home Support Service, through instruments such as the Zarit Scale and a Sociodemographic Questionnaire. A total of 32 instruments were delivered, but only 24 caregivers returned completed forms.

Results: The results obtained show that caregivers are mostly women, married, with low education, aged between 50 and 70 years old, and present caregiver burden, ranging from moderate to severe degrees. The Home Support Service presents itself as a contribution to caregivers, thus providing caregivers with support in providing care to patients with dependency, relieving them of the tasks that present the most difficulty. However, the Home Support Service, given its operating characteristics and the scarcity of social responses in the area of the elderly, also presents some barriers. The service's opening hours, which end up not covering all the hours needed by caregivers, and the few available vacancies, are some barriers that we can point out to the functioning of the Home Support Service.

Conclusion: To contribute to relieving the caregiver's burden, it will be necessary to think of the Home Support Service as a service with longer hours, above all.

Keywords: Aging; Caregiver; Caregiver Burden; Dependency; Home Support Service.

221- TALKING ABOUT DEATH IN A CONTINUING CARE UNIT: FACTORS THAT CAN INFLUENCE HEALTH PROFESSIONALS

ILIANA DE SOUSA RODRIGUES RAMOS

Background: Talking about death is still difficult for many health professionals, both with the patient and family, and among the team. In Palliative Care, talking about death should not be limited to communicating bad news to the patient and/or family (that the patient has died, or is at the end of life). It is also important to talk about death during this process of finitude with the patient and family so that they can make informed decisions, leave a legacy, share fears, emotions, etc. It is crucial to care for the patient in all their dimensions, and can be a facilitating element for the family's appropriate bereavement. Palliative care teams must be specialized and trained in good communication and in the importance of taking care of the psychological, social and spiritual dimensions, which includes talking about death, rather than the physical dimension, but even so, difficulties arise. What will it be like, then, with non-specialized teams that have palliative care patients in their units? And it is in this context that this study arises, in an Integrated Continued Care Unit (ICCU) that belongs to the National of Integrated Continued Care (RNCCI) and has patients with palliative care needs who have already been referred or derived from a worsening of the clinical condition of patients already hospitalized. In the UCCI, the professionals have no specific training in Palliative Care, so intervention involves constant coordination with the Palliative Care Community teams. This liaison is more of a medicinal nature, for comfort care, through physical pain relief, and therefore does not consider the other dimensions, which are the responsibility of the health professionals in the ICCU where the patient is hospitalized. Thus, for the professionals in these units (UCCI), talking about death and its process, both with the patient and the family, should be an added difficulty, in addition to caring for all dimensions of the human being at this stage of life. It was therefore considered pertinent to understand what factors might facilitate and/or hinder talking about death and its entire process, from the perspective of health professionals in an Integrated Continued Care Unit located in Vila Nova de Gaia.

Objectives: The general aim of this study is to identify the difficulties mentioned by health professionals in an ICU in talking about death with patients, their families and the team. And, on the other hand, to identify which factors are found to facilitate talking about death and which strategies they use, both communicational and emotional.

Method: The methodology used for this qualitative research was based on an interview instrument with a semi-structured script.

Results: The results obtained by analyzing the responses of the health professionals who took part in this study allowed us to conclude that the most significant factors mentioned as the main facilitators and/or hindrances were: the way in which each professional deal with death and meaning, personal and professional experience, and the way in which the patient experiences their illness and their own personality. All these factors have an influence, and can be facilitators if they are positive, or hindrances if they are negative.

Conclusion: In this study, other factors were also mentioned as facilitators (training, close relationships, communication, etc.) and as hindrances (fear of death; unexpected death; conspiracy of silence, etc.). With regard to the communication and emotional strategies used by health professionals to talk about death, this study revealed the following: empathetic posture, active listening, providing privacy for the patient as well as a calm and peaceful environment, using a calm tone of voice, calm posture, among others

Keywords: Palliative care; Death; Integrated Continued Cares; Health professionals.

222- THE NEED TO IMPLEMENT COMPASSION AS A DISCIPLINE IN HIGHER EDUCATION IN THE AREA OF PALLIATIVE CARE

MARIA INÊS LIGEIRO COELHO GONÇALVES FERREIRA

Background: Due to the current situation of the National health Service in Portugal, the Strategic Plan for the Development of Palliative Care provides for the integration of the principles and philosophy of Palliative Care in all clinical services of the SNS, provided by all its teams, ensuring the provision of palliative care of excellence, by specialized work teams with superior theoretical and practical training capable of guaranteeing specialized centred care for both the patient and the family.

Objective: According to the Strategic Plan, in Portugal, in the next decade, the main objective is to achieve a state of advanced integration of Palliative Care throughout the health system, as described by the WHO. This project is limited to this objective, with a view to optimizing the higher education system in Portugal and, at the same time, Palliative Care, with the contribution of Compassion Training in Palliative Care.

Method A project reflects a dormant cause, which needs to be veiled and conquered by time, a clear instance that falls into a dormant feeling that hovers in a begged philosophy of thinking in line with feeling. Reflecting clearly on the project under analysis, it is a synopsis of moments to be later taught in an academic context with higher education students. The project is born from the need to root compassion in the educational context, to trigger the compassionate and empathic aspect in higher education students and to fill the system's flaws, which have been superseded for too long. Teaching induces knowledge, literacy of thinking, ergonomics of knowledge, dichotomy of feeling and reflection postulated with the firmness of acting.

Results: This project also envisages knowledge in congruence with self-knowledge, for the seriousness and rectitude of those involved in the sphere of science. Leveling everything that leads to an anchoring of knowledge on the edge of limitation that underestimates borderline knowledge, the bifurcation of the sagacity of the diversity of thought is indulged. Nothing like a question and an eventual possibility for the pursuit of a possible approach. What can more subsist in an inconsequential world than a non-existent question? The questions hover and fly in divergent categories.

Conclusion: A project with the intention of being implemented in a college, has as its main intention the attention and its social, cultural, existential, and educational roots. A project needs approval in order not to stagnate in time, to establish itself in a linear framework, but the divergences and inconstancy that are elaborated in favor of the new look structure the phases of obstacles to acceptance that produce adaptation.

Keywords: doctor-patient relationship; compassion; medical education; systematic review of the literature.

223- THE PERSPECTIVE OF THE INFORMAL CAREGIVER AND THEIR INFLUENCE AT THE PLACE OF DEATH

CRISTINA MARIA MACHADO GONÇALVES PEREIRA

Background: The increase in the prevalence of chronic, complex, or life-limiting diseases is intrinsically associated with the population aging. Therefore, it is necessary to reflect on health and social care, and the community palliative care can play a fundamental role in responding to this phenomenon.

Objectives: This research aimed to understand better the factors that affect the care place at the end of life and death, identifying the informal caregivers' profile, the challenges of the all-care process, and the impact of Community Palliative Care Support Team - Gaia.

Method: A retrospective and empirical study was carried out using a quantitative method. The population of this investigation were caregivers of patients monitored by the Home Palliative Care Support Team – Gaia in the period between 2020 and 2022. In the sample, 78 caregivers were included according to inclusion and exclusion criteria, where 44 caregivers answered, representing a 55,70% response rate.

Results: Although it is not possible to generalize as we do not have statistically significant correlations, this study concludes that the informal caregivers included in the sample have a profile similar to the national profile in Portugal. They reported high emotional exhaustion, but also physical and financial exhaustion, as the main care challenges. In addition to these, the results show that managing the progression of the disease was also highlighted as a challenge by 63,6% of caregivers. The impact of the Team monitoring was also evaluated as positive and having an effect in achieving the patient's preference regarding the place of death.

Conclusion: It was possible to conclude that the monitoring by community palliative care teams and the work of informal caregivers are two factors intrinsically linked and influencing the place of death at home when there is congruence between the choices of the patient and their caregivers.

Keywords: Palliative care, place of death, influencing factors, informal caregiver.

224- THE SPIRITUAL DIMENSION OF PEOPLE WITH AMYOTROPHIC LATERAL SCLEROSIS: A MIXED STUDY ON SPIRITUAL NEEDS AND RESOURCES

MARGARIDA ISABEL AZEVEDO TEIXEIRA

Background: People with Amyotrophic Lateral Sclerosis (ALS) can turn to spirituality as a way of coping with the multiple challenges inherent in the progression of the disease. However, the difficulty in meeting these spiritual needs leads to their undervaluation by health professionals. In addition, there are limited publications that provide a structured review focusing on spiritual care and its effectiveness, as well as few studies evaluating the role of spirituality and the role of spiritually integrated interventions aimed at people with ALS.

Objectives: To study the spiritual needs and resources of people with ALS in their current situation of palliative illness.

Method: This was a mixed-methods study with a convenience sample. Data collection was obtained via a video-recorded interview in which the SECPAL Spiritual Group Questionnaire (GES) was applied. The qualitative part of the study, using Content Analysis as the method, focused on the experiences of people with ALS and was analyzed using the ATLAS.ti® version 8.4.5 tool, software developed for analyzing qualitative data. The quantitative process was carried out using the IBM® SPSS® version 29.0 for Windows® program, using correlations between the answers to the statements in the GES Questionnaire, the variables in the sociodemographic questionnaire, and the functional status of people with ALS. Spearman's or Pearson's coefficients were used to study correlations between variables without or with a normal distribution, respectively, according to the normality of the distribution parametric tstudent test for independent samples, in the comparison between different groups, after ensuring a normal distribution.

Results: Eighteen people with ALS were interviewed. Among the results of the GES Questionnaire statements emerge, the relationship with oneself and with others stood out as the most prominent spiritual components and the most relevant in the search for meaning in life. There was a moderate positive correlation between the age of the participants and the sum of the statements in the GES Questionnaire ($r = 0.556$; $p=0.017$) and a moderate positive correlation between the Intrapersonal domain of the GES Questionnaire and age ($r=0.576$; $p=0.012$). A statistically significant difference was also identified for the Intrapersonal domain between males (8,90 ± 2,558) and females (11,13 ± 1,126) ($p=0.035$). People with less education seem to score higher in the Transpersonalspiritual domain ($r = -0.536$; $p=0.022$). The functional status of people with ALS does not seem to be one of the main factors to consider when assessing or exploring the spiritual dimension. The experiences of people with ALS in their current situation include worries and inconveniences relating to the uncertain future and the impact on the family, emotional, social, and organizational problems, and the functional and symptomatic impact. They also include help, support, and sources of security such as coping strategies, transcendent, informal social interaction, community support, formal social xii interaction, the support network, and support for the self. The absence of security and the lack of crises were also addressed. The spiritual resources identified relate to a sense of fulfillment/purpose, support and being supported by those closest to them, hope, and the connection with a higher being, whether religious or not. The spiritual needs addressed relate to enjoying life and its purpose, accepting illness, resolving conflicts with family members, and helping careers, and hope, in the approval and availability of a new drug and/or a cure.

Conclusion: The results of this study highlight the importance of individualized, comprehensive, and sensitive approaches in care and support practices for people with ALS. Experiences in the context of illness and spiritual needs and resources are essential factors to be considered for a holistic approach to health

Keywords: Spiritual Dimension; Amyotrophic Lateral Sclerosis; Spiritual Needs; GES Questionnaire; Spiritual Resources; Experiences.

225- USE OF PSYCHOANALYSIS IN PALLIATIVE CARE – A SCOPING REVIEW

ISABELLA BATISTA JARDIM

Background: With the expansion of psychoanalysis to different institutions, it is urgent for professionals to adapt to the reality that is presented to them, so that psychoanalytic concepts and the listening of unconscious can be done, detached from walls and pre-established protocols. Palliative care is one of the fields in which psychoanalysis is increasingly inserted, since providing these listening spaces is also necessary in the hospital context. Throughout this work, the particularities and challenges of performing psychoanalysis in palliative care will be presented.

Objectives: Explore existing studies regarding the use of psychoanalysis in Palliative Care.

Method: Scoping review based on the principles recommended by the Joanna Briggs Institute. The databases consulted were Scopus, Medline (Pubmed), Web of Knowledge (ISI) and PEPSIC, using the following key concepts: palliative care AND psychoanalysis. The research took place on August 8, 2023, at 9:00 am, with no time horizon being defined. From the total of 70 articles found, 11 met the previously designated selection criteria and were considered in the presented review.

Results: The research carried out resulted in the selection of 11 articles included in the review. Aspects regarding the use of psychoanalysis in palliative care were identified, such as the need for adaptation by the psychoanalyst to the work setting, the importance of valuing subjectivity with the team and consequently listening to patients and families, the psychoanalyst's responsibility which concerns the consolidation of their place in the team, the use of ethics and psychoanalytic concepts to promote listening to the unconscious.

Conclusion: This review shows that there are many challenges faced by psychoanalysts when working in palliative care. However, it also demonstrates that the correct handling of situations and demands can contribute to the consolidation of the psychoanalyst's place in this space, so that listening to the subject can be promoted, regardless of the setting in which this listening takes place. After all, wherever someone is willing to listen, there will be an unconscious subject willing to speak. Psychoanalytic listening is not and should not be limited to the walls of the office, but must reach everyone

Keywords: Palliative Care; Psychoanalysis.

226- OPINIONS OF PORTUGUESE DOCTORS ABOUT THE LEGAL CRITERIA FOR A REQUEST FOR EARLY DEATH

MÁRCIA GONÇALVES

Background: The possibility of patients requesting support to end their lives is already legalized in several countries and has been the subject of active social and political debate in recent years. In Portugal, law no. 22 of 2023 provides, as in other countries, that medically assisted death can take place in the form of medically assisted suicide in accordance with the wishes of the applicant, or euthanasia only if the patient is unable to undergo medically assisted suicide and suffers from a definitive injury of extreme severity or a serious and incurable illness.

Objectives: The aim of this study is to analyze Portuguese doctors' perceptions of the legal criteria for a request for medically assisted death - euthanasia or medically assisted suicide.

Method: A cross-sectional study was carried out using an instrument consisting of closed questions answered on a five-point likert scale, developed by the study's researchers for this purpose. Data was collected online using the google forms platform. The sample consisted of 94 doctors, 47% male and 53% female, with an average age of 48.

Results: The results revealed strong agreement that the decision should come from the person themselves (94.7%) and that they should be of legal age (79.8%). There was significant agreement with the criterion of medically assisted death in cases of intense suffering with serious injury (88.3%) or incurable illness (91.4%). The importance of access to palliative care was also emphasized, with 97.8% of the sample agreeing. There was also significant agreement with the need for clinical psychology specialists throughout the process (93.6%). The majority of participants (93.6%) also agreed that requests should be validated by a multidisciplinary committee. Finally, the majority of the sample (89.3%) highlighted the importance of allowing the person to choose the location for the procedure.

Conclusion: The results of this study highlight the importance of promoting individual autonomy in situations of extreme suffering when making decisions about medically assisted death, as well as ensuring access to palliative care. The involvement of qualified health professionals and the implementation of adequate safeguards to protect the legitimate interests of individuals is fundamental.

Keywords: Medically assisted suicide; euthanasia; autonomy; desire to die; Portuguese doctor’s opinions.

227- INTERNSHIP IN ONCOLOGY PALLIATIVE CARE: THE NURSE'S ROLE IN COMMUNICATION - BARRIERS AND FACILITATING FACTORS

MARTA ANDREIA ALVES GUIMARÃES

Background: Communication – one of palliative care's cornerstones – is an essential therapeutic tool that provides the patient dignity and autonomy to make decisions concerning his own life and treatment, preserving his self-esteem and contributing to the creation of a therapeutic relationship with healthcare professionals. Communicating the progress of the disease and the impossibility of healing it has been one of the most difficult tasks for healthcare professionals, as a result, several barriers stand between them and the patients, thanks to the challenging emotional aspects faced by everyone involved. There are many facilitating factors to minimize the nefarious effects of the transmission of bad news, but the reaction of each person will always be unique. Although there are no concrete formulas, there are bad news conveying protocols that can serve as a guiding manual.

Objectives: This technical-scientific internship, in the context of the second year of a master's degree in palliative care, happened in the palliative care services at the Portuguese Institute of Oncology in Porto. Its objective was to comprehend what is the role of the nurse in communicating in palliative care, which factors influence communication in palliative care, and understand if the form of conveying bad news has an effect on the course of the disease in the patient.

Method: It focuses mainly on communication, namely in the moment of transmitting bad news in a palliative care context.

Results: The collection of data was made through participated observation methodology at moments where the conveying of bad news was done. It was possible to observe that the nurse assumes himself as an essential element in the communication process with patients and family, namely on the broadcast of bad news. The way that the broadcast of the news is done has implications for the patient and his own family, being able to interfere and influence the family's and patient's thoughts, therapeutic accession to medical care, and the disease evolution.

Conclusion: Furthermore, the fulfillment of this internship allowed for the acquisition of experience in providing nursing care in a palliative care context. As well as enabling the development of specific competencies in caring for a person with a severe or incurable disease, at an advanced stage, progressive and terminal, as well as attending the person's caregivers/family in all clinical practical contexts. To relieve their suffering, maximizing their well-being, comfort, and quality of life.

Keywords: Communication; Nurse; Palliative Care.

228- DEMENTIA, LIVING WILL AND ADVANCE DIRECTIVE: WHAT IS KNOWN?

MAFALDA CRISTINA DA SILVA SÁ MOREIRA

Background: Oncoming patients with dementia pose special challenges, whether for the health team, for family members, or the patient himself, raising ethical issues in the balance between the patient's loss of ability to make decisions about their own health and daily life and respect for their autonomy. On the other hand, advanced directives can help in decision-making, being of particular meaning for patients with dementia.

Objectives: To know the existing scientific literature on dementia, living will, and advance directives.

Method: Scoping Review inspired by the principles promoted by the Joanna Briggs Institute, carried out through the analysis of the relevance of articles, the extraction and synthesis of data. The databases consulted were Medline (Pubmed), Web of Knowledge (ISI) and Cochrane, using the following key concepts: dementia AND living will AND advance directive. The survey took place on July 28, 2023, at 5:00 pm, with the time horizon 2013-2023 being defined. Of the total of 118 articles found, 16 fulfilled the previously named selection criteria, having been considered in the present review.

Results: Through the analysis of the articles, it was possible to understand that several sociodemographic differences, as well as the severity of the disease, can influence the presence of Advance Directives. From the perspective of caregivers, there was a need to be prepared for the moment when they may need to make decisions for the person. From the doctors' perspective, there are difficulties and needs that must be tackled and trained, fundamentally in terms of communication. The existence of educational programs can support the fulfilment of Advance Directives. It was also noticed that the presence of an advance directive can influence the end-of-life care of patients with dementia.

Conclusion: Despite the heterogeneity of the studies, all defend the importance of the existence of Advance Directives, so efforts will be needed to increase the use of these documents

Keywords: Dementia, Advance Directive, Living Will.

229- PALLIATIVE CARE IN ADVANCED CHRONIC LUNG DISEASES: A SCOPING REVIEW

SHARON JENNIFER SANTOS FARIA

Background: Chronic lung diseases, such as chronic obstructive pulmonary disease and interstitial lung diseases, are associated with high morbidity and mortality rates. As a result, patients experience a progressive decline in quality of life, suffering, and limitations in daily activities. Therefore, the involvement of Palliative Care is essential for symptom management, advance care planning, and providing psychological, emotional, spiritual, and social support to patients and their caregivers.

Objectives: The primary objective of this study was to understand Palliative Care in this context. Additionally, the study aimed to evaluate the effectiveness of Palliative Care in improving health-related quality of life, respiratory and non-respiratory symptom control, and to identify the impact of Palliative Care on location of death, use of mechanical ventilation, hospital admissions and intensive care unit stays, and advance care planning.

Method: A scoping review was conducted following the guidelines of the Joanna Briggs Institute. The databases used were Medline (PubMed) and Web of Knowledge (ISI). The search terms included "palliative care" AND "lung disease" NOT "neoplasm" NOT "COVID-19". The inclusion criteria consisted of original studies published from 2000 onwards, including randomized and non-randomized controlled trials, prospective and retrospective cohorts, without language restrictions. Out of the 48 articles initially identified, 12 met the pre-defined selection criteria and were included in this review.

Results: The 12 included articles comprised randomized controlled trials, retrospective and prospective cohorts. The results did not demonstrate improvement in health-related quality of life or respiratory and non-respiratory symptom control in patients undergoing Palliative Care. However, they indicated that Palliative Care was associated with increased advance care planning and more deaths occurring in the preferred location.

Conclusion: Despite not finding improvements in quality of life and other outcomes, patients can still benefit from Palliative Care due to (1) advance care planning and (2) support provided to caregivers during the bereavement phase. More multicenter randomized controlled trials are needed to evaluate the predefined outcomes in this analysis and confirm the effectiveness of Palliative Care.

Keywords: Hospital Admission; Idiopathic Pulmonary Fibrosis; Interstitial Lung Disease; Lung Disease; COPD; Palliative Care; Quality of Life; Scoping Review; Symptom Control.