PL 3 Plenary

PL 3 Palliative Care - Technology & New Media

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Background/aims: In this plenary past, present and future trends that can enable patients, carers and healthcare professionals to make good use of emerging technologies are explored. Media such as video, virtual/ augmented reality, artificial intelligence (AI) and even the humble QR code, have already had a significant impact in our quest to make aspects of palliative care more understandable and transparent. (1)

Methods: Working with patients, carers and students at a tertiary cancer centre has led to several studies and QI projects involving new media, including the use of AI. For instance, a virtual reality 360 degree radiotherapy experience is now available on the hospital trust's own YouTube channel, and is very highly accessed. But even day-to-day technologies, such as digital remote video consultations, have quickly led to new challenges regarding how we best communicate when using technology. Advance & future care planning can be demonstrably enhanced when outpatient or bedside video technology is used to help people understand complex topics like Do Not Attempt CPR (DNACPR) decisions, and we have used QR codes to link to trusted resources. Digital legacy planning has quickly become an important topic of conversation for healthcare professionals, social workers and welfare rights officers.

Results: New technologies offer exciting possibilities for patient/carer engagement in all the multiple areas that palliative care covers. New media are now frequently used by patients for information gathering. People will not always read the paper information leaflets they are handed, but instead will enquire on social media, YouTube and more recently on AI platforms such as chat GPT to find answers to their questions and problems. The areas that can be covered by technology are vast, and may allow clinicians to focus more on the inter human aspects of communication, whilst technology 'does the rest'.

Conclusions: Rather than just *consider* new technologies in our field of expertise, we need to accept that they are already firmly established in patients' homes and on smartphones, frequently used in an unstructured way. Setting up local systems, including the AI project we have in use in our hospital trust, can be beneficial. But it can also be cumbersome, for instance when having to feed thousands of possible question/answer scenarios into the software. Therefore, collective approaches, ideally with mass participation, will ensure that such new media and technologies can be peer-reviewed and evidence based.

References

(1) Abel, J., & Taubert, M. (2020). Coronavirus pandemic: Compassionate communities and information technology. Supportive and Palliative Care, 10(4), 369–371.