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Abstract: 2.068 *Palliative Sedation Conceptualization: Barrier or Facilitator in Ethics Education?*

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Background/aims: Extending Palliative Care (PC) services and provision is an important means to respond to increase in demand. Organizations such as WHO and EAPC stress the paramount role teaching has on extending PC knowledge and understanding. In Spain, current legislation requires new medical and nursing graduates to obtain a master's degree in bioethics. Our university offers such a degree which incorporates a wide range of topics from the beginning of life to the end. We have taught this course, including palliative care for the last 11 years.

Aim: Establish students' understanding of the concepts behind the ethical decisions they make in their daily practice.

Methods: Descriptive qualitative study of almost 800 students' answers to an open question regarding talking to a family about palliative sedation for a young patient. Quantitative and Qualitative analysis of over 15 parameters, including clinical need, anthropological significance of pharmacological sedation, team working, patient autonomy, and others.

Results: Not every student answered this question. Of those who did, over 90% didn't make the decision as part of a wider team. Over 83% wrote about informing the family about sedation. Less than 10% answered that they would discuss the possibility of initiating sedation with those close to patient. Less than 7% students wrote about talking to the patient before making the decision regarding initiating sedation. Palliative Sedation was defined by only 8% of our students.

Conclusions: In the last decade, conceptualization of Palliative Sedation may have lost its academic, scientific and clinical significance as a therapeutic manoeuvre to alleviate patient's explicit suffering. This situation has implications in terms of ethics teaching and learning because its concepts need to be agreed before using them in the classroom.