Acknowledgements

We wish to express our appreciation for the support provided by:

PLATINUM SPONSOR

SILVER SPONSORS

SPONSORS
The High Patron of the EAPC 2007 Budapest Congress is László Sólyom, President of the Republic of Hungary.

Dear colleagues in palliative care,

On behalf of the European Association for Palliative Care (EAPC) and the Hungarian Hospice–Palliative Association, we welcome you to the 10th Congress of the EAPC. It has been an ambition for many years to host an EAPC congress in a Central or Eastern European country. We are therefore delighted to welcome you to Budapest!

Congress delegates from all parts of the world will have an opportunity to meet and share their knowledge and experience of palliative care. The congress programme reflects the challenging and fascinating diversities of palliative care. We will find out about delegates’ personal experiences, their clinical practice and research, and their research methodology. All this will provide us with opportunities to learn from each other, discuss each others’ work and take some inspiration back home for the benefit of our patients.

An important aspect of palliative care that will also form an essential part of the congress programme is the subject of policy and organisation. The ‘Budapest commitment’ is a tool to support palliative care development in each country through relevant goals defined by national associations. The Budapest commitment is an EAPC initiative, together with the International Association for Hospice and Palliative Care (IAHPC) and the Worldwide Palliative Care Alliance (WPCA).

The congress will be a wonderful opportunity to meet people, make new friends, learn from new perspectives and share what you know about caring for people at the end of their life.

Welcome to Budapest and enjoy the congress!

Carl Johan Fürst
Chair, Scientific Committee

Katalin Hegedűs
Chair, Organising Committee
SCIENTIFIC SESSIONS

Plenary lectures
Plenary lectures cover key aspects of palliative care and its development, plus future challenges. The lectures include a plenary in memory of Virgilio Floriani, the Floriani Lecture, and an EAPC award lecture presented by a distinguished contributor to palliative care development.

Parallel sessions
The parallel sessions will highlight a large number of important palliative care subjects.

Plenary follow-up sessions
These will present different aspects of the plenary themes and give time for discussion.

Workshops
These will be in a variety of formats, mostly interactive and sometimes with a limited number of participants (entry will be on a first come, first served basis).

Free paper sessions
After a review of the submitted abstracts, those rated highest in terms of originality, relevance to palliative care, clarity and scientific standard have been selected for oral presentations.

Morning ‘meet the expert’ sessions
The purpose of these sessions is to give participants the opportunity to meet experts of different fields of palliative care informally. The sessions are educational and interactive. Basic knowledge, new developments, and controversies in relation to clinical experience and scientific evidence, will be included.

Guided poster tours
Posters will be assessed by a review panel over the three days of the congress. A selection of interesting posters will be presented and discussed during guided poster tours chaired by experts in palliative care.

Paediatric palliative care
The congress programme is highlighting palliative care for children, and will include a morning ‘meet the expert’ session, a plenary lecture, parallel sessions and free paper sessions.

ESMO accreditation
The congress will give ESMO members ten ESMO-MORA points, category 1.
## Contents

**Foreword**  
Carl Johan Fürst, Katalin Hegedűs  
iii

**Committees**  
iv

**Introduction to the meetings**  
iv

**Informal meetings**  
vi

**Programme planner**  
viii

### Events programme

- **Thursday 7 June**  
  1
- **Friday 8 June**  
  9
- **Saturday 9 June**  
  19

### Posters programme

- **Thursday 7 June**  
  27
- **Friday 8 June**  
  37
- **Saturday 9 June**  
  47

**Notes**  
56

**Plenary abstracts**  
65

**Abstracts of oral presentations**  
83

**Abstracts of posters**  
111

**Index**  
213

**General information**  
223
Informal meetings

Informal meetings for specific interest groups will be held on Wednesday 6 June 2007 and throughout the three days of the congress. Most meetings will welcome interested delegates.

**Wednesday 10.00-17.00**

**Budapest II. Hall - Building A**

**European Palliative Care Research Collaborative EPCRC**

EPCRC group by invitation
Stein Kaasa Norway

**Wednesday 13.00-17.30**

**Building B**

**Development of palliative care - commitments for change: The Budapest commitment**
A joint initiative by the EAPC in collaboration with the IAHPC and the WPCA
All interested are welcome
Chair: Lukas Radbruch EAPC
Co-chairs: Kathy Foley IAHPC, David Prail WPCA, Carl Johan Fürst EAPC

**Welcome and introduction**
Carlos Centeno and David Clark

**A map of palliative care in Europe**
Frank Ferris

**Steps towards palliative care development**
Willem Scholten

- Drug availability - narcotics
- Drug availability - the essential list
- Policy

**Education**
Liliana de Lima

**Quality**
Urska Lunder and Kathy Foley

**Research**
José Pereira

**Budapest commitments on different levels: Proposal and introduction to discussion**
Xavier Gomez

Lukas Radbruch

**Break**

**Discussion in groups on commitments and priorities**

**Reports from the groups on paper/memory stick**

**Chairs and speakers as group chairs**

Lukas Radbruch

**Wednesday 16.00-18.30**

**Building B**

**Physiotherapists’ meeting**

Physiotherapists
Unni Vidvei Nygaard Norway

**Thursday 15.30-16.30**

**Paris Hall - Building A**

**International family carer research collaboration meeting**

By invitation
Peter Hudson, Sheila Payne UK

**Thursday 15.30-16.30**

**Venice Room - Building C**

**Palliative care in long-term facilities - a research approach**

All interested are welcome
Katherine Froggatt UK
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>10.00-11.00</td>
<td>Intellectual disabilities - inaugural meeting</td>
<td>Paris Hall - Building A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All interested are welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Linda McEnhill UK</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>10.00-11.00</td>
<td>Palliative care and older people</td>
<td>Venice Room - Building C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All interested are welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paul Cann, Nick Pahl UK</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>12.45-13.45</td>
<td>Social workers’ meeting</td>
<td>Brussels Hall - Building A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social workers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pam Firth UK</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>15.00-16.30</td>
<td>World Federation of Neurology Research Group meeting</td>
<td>Venice Room - Building C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All interested are welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Raymond Voltz Germany</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>15.00-16.30</td>
<td>The story so far - EAPC Paediatric Taskforce</td>
<td>Paris Hall - Building A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All interested are welcome</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Richard Hain UK</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>13.00-14.00</td>
<td>ECEPT General Assembly</td>
<td>Budapest I. Hall - Building A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ECEPT members</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wojciech Leppert Poland</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>09.00–10.00</td>
<td>Opening ceremony and EAPC Award</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.00–10.30</td>
<td>Plenary 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.30–11.30</td>
<td>Poster viewing and Coffee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.30–13.00</td>
<td>Policy in Palliative Care</td>
<td></td>
<td>Complementary Therapy</td>
</tr>
<tr>
<td>14.30–15.00</td>
<td>Plenary 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.00–15.30</td>
<td>Plenary 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.30–15.40</td>
<td>EAPC News 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.40–16.30</td>
<td>Poster viewing and Coffee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.30–18.00</td>
<td>Hydration – A Change of Perspective in Palliative Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

viii

10th Congress of the European Association for Palliative Care, Budapest, Hungary, 7–9 June 2007
<table>
<thead>
<tr>
<th>Time</th>
<th>Plenary Hall</th>
<th>Budapest I. Hall</th>
<th>Budapest II. Hall</th>
<th>Arsen Hill Hall</th>
<th>The Hague Hall</th>
<th>Palermo Hall</th>
<th>Geneva Hall</th>
<th>London Hall</th>
<th>Barcelona Hall</th>
<th>Bergen Hall</th>
<th>Brussels Hall</th>
<th>Paris Hall</th>
<th>Venice Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00–08.45</td>
<td>Opioid – How to Rotate</td>
<td>Self Management of Symptoms</td>
<td>Emergencies in PC</td>
<td>The Role of Religion in PC</td>
<td>Pediatric Palliative Care</td>
<td>Fundraising – Meet the Expert</td>
<td>PHI/EDU Education – a European Perspective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08.45–09.00</td>
<td>Break</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09.00–09.30</td>
<td>Plenary 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09.30–10.00</td>
<td>Plenary 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.10–11.00</td>
<td>EAPC News 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.00–12.30</td>
<td>&quot;Beyond Words&quot; – Creating Relationships in Unique Ways</td>
<td>Pain Clinical Challenges and the EPCR Research Agenda</td>
<td>Pediatric Palliative Care</td>
<td>Palliative Care and Oncology Collaboration in University and Local Hospitals (joint EAPC/ESMO session)</td>
<td>Archimedes – Fighting the first meeting the challenges of EPCR</td>
<td>Palliative Care in the Elderly</td>
<td>Video presentations</td>
<td>Teams and Team Working – Conflict, Supervision and Management</td>
<td>Education in Palliative Care</td>
<td>Bridging the Gap between Oncology and Palliative Care: an Interactive Educational Tool</td>
<td>Wound Care: Part I – Practical Approach to Wound Care</td>
<td>The Family of Grief Therapy (11.00–12.30)</td>
<td></td>
</tr>
<tr>
<td>12.30–14.00</td>
<td>Lunch</td>
<td>Mundipharma Symposium (12.45–13.45)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.00–14.25</td>
<td>Plenary 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.25–14.35</td>
<td>EAPC News 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.35–15.00</td>
<td>Plenary 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.00–16.30</td>
<td>Ophelion Symposium (15.15–16.15)</td>
<td>Guided poster tour (15.30–16.15) and Coffee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.30–18.00</td>
<td>The Existential Dimension</td>
<td>Grief in Cancer Patients: Inevitable or Treatable? Research Proposals from the EPCP</td>
<td>Developing a Common Language – towards Consensus Based Quality Palliative Care</td>
<td>National Associations meeting (joint EAPC/Help the Hospices)</td>
<td>Family and Bereavement</td>
<td>Communicating in Palliative Care</td>
<td>Video presentations</td>
<td>Research – Patient and Staff Perception</td>
<td>Pediatric Palliative Care</td>
<td>Bridging the Gap between Oncology and Palliative Care: an Interactive Educational Tool</td>
<td>Absolute Attention – Using Music at the End of Life – an Informative and Practical Workshop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.00–18.15</td>
<td>Break</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.15–19.30</td>
<td>EAPC General Assembly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>--------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
<td>--------------------------</td>
<td>-------------------------</td>
<td>------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>08.00-08.45</td>
<td>Quality of Life – a Valuable Concept in PC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nutrition</td>
<td>Constipation – European Guidelines</td>
<td>Education – Adult Learning</td>
<td>Communication</td>
<td>The Dead Body – Cultural Competence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08.45-09.00</td>
<td>Break</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09.00-09.25</td>
<td>Plenary 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09.25-09.35</td>
<td>EAPC News 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09.35-10.00</td>
<td>Plenary 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.00-11.30</td>
<td>Guided poster tour (10.15-11.15) and Coffee</td>
<td>Molteni Symposium (10.15-11.15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.30-13.00</td>
<td>Delirium – a Challenge to Contact and Communication</td>
<td>Palliative Sedation – an Update</td>
<td>From Basic Education to Specialist Training – EAPC Task Forces on Education</td>
<td>Communication (joint EAPC/POS session)</td>
<td>The Diversity of Palliative Care 2</td>
<td>The Organisation of Palliative Care Services</td>
<td>AIDS – Challenges for Palliative Care (Epidemiology, Resources and Organisation of Care etc)</td>
<td>Video presentations</td>
<td>Wound Care Part 2 – Demonstration and Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.00-14.00</td>
<td>ECEPT General Assembly</td>
<td>Lunch and Poster viewing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.00-15.00</td>
<td>Sleep and Fatigue – Two Titting Symptoms</td>
<td>The Liverpool Care Pathway – Development, Implementation, Evaluation and International Experience</td>
<td>The Budapest Commitment – the Final List of Priorities</td>
<td>Facets of PC Delivery – My Own Palliative Care (Reimbursement, Some Statistics eg Length of Stay and Case mix, Quality Control)</td>
<td>New Perspectives on Palliative Care Education</td>
<td>Review and Critique of Scientific Paper</td>
<td>Symptoms in Palliative Care 2</td>
<td>Policy</td>
<td>Palliative Care – Non Cancer</td>
<td>The Diversity of Palliative Care 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.00-15.15</td>
<td>Break</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.15-15.45</td>
<td>Plenary 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.45-16.15</td>
<td>Plenary 11 – Flatiati Lecture</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.15-16.45</td>
<td>Closing ceremony</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thursday 7 June 2007

CONNECTING DIVERSITY

10th Congress of the European Association for Palliative Care
# Events programme

**Thursday 7 June 2007**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Hall/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00–10.00</td>
<td><strong>Opening ceremony and EAPC Award</strong>&lt;br&gt;Chairs: Marilène Filbet (France) - Katalin Hegeduš (Hungary)</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td>10.00–10.30</td>
<td><strong>Plenary 1</strong>&lt;br&gt;Chairs: Marilène Filbet (France) - Katalin Hegeduš (Hungary)</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td></td>
<td>1 Connecting diversities to scale up palliative care in Africa&lt;br&gt;Faith Mwangi-Powell Uganda</td>
<td></td>
</tr>
<tr>
<td>10.30–11.30</td>
<td><strong>Poster viewing and Coffee</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Poster topics</strong>&lt;br&gt;Assessment 218–274&lt;br&gt;Complementary therapy 275–298&lt;br&gt;Palliative Care in the Elderly 299–315&lt;br&gt;Non Cancer 316–347&lt;br&gt;Policy 348–372&lt;br&gt;Service Organisation and Place of Care 373–473</td>
<td></td>
</tr>
<tr>
<td>11.30–13.00</td>
<td><strong>Follow-up session</strong>&lt;br&gt;<em>Policy in Palliative Care - Steps for Improvement</em>&lt;br&gt;(Joint EAPC/IAHPC session)&lt;br&gt;Chairs: Lukas Radbruch (Germany) - Kathleen Foley (United States)</td>
<td>Budapest I. Hall - Building A</td>
</tr>
<tr>
<td></td>
<td>2 Funding - needs, responsibility and availability&lt;br&gt;Mary Callaway United States</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Access to controlled medications: impact for millions&lt;br&gt;Willem Scholten Switzerland</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Drugs - the essential list</strong>&lt;br&gt;Liliana de Lima United States</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 A National Policy - Does It Make A Difference?&lt;br&gt;Eugene Murray Ireland</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Research - the Venice declaration</strong>&lt;br&gt;Liliana de Lima¹, Lukas Radbruch²&lt;br&gt;¹ United States ² Germany</td>
<td></td>
</tr>
<tr>
<td>11.30–13.00</td>
<td><strong>Parallel session</strong>&lt;br&gt;<em>Palliative Care and People with Intellectual Disabilities</em>&lt;br&gt;Chairs: Linda McEnhill (United Kingdom) - Stewart Todd (United Kingdom)</td>
<td>Budapest II. Hall - Building A</td>
</tr>
<tr>
<td></td>
<td>5 Palliative care and intellectual disability - exploring the knowledge of specialist palliative care providers in Kent&lt;br&gt;David Oliver United Kingdom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 “The Veronica Project”: An ethnographic study into the experiences of people with Intellectual Disabilities (ID) who have cancer (preliminary findings)&lt;br&gt;Irene Tuffrey-Wijne United Kingdom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Palliative care for people with intellectual disability: lessons we have learned and challenges for the future&lt;br&gt;Karen Ryan Ireland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 Social resurrectionists: death in a disability context&lt;br&gt;Stuart Todd United Kingdom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9 An assessment tool for the bereavement needs of people with Intellectual disabilities&lt;br&gt;Noelle Blackman United Kingdom</td>
<td></td>
</tr>
<tr>
<td>11.30–13.00</td>
<td><strong>Parallel session</strong>&lt;br&gt;<em>Complementary Therapy</em>&lt;br&gt;Chairs: Torkel Falkenberg (Sweden) - Susie Wilkinson (United Kingdom)</td>
<td>Aachen Hall - Building C</td>
</tr>
<tr>
<td></td>
<td>10 A Global Perspective - World Health Organization Strategies and Resolutions&lt;br&gt;Torkel Falkenberg Sweden</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11 Complementary Therapies - The evidence base&lt;br&gt;Susie Wilkinson United Kingdom</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 Effects and evaluation of haptotherapy for chemotherapeutical treated palliative cancer patients&lt;br&gt;Adriaan Visser The Netherlands</td>
<td></td>
</tr>
</tbody>
</table>
Thursday 7 June 2007

13 Users Perspectives on Homeopathy: Oscillating between Treatment and Companionship
   Petra Plunger Austria

11.30-13.00 Parallel session The Hague Hall - Building C
Oral Problems - Assessment and Treatment
   Chairs: Andrew Davies (United Kingdom) – Martine De Vlieger (Belgium)

14 Oral problems - assessment and treatment overview
   Andrew Davies United Kingdom

15 Oral Hygiene
   Margaret Sweeney United Kingdom

16 Intervention Possibilities in Cancer treatment Induced Mucositis and What about Guidelines
   Fred Spijkervet The Netherlands

17 Bisphosphonates and osteonecrosis
   Florian Strasser Switzerland

11.30-13.00 Parallel session Palermo Hall - Building C
Palliative Care in Nursing Homes – European Perspectives
   Chairs: Katherine Frogatt (United Kingdom) – Katharina Heimerl (Austria)

18 Consultation and Involvement for Older Adults Living in Long Term Care Settings: An Action Research Study
   Katherine Frogatt United Kingdom

19 Palliative Care in Nursing Homes - the need for organization development
   Katharina Heimerl Austria

20 Nursing homes and hospice - needs fulfilled?
   Friedemann Nauck Germany

21 A Palliative Approach in Nursing Institutions: Background and Perspective
   Elena Vvedenskaya Russian Federation

11.30-13.00 Free paper session Geneva Hall - Building A
Pain
   Chairs: Per Sjögren (Denmark) – Carla Ripamonti (Italy)

22 The intravenous to oral milligram potency ratio of morphine
   Wael Lasheen United States

23 Intermittent cancer pain: clinical importance and classification
   Wael Lasheen United States

24 Managing skin irritation of Buprenorphine TTS (BUP TTS)
   Johan Van den Eynde Belgium

25 Nasalfent, a novel intranasal formulation of fentanyl, is rapidly effective and well-tolerated during treatment of breakthrough cancer pain
   Geoffrey Davis Canada

26 Validation study of the Doloplus scale in six languages
   Bernard Wary France

27 Palliative Sedation in an Acute Care Hospital: Policy, Ethics and Case Studies
   Kelli Gershon United States

11.30-13.00 Parallel session London Hall - Building C
Development of Palliative Care in Europe
   Chairs: Marilène Filbet (France) – Carlos Centeno (Spain)

28 View from the Observatory
   David Clark United Kingdom

29 Palliative Care in Europe are moving forward
   Carlos Centeno Spain

30 Council of Europe Recommendation: the Purpose and the Impact
   Natasa Milicevic Serbia
### Thursday 7 June 2007

**Events programme**

#### 11.30-13.00 Free paper session

**Barcelona Hall - Building C**

**Family and Bereavement**

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Author</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>The Social Worker in Palliative Medicine</td>
<td>Ruth Powazki</td>
<td>United States</td>
</tr>
<tr>
<td>32</td>
<td>Emotional preparedness at the time of wives death predicts psychological morbidity for widowers 4-5 years after the loss - a population based follow-up</td>
<td>Arna Hauksdottir</td>
<td>Sweden</td>
</tr>
<tr>
<td>33</td>
<td>Promoting Resilience through Bereavement by Connecting Diversity Notably by Connecting Flesh and Soul, Loss and Bliss</td>
<td>Hugues Cormier</td>
<td>Canada</td>
</tr>
<tr>
<td>34</td>
<td>Palliative Care: The Economic Perspective for Families and Health Care System</td>
<td>Serge Dumont</td>
<td>Canada</td>
</tr>
<tr>
<td>35</td>
<td>When a child loses his brother or sister: interest of dynamic peer support groups</td>
<td>Agnes Suc</td>
<td>France</td>
</tr>
</tbody>
</table>

#### 11.30-13.00 Free paper session

**Bergen Hall - Building C**

**Assessment - Needs and Measures**

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Author</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Does recognition of the dying phase have an impact on interventions during the last three days of life?</td>
<td>Agnes Van der Heide</td>
<td>The Netherlands</td>
</tr>
<tr>
<td>37</td>
<td>Defining Unbearable Suffering</td>
<td>Jaap Gootjes</td>
<td>The Netherlands</td>
</tr>
<tr>
<td>38</td>
<td>Measuring pain and symptoms in resource-poor settings: a comparison of verbal, visual and hand scoring methods in Sub-Saharan Africa</td>
<td>Richard Harding</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>39</td>
<td>Delirium Observation Screening scale: its use in cancer patients after opioid change</td>
<td>Lia Van Zuylen</td>
<td>The Netherlands</td>
</tr>
<tr>
<td>40</td>
<td>Predictive value of the prognostic inflammatory and nutritional index (PINI) in terminally ill cancer patients</td>
<td>Jean-Philippe Durand</td>
<td>France</td>
</tr>
<tr>
<td>41</td>
<td>Use of the APCA African Palliative Outcome Scale (POS) improves nursing assessment of palliative care patients</td>
<td>Julia Downing</td>
<td>Uganda</td>
</tr>
</tbody>
</table>

#### 13.00-14.30 Lunch
### 13.15–14.15 Nycomed Symposium

**Challenges in treating breakthrough pain**

Chair: Sebastiano Mercadante (Italy)

- **Introduction**
  Sebastiano Mercadante Italy

- **The “Art” of breakthrough pain treatment**
  Andrew Davies United Kingdom

- **Challenges in breakthrough pain treatment**
  Stein Kaasa Norway

- **Nasal fentanyl: A clinical pharmacological perspective**
  Ola Dale Norway

#### Questions & Answers

### 13.15 – 14.15 Guided poster tour

- **Poster topics**
  - Assessment 218 – 274
  - Complementary therapy 275 – 298
  - Palliative Care in the Elderly 299 – 315
  - Non Cancer 316 – 347
  - Policy 348 – 372
  - Service Organisation and Place of Care 373 – 473

### 14.30–15.00 Plenary 2

Chairs: Rianne De Wit (The Netherlands) – Stein Kaasa (Norway)

- **42 Resilience and palliative care**
  Barbara Monroe United Kingdom

### 15.00-15.30 Plenary 3

Chairs: Rianne De Wit (The Netherlands) – Stein Kaasa (Norway)

- **43 Hydration practice: attitudes and evidence**
  Peter Lawlor Ireland

### 15.30–15.40 EAPC News 1

Chairs: Rianne De Wit (Netherlands) – Stein Kaasa (Norway)

- **44 EPCRC: Improved treatment of pain, depression and fatigue through translation research**
  Stein Kaasa Norway

### 15.40–16.30 Poster viewing and Coffee

- **Poster topics**
  - Assessment 218 – 274
  - Complementary therapy 275 – 298
  - Palliative Care in the Elderly 299 – 315
  - Non Cancer 316 – 347
  - Policy 348 – 372
  - Service Organisation and Place of Care 373 – 473

### 16.30–18.00 Follow-up session

**Hydration - Attitudes and Practice**

Chairs: Françoise Porchet (Switzerland) – Peter Lawlor (Ireland)

- **45 Hydration attitudes and practice: The nursing perspective**
  Esther Schmidlin Switzerland

- **46 Hydration attitudes and practice: Ethical decision-making**
  Friedemann Nauck Germany

- **47 When Is It Time To Stop - Cultural Perspectives**
  Eduardo Bruera United States

- **48 Stopping hydration a step towards euthanasia**
  Bregje Onwuteaka-Philipsen, Agnes Van der Heide The Netherlands
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Chair(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.30-18.00</td>
<td><strong>Follow-up session</strong> A Change of Perspective - from Risk to Resilience</td>
<td>Budapest II. Hall - B</td>
<td>David Oliviere (United Kingdom) - Barbara Monroe (United Kingdom)</td>
</tr>
<tr>
<td></td>
<td>49 Building Resilience into Family Palliative Care: unlocking resilience in the family and its implications for clinical practice</td>
<td></td>
<td>David Oliviere United Kingdom</td>
</tr>
<tr>
<td></td>
<td>50 Palliative care in a multi cultural society</td>
<td></td>
<td>Nathan Cherny Israel</td>
</tr>
<tr>
<td></td>
<td>51 Relation between job stress and satisfaction among palliative care professionals</td>
<td></td>
<td>Manuela Cucurel Romania</td>
</tr>
<tr>
<td></td>
<td>52 Burden and support needs of family caregivers of patients with malignant brain tumors</td>
<td></td>
<td>Maria Wasner Germany</td>
</tr>
<tr>
<td>16.30-18.00</td>
<td><strong>Workshop</strong> Aachen Hall - Building C Depression in Palliative Care: The Key Questions and the EPCRC Research Agenda</td>
<td></td>
<td>Irene Higginson (United Kingdom) - Franco De Conno (Italy)</td>
</tr>
<tr>
<td></td>
<td>53 “Are you depressed?” The need for diagnostic tools in palliative care</td>
<td></td>
<td>Jon Håvard Loge Norway</td>
</tr>
<tr>
<td></td>
<td>Representing the EPCRC research group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>54 Guidelines for depression in palliative care: current challenges and research agenda</td>
<td></td>
<td>Irene Higginson United Kingdom</td>
</tr>
<tr>
<td></td>
<td>Representing the EPCRC research group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.30-18.00</td>
<td><strong>Parallel session</strong> The Hague Hall - Building C Needs and Care of Patients with Neurological Diseases</td>
<td></td>
<td>David Oliver (United Kingdom) - Raymond Voltz (Germany)</td>
</tr>
<tr>
<td></td>
<td>55 Symptom prevalence amongst people affected by advanced and progressive neurological conditions - a systematic review</td>
<td></td>
<td>Tariq Saleem United Kingdom</td>
</tr>
<tr>
<td></td>
<td>Challenges in the care of patients with ALS</td>
<td></td>
<td>Gian Domenico Borasio Germany</td>
</tr>
<tr>
<td></td>
<td>PC Practice in neurology and oncology</td>
<td></td>
<td>Agnes Ruzsa Hungary</td>
</tr>
<tr>
<td>16.30-18.00</td>
<td><strong>Workshop</strong> Palermo Hall - Building C Fundraising - The Resource Alliance (Joint EAPC/Help the Hospices)</td>
<td></td>
<td>David Burland (United Kingdom) - Katalin Muszbek (Hungary)</td>
</tr>
<tr>
<td></td>
<td>57 Successful fundraising for palliative care</td>
<td></td>
<td>David Burland United Kingdom</td>
</tr>
<tr>
<td>16.30-18.00</td>
<td><strong>Free paper session</strong> Geneva Hall - Building A Symptoms</td>
<td></td>
<td>Carla Ripamonti (Italy) - Carol Tishelman (Sweden)</td>
</tr>
<tr>
<td></td>
<td>58 EEG frequencies: evidence of central origin of cancer related fatigue</td>
<td></td>
<td>Mellar Davis United States</td>
</tr>
<tr>
<td></td>
<td>59 Symptom prevalence in patients with incurable cancer: a systematic review</td>
<td></td>
<td>Alexander De Graeff The Netherlands</td>
</tr>
<tr>
<td></td>
<td>60 Dyspnea in palliative care - a multidimensional experience</td>
<td></td>
<td>Ingela Henoch Sweden</td>
</tr>
<tr>
<td></td>
<td>61 What do patients with inoperable lung cancer report as MOST DISTRESSING during the first year post diagnosis in the Stockholm region of Sweden? An inductive structured assessment approach</td>
<td></td>
<td>Carol Tishelman Sweden</td>
</tr>
<tr>
<td></td>
<td>62 Development of a Care Pathway for the management of constipation on an In-Patient unit</td>
<td></td>
<td>Sarah Wells United Kingdom</td>
</tr>
<tr>
<td></td>
<td>63 Constipation on Opioids: Inter-individual variation calls for individually tailored treatment plans</td>
<td></td>
<td>Joanne Droney United Kingdom</td>
</tr>
</tbody>
</table>
### Thursday 7 June 2007

#### Events programme

**16.30–18.00** **Free paper session**  
**Ethical Issues**  
Chairs: Lars Johan Materstvedt (Norway) – Rianne De Wit (The Netherlands)

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>Attitudes of Flemish Palliative Care Nurses and Physicians towards Euthanasia and Physician Assisted Suicide</td>
<td>Belgium</td>
</tr>
<tr>
<td>65</td>
<td>It turned out that we were in charge</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>66</td>
<td>Diversity in aims of palliative chemotherapy: a care ethical perspective</td>
<td>The Netherlands</td>
</tr>
<tr>
<td>67</td>
<td>The wish to hasten death among ALS patients in a palliative care program</td>
<td>Germany</td>
</tr>
<tr>
<td>68</td>
<td>Advance directives in palliative care units: a prospective study</td>
<td>Switzerland</td>
</tr>
</tbody>
</table>

**16.30–18.00** **Free paper session**  
**The Diversity of Palliative Care**  
Chairs: Katalin Hegedus (Hungary) – Andrew Davies (United Kingdom)

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>An assessment of the confidence that staff working in palliative care and intellectual disability services have in their ability to provide palliative care to people with intellectual disability</td>
<td>Ireland</td>
</tr>
<tr>
<td>71</td>
<td>Transition towards Palliative Care. An exploration of its meaning for advanced cancer patients in Europe</td>
<td>Ireland</td>
</tr>
<tr>
<td>72</td>
<td>Advanced care planning for Indigenous Australians: the process of engaging, the lessons learnt and the way forward</td>
<td>Australia</td>
</tr>
<tr>
<td>73</td>
<td>Reporting cancer and dying in the news: a study of Portuguese newspapers and magazines</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>74</td>
<td>The Battle for Palliative Care during Wartime</td>
<td>Israel</td>
</tr>
<tr>
<td>75</td>
<td>Level of unmet need and use of palliative care services in an Australian population</td>
<td>Australia</td>
</tr>
</tbody>
</table>

**16.30–18.00** **Workshop**  
**Oral History**  
Chairs: David Clark (United Kingdom) – Michael Wright (United Kingdom)

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>Oral history: A tool for education, research and development in hospice and palliative care</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>77</td>
<td>An oral history of palliative care in Germany and Austria</td>
<td>Austria</td>
</tr>
</tbody>
</table>

**18.00–18.15** **Break**

**18.15–20.15** **Welcome reception on the Danube**
Events programme

Friday 8 June 2007

CONNECTING DIVERSITY

10th Congress of the European Association for Palliative Care
### Events programme

**Friday 8 June 2007**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;<strong>Opioid - How to Rotate</strong>&lt;br&gt;Chairs: Per Sjögren (Denmark) – Franco De Conno (Italy)</td>
<td>Aachen Hall - Building C</td>
</tr>
<tr>
<td></td>
<td><strong>78 Opioids - how to rotate</strong>&lt;br&gt;Per Sjögren Denmark</td>
<td></td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;<strong>Self Management of Symptoms</strong>&lt;br&gt;Chairs: Rianne De Wit (The Netherlands) – Carla Ripamonti (Italy)</td>
<td>The Hague Hall - Building C</td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;<strong>Emergencies in PC</strong>&lt;br&gt;Chairs: Friedemann Nauck (Germany) – Philippe Poulain (France)</td>
<td>Palermo Hall - Building C</td>
</tr>
<tr>
<td></td>
<td><strong>79 Emergencies in Palliative Care</strong>&lt;br&gt;Friedemann Nauck Germany</td>
<td></td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;<strong>The Role of Religion in PC</strong>&lt;br&gt;Chairs: Michael Wright (United Kingdom) – Piotr Krakowiak (Poland)</td>
<td>Barcelona Hall - Building C</td>
</tr>
<tr>
<td></td>
<td><strong>80 The role of religion in palliative care</strong>&lt;br&gt;Michael Wright United Kingdom</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>81 The role of religion in palliative care</strong>&lt;br&gt;Piotr Krakowiak Poland</td>
<td></td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;<strong>Paediatric Palliative Care</strong>&lt;br&gt;Chair: Millie Solomon (United States)</td>
<td>Bergen Hall - Building C</td>
</tr>
<tr>
<td></td>
<td><strong>82 A Mew Model and New Resources for Teaching Pediatric Palliative Care</strong>&lt;br&gt;Mildred Solomon United States</td>
<td></td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;<strong>Fundraising - Meet the Expert</strong>&lt;br&gt;Chairs: David Burland (United Kingdom) – Neelam Makhijani (United Kingdom)</td>
<td>Paris Hall - Building A</td>
</tr>
<tr>
<td></td>
<td><strong>57 Successful fundraising for palliative care</strong>&lt;br&gt;David Burland United Kingdom</td>
<td></td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;<strong>PhD Education - a European Perspective</strong>&lt;br&gt;Chairs: David Clark (United Kingdom) – Stein Kaasa (Norway)</td>
<td>Venice Room - Building C</td>
</tr>
<tr>
<td></td>
<td><strong>83 PhD education - a European perspective</strong>&lt;br&gt;David Clark United Kingdom</td>
<td></td>
</tr>
<tr>
<td>08.45–09.00</td>
<td><strong>Break</strong></td>
<td></td>
</tr>
<tr>
<td>09.00–09.30</td>
<td><strong>Plenary 4</strong>&lt;br&gt;Chairs: Chantal Wood (France) – Carlos Centeno (Spain)</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td></td>
<td><strong>84 The Courage to be</strong>&lt;br&gt;Lars Björklund Sweden</td>
<td></td>
</tr>
<tr>
<td>09.30–10.00</td>
<td><strong>Plenary 5</strong>&lt;br&gt;Chairs: Chantal Wood (France) – Carlos Centeno (Spain)</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td></td>
<td><strong>85 Paediatric palliative care</strong>&lt;br&gt;Finella Craig United Kingdom</td>
<td></td>
</tr>
<tr>
<td>10.00–10.10</td>
<td><strong>EAPC News 2</strong>&lt;br&gt;Chairs: Chantal Wood (France) – Carlos Centeno (Spain)</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td></td>
<td><strong>EAPC News 2. European Palliative Care Atlas</strong>&lt;br&gt;Carlos Centeno Spain</td>
<td></td>
</tr>
</tbody>
</table>
10.10–11.00 Poster viewing and coffee

**Poster topics**
- Bereavement 474 – 497
- Culture and Values 500 – 521
- Ethics 522 – 552
- Family 553 – 574
- Other Symptoms 575 – 636
- Paediatric Palliative Care 637 – 653
- Pain 654 – 736
- Personal Experience 737 – 741
- Personnel 742 – 757
- Volunteers 758 – 759

10.15–10.45 The Song Rooms: a recording of a concert from children’s hospices worldwide
Produced by Rosetta Life

11.00–12.30 Archimedes session
**Fighting the fire: meeting the challenges of breakthrough cancer pain**

This house proposes that: ‘a radical approach to breakthrough cancer pain is required in order to optimise patient treatment throughout Europe’

Chair: Marie Fallon (United Kingdom)

- **11.15 Introduction**
- **11.20 THE DEBATE: This house proposes that a radical approach to BTCP is required in order to optimise patient treatment throughout Europe**

**Key debating points:**
- Current treatments – how well do they address breakthrough cancer pain?
- What approach should we take – physician- or patient-led prescribing?
- What impact will new treatments & technology have?
- How relevant are clinical guidelines for today’s patient?
- Health economics – what are the implications?

**Principal debaters:**
- Andrew Davies United Kingdom
- Catherine Urch United Kingdom
- Sebastiano Mercadante Italy
- Frank Elsner Germany
- Geoff Davis Canada

- **12.10 Audience voting**
- **12.15 Summary**

11.00–12.30 Follow-up session
**Budapest I. Hall – Building A**

‘Beyond Words’ – Creating Relationships in Unique Ways

Chairs: Nigel Hartley (United Kingdom) – Lars Björklund (Sweden)

- **86 Beyond Words – making relationships in unique ways**
  - Nigel Hartley United Kingdom
- **87 Pet dogs – a genuine support in existential crises**
  - Peter Strang Sweden
- **88 Silence, a language beyond words**
  - Lars Björklund Sweden

11.00–12.30 Workshop
**Budapest II. Hall – Building A**

**Pain: Clinical Challenges and the EPCRC Research Agenda**

Chairs: Augusto Caraceni (Italy) – Geoffrey Hanks (United Kingdom)

- **89 Genetic markers for opioid responses – Representing the EPCRC group**
  - Frank Skorpen Norway
- **90 Pain assessment: How can the clinical tools be improved? Representing the EPCRC Research Group**
  - Marianne J.enssen Hjermstad Norway
- **91 Guidelines for pain: the main challenges from the EPCRC a 6th EU framework research project**
  - Augusto Caraceni Italy
### Friday 8 June 2007

#### 11.00–12.30 Parallel session

**Paediatric Palliative Care**  
Chairs: Chantal Wood (France) - Richard Hain (United Kingdom)

<table>
<thead>
<tr>
<th>Event</th>
<th>Title</th>
<th>Speaker</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td>Pain in children's cancer - new strategies</td>
<td>Boris Zernikow</td>
<td>Germany</td>
</tr>
<tr>
<td>93</td>
<td>The Role of Paediatric Palliative Care in facilitating Resilience in Children infected with HIV in a Resource Poor and Multi-cultural community</td>
<td>Joan Marston</td>
<td>South Africa</td>
</tr>
<tr>
<td>94</td>
<td>End-of-life in NICU: differences between deaths occurring naturally and deaths following a medical decision</td>
<td>Denis Oriot</td>
<td>France</td>
</tr>
<tr>
<td>95</td>
<td>The palliative care needs of Australian children who die from cancer and their families</td>
<td>Leanne Monterosso</td>
<td>Australia</td>
</tr>
<tr>
<td>96</td>
<td>Caring for life: The palliative and supportive care needs of children and families in Western Australia</td>
<td>Leanne Monterosso</td>
<td>Australia</td>
</tr>
</tbody>
</table>

#### 11.00–12.30 Joint EAPC/ESMO session

**Palliative Care and Oncology Collaboration in University and Local Hospitals**  
Chairs: Lukas Radbruch (Germany) - Nathan Cherny (Israel)

<table>
<thead>
<tr>
<th>Event</th>
<th>Title</th>
<th>Speaker</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Common objectives</td>
<td>Stein Kaasa</td>
<td>Norway</td>
</tr>
<tr>
<td>98</td>
<td>How to do it - clinical cooperation and scientific joint projects</td>
<td>Mario Di Cato</td>
<td>Luxembourg</td>
</tr>
<tr>
<td>99</td>
<td>How palliative care can improve cancer patients: a need for early collaboration</td>
<td>Marlène Filbet</td>
<td>France</td>
</tr>
<tr>
<td>100</td>
<td>How to facilitate collaboration between ESMO and EAPC - aspects of care and organisation</td>
<td>Håkan Mellstedt</td>
<td>Sweden</td>
</tr>
</tbody>
</table>

#### 11.00–12.30 Free paper session

**Palliative Care in the Elderly**  
Chairs: Françoise Porchet (Switzerland) - Elena Vvedenskaya (Russian Federation)

<table>
<thead>
<tr>
<th>Event</th>
<th>Title</th>
<th>Speaker</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>Dying in old age: how illness trajectories influence place of death</td>
<td>Julie Skilbeck</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>98</td>
<td>Opening the door for older people to explore end of life issues</td>
<td>Jane Seymour</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>99</td>
<td>End-of-life care for heart failure in Acute Care for Elders Unit: a retrospective case series</td>
<td>Vito Curiale</td>
<td>Italy</td>
</tr>
<tr>
<td>100</td>
<td>Improving End of Life care in care homes in England: An evaluation</td>
<td>Collette Clifford</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>101</td>
<td>Analysing End of Life care in care homes: After Death Analysis tool</td>
<td>Keri Thomas</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>69</td>
<td>Connectedness: ethics and advanced home care technology in the last phase of life</td>
<td>Dick Willems</td>
<td>The Netherlands</td>
</tr>
</tbody>
</table>

#### 11.00–12.30 Video presentations

<table>
<thead>
<tr>
<th>Event</th>
<th>Title</th>
<th>Speaker</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>103</td>
<td>The Gifts of Grief</td>
<td>Nancee Sobonya</td>
<td>United States</td>
</tr>
<tr>
<td>104</td>
<td>“To care at home: a journey through the experience”</td>
<td>Massimo Melo</td>
<td>Italy</td>
</tr>
</tbody>
</table>
**11.00–12.30 Parallel session Barcelona Hall – Building C**

**Teams and Team Working – Conflict, Supervision and Management**

Chairs: André Rhebergen (The Netherlands) – Pam Firth (United Kingdom)

105 **Team working – fulfilling or frustrating**
Peter Speck United Kingdom

106 **Sources of stress and reactive behaviours in the PC team**
Oscar Corli Italy

107 **When the team is limited**
Daniela Mosoiu Romania

---

**11.00–12.30 Free paper session Bergen Hall – Building C**

**Education in Palliative Care**

Chairs: Steffen Eychmüller (Switzerland) – Betty Ferrell (United States)

108 **Resuscitation in palliative care**
Madeline Bass United Kingdom

109 **The End of Life Nursing Education Consortium (ELNEC) Salzburg Institute for Nurses in Eastern Europe**
Betty Ferrell United States

110 **The first Nordic Specialist Course in Palliative Medicine 2003–2005. Final evaluation of the course content and the impact of the course on students and on palliative care in their area**
Tove Vejlgaard Denmark

111 **The Association for Palliative Medicine (APM) Consensus Syllabus for Undergraduate palliative medicine**
Paul Paes United Kingdom

112 **Evolution of the Subspecialty of Hospice and Palliative Medicine in the United States: The Role of Accreditation and Certification**
Steven Radwany United States

113 **An Evaluation of an HIV/AIDS Palliative Care Education Strategy in Rural Uganda**
Julia Downing Uganda

---

**11.00–12.30 Workshop Brussels Hall – Building A**

**Bridging the Gap between Oncology and Palliative Care: an Interactive Educational Tool**

Sponsored by an Educational Grant from Grünenthal GmbH

Chairs: Klaus Reckinger (Germany) – Detlef von Zabern (Germany)

114 **Bridging the gap between oncology and palliative care. Presentation of an interactive educational tool**
Detlef Von Zabern Germany

Introduction to the project and current status
Detlef Von Zabern Germany

Educational background and case presentation
Jon Havard Loge Norway

Symptom management: dyspnoea
Xavier Gomez-Batiste Spain

Dignity

---

**11.00–12.30 Workshop Paris Hall – Building A**

**Wound Care Part 1 – Practical Approach to Wound Care**

Sponsored by an Educational Grant from Mölnlycke

Chairs: Frank Ferris (United States) – Rosene Pirrello (United States)

115 **Wound Care 1 – Practical Approaches to Palliative Wound Care**
Frank Ferris United States
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.00-12.30</td>
<td>Workshop: The Family Focused Grief Therapy (FFGT) during Palliative Care &amp; Bereavement: a model of family-centered care to optimize adaptation and coping</td>
<td>Venice Room - Building C</td>
</tr>
<tr>
<td>11.00-12.30</td>
<td>Chairs: David Kissane (United States)</td>
<td></td>
</tr>
<tr>
<td>12.30-14.00</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12.45-13.45</td>
<td>Mundipharma Symposium, EXPECTATIONS</td>
<td>Budapest I. Hall - Building A</td>
</tr>
<tr>
<td>12.45-13.45</td>
<td>Chairs: David Kissane (United States)</td>
<td></td>
</tr>
<tr>
<td>13.00-14.30</td>
<td>Workshop (continued): The Family Focused Grief Therapy (FFGT) during Palliative Care &amp; Bereavement: a model of family-centered care to optimize adaptation and coping</td>
<td>Venice Room - Building C</td>
</tr>
<tr>
<td>13.00-14.30</td>
<td>Chairs: David Kissane (United States)</td>
<td></td>
</tr>
<tr>
<td>14.00-14.25</td>
<td>Plenary 6: Implementing quality palliative care - how to prove it</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td>14.00-14.25</td>
<td>Chairs: Pam Firth (United Kingdom) - Lukas Radbruch (Germany)</td>
<td></td>
</tr>
<tr>
<td>14.25-14.35</td>
<td>Chairs: Pam Firth (United Kingdom) - Lukas Radbruch (Germany)</td>
<td></td>
</tr>
<tr>
<td>14.35-15.00</td>
<td>Plenary 7: Cultural issues in facing death</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td>14.35-15.00</td>
<td>Chairs: Pam Firth (United Kingdom) - Lukas Radbruch (Germany)</td>
<td></td>
</tr>
<tr>
<td>15.00-16.30</td>
<td>Poster viewing and coffee</td>
<td></td>
</tr>
<tr>
<td>15.10-16.15</td>
<td>Guided poster tour</td>
<td></td>
</tr>
<tr>
<td>15.10-16.15</td>
<td>Poster topics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bereavement</td>
<td>474 – 497</td>
</tr>
<tr>
<td></td>
<td>Culture and Values</td>
<td>500 – 521</td>
</tr>
<tr>
<td></td>
<td>Ethics</td>
<td>522 – 552</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>553 – 574</td>
</tr>
<tr>
<td></td>
<td>Other Symptoms</td>
<td>575 – 636</td>
</tr>
<tr>
<td></td>
<td>Paediatric Palliative Care</td>
<td>637 – 653</td>
</tr>
<tr>
<td></td>
<td>Pain</td>
<td>654 – 736</td>
</tr>
<tr>
<td></td>
<td>Personal Experience</td>
<td>737 – 741</td>
</tr>
<tr>
<td></td>
<td>Personnel</td>
<td>742 – 757</td>
</tr>
<tr>
<td></td>
<td>Volunteers</td>
<td>758 – 759</td>
</tr>
</tbody>
</table>
10.15–11.15 Cephalon Symposium Budapest I. Hall – Building A
Breakthrough Cancer Pain (BTcP) – Do we fully understand what our patients need and when they need it?
Chair: Philippe Poulain (France)

- What do our patients need? - New survey reveals shortcomings and experiences of current BTcP management
  Andrew N Davies United Kingdom

- How can we improve on these experiences? - Providing our patients with help when they need it
  John Zeppetella United Kingdom

- Future needs - Can we improve on what is available today?
  Donald R Taylor United States

Discussion & questions

11.00–12.30 Informal meeting Paris Hall – Building A
The Story so Far – EAPC Paediatric Taskforce
Chair: Richard Hain (United Kingdom)

- Presentation of the TRENTO guidelines
  Finella Craig United Kingdom

- Solid facts in Paediatric Palliative Care - A new EAPC Taskforce
  Franca Benini Italy

- Discussion: A way forward for Paediatric Palliative Care in Europe
  Chantal Wood France

12.30–14.00 Follow-up session Budapest I. Hall – Building A
The Existential Dimension
Chairs: Peter Strang (Sweden) – Katalin Muszbek (Hungary)

- Meaning
  Lisa Sand Sweden

- Hope
  Michael Wright United Kingdom

- The existential dimension of faith
  Piotr Krakowiak Poland

- Guilt
  Peter Strang Sweden

14.30–16.00 Workshop Budapest II. Hall – Building A
Cachexia in Cancer Patients: Inevitable or Treatable? Research Proposals from the EPCRC
Chairs: Lukas Radbruch (Germany) – Kenneth Fearon (United Kingdom)

- Risk factors for Cachexia - is there a genetic profile?
  Kenneth Fearon United Kingdom

- EPCRC - Session: Cachexia in cancer patients - Classification, what difference does it make?
  Florian Strasser Switzerland

- Cachexia in cancer patients: Inevitable or treatable? Research proposals from the EPCRC
  Lukas Radbruch Germany
**Friday 8 June 2007**

### 16.30–18.00 Follow-up session Aachen Hall – Building C

**Developing a Common Language - towards Consensus Based Quality Palliative Care**

Chairs: Frank Ferris (United States) – Xavier Gomez Batista (Spain)

126 **Developing a common language towards consensus based quality palliative care - Why are definitions important?**

Irene Higginsson United Kingdom

127 **What is “hospice”?**

Sheila Payne United Kingdom

128 **What is “hospice”?**

Urska Lunder Slovenia

128 **What is “hospice”?**

Xavier Gomez-Baptiste Spain

128 **Developing a Common Language - Towards Consensus-based Quality Palliative Care**

Frank Ferris United States

### 16.30–18.00 Joint EAPC/Help the Hospices The Hague Hall – Building C

**National Associations meeting**

Chairs: David Praill (United Kingdom) – Marilène Filbet (France)

129 **EAPC national association task force**

David Praill United Kingdom

### 16.30–18.00 Parallel session Palermo Hall – Building C

**Family and Bereavement**

Chairs: Pam Firth (United Kingdom) – Unnur Valdimarsdottir (Iceland)

129 **Evidence base and bereavement**

Unnur Valdimarsdottir Iceland

130 **Grieving is a Family Affair**

Pam Firth United Kingdom

131 **The cultural determinants of grief**

Eszter Biro Hungary

### 16.30–18.00 Free paper session Geneva Hall – Building A

**Communicating in Palliative Care**

Chairs: Luigi Grassi (Italy) – David Oliviere (United Kingdom)

132 **Decision-making in end-of-life care: a pilot study on the attitudes, knowledge and medical acts of 602 Belgian GPs**

Marc Cosyns Belgium

133 **The care givers point of view in the approach of sexual concerns in palliative cancer patients**

Mario Barmaki France

134 **Handling Bad News for People with Learning Disabilities Facing Death**

Jacqueline Saunders United Kingdom

135 **Family-Oriented Communication in Palliative Care**

Iris Cohen Fineberg United Kingdom

136 **Patient-Family Communication About End-of-Life Topics: Development & Pilot Testing of a New Measure (PFICQ)**

Jennifer Abbey United States

137 **Body images and communication in psychotherapy and pastoral care**

Helle Jensen Denmark

### 16.30–18.00 Video presentations London Hall – Building C

103 **The Gifts of Grief**

Nancee Sobonya United States

138 **Art therapy in palliative care**

Wadhi Rhondali France
### Free paper session

**Research – Patient and Staff Perspective**  
Barcelona Hall - Building C  
Chairs: Raymond Voltz (Germany) – Carol Tischelman (Sweden)

<table>
<thead>
<tr>
<th>Paper Number</th>
<th>Title</th>
<th>Author</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>139</td>
<td>“Doing good care” – a grounded theory of palliative home nursing care</td>
<td>Anna Sandgren</td>
<td>Sweden</td>
</tr>
<tr>
<td>140</td>
<td>A Cross-sectional, Consecutive Patient Survey of the Views of Cancer Patients and their Relatives towards Randomized Controlled Trials in Palliative Care</td>
<td>Clare White</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>141</td>
<td>What Are Patients Research Priorities for Palliative Care?</td>
<td>Paul Perkins</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>142</td>
<td>Self reported mobility in palliative patients: Does wording of items matter?</td>
<td>Jorunn Helbostad</td>
<td>Norway</td>
</tr>
<tr>
<td>143</td>
<td>Assessment of the patients’ spiritual needs: the influence of investigators’ attitudes on patient drop-out rates</td>
<td>Gian Domenico Borasio</td>
<td>Germany</td>
</tr>
<tr>
<td>144</td>
<td>Combining Patient &amp; Professional Perspectives Using “Speed Dating”</td>
<td>Jane Maher</td>
<td>United Kingdom</td>
</tr>
</tbody>
</table>

### Free paper session

**Paediatric Palliative Care**  
Bergen Hall - Building C  
Chairs: Richard Hain (United Kingdom) – Chantal Wood (France)

<table>
<thead>
<tr>
<th>Paper Number</th>
<th>Title</th>
<th>Author</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>145</td>
<td>The Coordination Centre for Paediatric Palliative Medicine in Munich - a model for the future?</td>
<td>Monika Fuehrer</td>
<td>Germany</td>
</tr>
<tr>
<td>146</td>
<td>SisBroJekt - A German project for healthy siblings of chronically ill children</td>
<td>Wilma Henkel</td>
<td>Germany</td>
</tr>
<tr>
<td>147</td>
<td>An Ethical Framework for Pediatric End-of-Life Decision Making</td>
<td>Mildred Solomon</td>
<td>United States</td>
</tr>
<tr>
<td>148</td>
<td>The lived experience of parenting a child with a life limiting condition: A focus on the mental health realm</td>
<td>Alison Rodriguez</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>149</td>
<td>Paediatric hospice care: parental feelings, thoughts and remarks</td>
<td>Matthias Schell</td>
<td>France</td>
</tr>
<tr>
<td>150</td>
<td>Pediatric Advanced Care Team: one of the models of delivery of pediatric palliative care in the USA</td>
<td>Tamara Vesel</td>
<td>United States</td>
</tr>
</tbody>
</table>

### Workshop

**Bridging the Gap between Oncology and Palliative Care: an Interactive Educational Tool**  
Brussels Hall - Building A  
Sponsored by an Educational Grant from Grünenthal GmbH  
Chairs: Frank Elsner (Germany) – Detlef von Zabern (Germany)

<table>
<thead>
<tr>
<th>Paper Number</th>
<th>Title</th>
<th>Author</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>114</td>
<td>Bridging the gap between oncology and palliative care. Presentation of an interactive educational tool</td>
<td>Frank Elsner</td>
<td>Germany</td>
</tr>
<tr>
<td></td>
<td>Introduction to the project and current status</td>
<td>Detlef Von Zabern</td>
<td>Germany</td>
</tr>
<tr>
<td></td>
<td>Educational background and case presentation</td>
<td>Frank Elsner</td>
<td>Germany</td>
</tr>
<tr>
<td></td>
<td>Prognosis</td>
<td>Daniela Mosoiu</td>
<td>Romania</td>
</tr>
<tr>
<td></td>
<td>Symptom management: cancer related fatigue</td>
<td>Marie Fallon</td>
<td>United Kingdom</td>
</tr>
</tbody>
</table>

### Workshop

**Absolute Attention - Using Music at the End of Life - an Informative and Practical Workshop**  
Venice Room - Building C  
Chair: Nigel Hartley (United Kingdom)
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.00-18.15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>18.15-19.30</td>
<td>EAPC General Assembly</td>
<td>Budapest II. Hall Building A</td>
</tr>
</tbody>
</table>
CONNECTING DIVERSITY

10th Congress of the European Association for Palliative Care
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;Quality of Life – a Valuable Concept in PC&lt;br&gt;Chairs: Irene Higginson (United Kingdom) – Raymond Voltz (Germany)</td>
<td>The Hague Hall – Building C</td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;Nutrition&lt;br&gt;Chairs: Florian Strasser (Switzerland) – Ylva Orrevall (Sweden)</td>
<td>Palermo Hall – Building C</td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;Constipation – European Guidelines&lt;br&gt;Chairs: Philip Larkin (Ireland) – Nigel Sykes (United Kingdom)</td>
<td>Geneva Hall – Building A</td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;Education – Adult Learning&lt;br&gt;Chairs: Ruthmarijke Smeding (The Netherlands) – John Ellershaw (United Kingdom)</td>
<td>London Hall – Building C</td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;Communication&lt;br&gt;Chairs: Luigi Grassi (Italy) – Urska Lunder (Slovenia)</td>
<td>Barcelona Hall – Building C</td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;The Dead Body – Cultural Competence&lt;br&gt;Chairs: Françoise Porchet (Switzerland) – Nathan Cherny (Israel)</td>
<td>Bergen Hall – Building C</td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;User Involvement&lt;br&gt;Chairs: David Oliviere (United Kingdom) – Sheila Payne (United Kingdom)</td>
<td>Brussels Hall – Building A</td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;Fundraising – Meet the Expert&lt;br&gt;Chairs: David Burland (United Kingdom) – Neelam Makhijani (United Kingdom)</td>
<td>Paris Hall – Building A</td>
</tr>
<tr>
<td>08.00–08.45</td>
<td><strong>Meet the expert</strong>&lt;br&gt;Volunteers&lt;br&gt;Chairs: Anne Merriman (Uganda) – Barbara Monroe (United Kingdom)</td>
<td>Venice Room – Building C</td>
</tr>
<tr>
<td>08.45–09.00</td>
<td>Break</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td>09.00–09.25</td>
<td><strong>Plenary 8</strong>&lt;br&gt;Chairs: David Clark (United Kingdom) – Katalin Muszbek (Hungary)</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td></td>
<td><strong>Evaluation of palliative education: why bother?</strong>&lt;br&gt;Jose Pereira Switzerland</td>
<td>Plenary Hall</td>
</tr>
</tbody>
</table>
### 09.25–09.35 EAPC News 4
Chairs: David Clark (United Kingdom) – Katalin Muszbek (Hungary)

*Results of the elections of the EAPC Board of Directors 2007*
Marilène Filbet France

### 09.35–10.00 Plenary 9
Chairs: David Clark (United Kingdom) – Katalin Muszbek (Hungary)

158 The pathological states of consciousness. “Spiritus animalis resedit in substantia cerebri” (Varolius 1543–1575)
Augusto Caraceni Italy

### 10.00–11.30 Poster viewing and Coffee

### 10.15–11.15 Molteni Symposium Budapest I. Hall - Building A
"Start" Therapy: New Strategies to Improve Clinical Success in Cancer Pain Control
Chairs: Geoffrey Hanks (United Kingdom) – Franco De Conno (Italy)

| Initiating treatment with oral morphine: terminology and guidelines | Geoffrey Hanks United Kingdom |
| Epidemiology of cancer pain with an overview of opioid treatment options | Stefan Wirz Germany |
| “Start” therapy: Evidence to support a fixed dose regimen and factors predictive of analgesic response | Franco De Conno Italy |
| Therapeutic strategies for breakthrough pain: Initial and maintenance therapy | Philippe Poulain France |
| Discussion |

### 10.15–11.15 Guided poster tour

| Poster topics |
| Basic Research, Epidemiology | 760 – 797 |
| Communication | 798 – 819 |
| Education | 821 – 893 |
| Methodology | 894 – 913 |
| Other | 914 – 988 |

### 11.30–13.00 Follow-up session Budapest I. Hall - Building A
Delirium - a Challenge to Contact and Communication
Chairs: Eduardo Bruera (United States) – Augusto Caraceni (Italy)

| 159 Managing the Patient with Pain and Delirium | Eduardo Bruera United States |
| 160 Delirium in the patient and its impact on the family and staff | Pam Firth United Kingdom |
| 161 Delirium - a challenge to contact and communication. Nursing challenges | Marianne Hjermstad Norway |

### 11.30–13.00 Parallel session Budapest II. Hall - Building A
Palliative Sedation - an Update
Chairs: Philippe Poulain (France) – Lars Johan Materstvedt (Norway)

| 162 Definition and principles of palliative sedation therapy | Alexander De Graeff The Netherlands |
| 163 Palliative sedation: Pharmacology - evidence and practice | Staffan Lundström Sweden |
| 164 Ethical Considerations | Lars Materstvedt Norway |
## Events programme
### Saturday 9 June 2007

### 11.30-13.00 Follow-up session  
**Aachen Hall – Building C**  
**From Basic Education to Specialist Training - EAPC Task Forces on Education**  
Chairs: David Clark (United Kingdom) – Jose Pereira (Switzerland)

**165 From basic education to specialist training - EAPC Taskforces on Nurse Education**  
Philip Larkin  
Ireland

**EAPC medical curriculum**  
Marilène Filbet  
France

**166 Palliative care education and accreditation**  
David Clark  
United Kingdom

### 11.30-13.00 Joint EAPC/IPOS session  
**The Hague Hall – Building C**  
**Communication**  
Chairs: Katalin Muszbek (Hungary) – Luigi Grassi (Italy)

**167 Suggestions in the communication with cancer patients**  
Éva Bányaï  
Hungary

**168 Integrated Psycho-Oncology focusing the needs in palliative care: experiences and empirical data**  
Elisabeth Andritsch  
Austria

**169 Communication skills - a core competence in Palliative care**  
Luzia Travado  
Portugal

### 11.30-13.00 Free paper session  
**Geneva Hall – Building A**  
**The Diversity of Palliative Care 2**  
Chairs: Jane Seymour (United Kingdom) – Furio Zucco (Italy)

**170 A love affair as palliativum?**  
Hans-Christof Müller-Busch  
Germany

**171 An Alternative Perspective on Palliative Care: How Homeopaths approach Chronic Illness**  
Petra Plunger  
Austria

**172 Complementary therapies in cancer: exploring the contributions of therapy & therapist to patient care**  
Charlotte Wilson  
United Kingdom

**173 A large multicenter prospective randomised trial on the treatment of death rattle in palliative care**  
Johan Menten  
Belgium

**174 Measuring Attitudes to Change and Relation Competence in a Palliative Medicine Unit**  
Beate André  
Norway

**175 Double-blind randomized comparison between double-dose of immediate morphine versus single-dose morphine at bedtime to cancer patients**  
Maria Piribauer  
Norway
### Saturday 9 June 2007

#### 11.30–13.00 Free paper session
**London Hall - Building C**

**The Organisation of Palliative Care Services**
Chairs: Tine De Vlieger (Belgium) – Daniela Mosoiu (Romania)

176  **Hospital death rates in six European countries: a population-based cross national study of clinical, sociodemographic and health care system factors**  
Joachim Cohen Belgium

177  **Description of a new integrated palliative care model**  
Gunnhild Jakobsen Norway

178  **Inequity in the provision of and access to palliative care services for cancer patients in Italy. Results from the Italian survey of the dying of cancer (ISDOC)**  
Monica Beccaro Italy

179  **A comparison of the quality of care provided to cancer patients in the last three months of life in hospices compared with hospitals, from the perspective of bereaved relatives: results from a survey using the VOICES questionnaire**  
Julia Addington-Hall United Kingdom

180  **Specialist palliative care services (pcs) at home in Spain: structure, outputs, and outcomes**  
Jose Espinosa Spain

181  **Cultural Pain and its impact on patient and family care: Connecting diversity in culture, policy and practice**  
David Oliviere United Kingdom

#### 11.30–13.00 Parallel session
**Barcelona Hall - Building C**

**AIDS - Challenges for Palliative Care (Epidemiology Resources and Organisation of Care etc)**
Chairs: Faith Mwangi–Powell (Uganda) – Mary Callaway (United States)

182  **AIDS - challenges for palliative care in Uganda**  
Anne Merriman Uganda

183  **AIDS - challenges for palliative care in Russia**  
Elena Vvedenskaya Russian Federation

184  **HIV infection and AIDS - challenges for palliative care in Romania**  
Ovidiu Popa Velea Romania

185  **AIDS and Palliative Care in France: new challenges**  
Jean-Michel Livrozet France

#### 11.30–13.00 Video presentations
**Brussels Hall - Building A**

185  **The Song Rooms**  
Lucinda Jarrett Jarrett United Kingdom

138  **Art therapy in palliative care**  
Wadih Rhondali France

104  **“To care at home: a journey through the experience”**  
Massimo Melo Italy

#### 11.30–13.00 Workshop
**Paris Hall - Building A**

**Wound Care Part 2 - Demonstration and Practice**
Sponsored by an Educational Grant from Mölnlycke
Chairs: Frank Ferris (United States) – Rosene Pirrello (United States)

186  **Wound Care Part 2 - Wound Pain and Other Symptoms Associated with Wound Care**  
Frank Ferris United States
Saturday 9 June 2007

13.00–14.00 Lunch and Poster viewing

**Poster topics**
- Basic Research, Epidemiology: 760 – 797
- Communication: 798 – 819
- Education: 821 – 893
- Methodology: 894 – 913
- Other: 914 – 988

14.00–15.00 Parallel session
Budapest II. Hall – Building A

**Sleep and Fatigue – Two Tiring Symptoms**
Chairs: Carol Tishelman (Sweden) – Ágnes Ruzsa (Hungary)

- **187 Fatigue in palliative care – a position paper from an EAPC workgroup**
  Frank Elsner Germany

- **Sleep disturbances - research in paediatric palliative care**
  Boris Zernikow Germany

- **188 Distress or just a symptom?**
  Carol Tishelman Sweden

14.00–15.00 Parallel session
Aachen Hall – Building C

**The Liverpool Care Pathway – Development, Implementation, Evaluation and International Experience**
Chairs: John Ellershaw (United Kingdom) – Massimiliano Panella (Italy)

- **189 An integrated care pathway - overview**
  Massimiliano Panella Italy

- **190 Promoting excellence in care of the dying: The Liverpool Care of the Dying Pathway (LCP)**
  John Ellershaw United States

- **191 Experiences with the Liverpool care pathway for the dying in the Netherlands**
  Lia Van Zuylen The Netherlands

- **192 Liverpool care pathway for the dying phase: implementation process in Slovenia**
  Urska Lunder Slovenia

14.00–15.00 Workshop
The Hague Hall – Building C

**The Budapest Commitment – the Final List of Priorities**
Chairs: Lukas Radbruch (Germany) – Liliana de Lima (United States)

14.00–15.00 Parallel session
Palermo Hall – Building C

**Facets of PC Delivery – ‘My Own Palliative Service’ (Reimbursement, Some Statistics: eg Length of Stay and Case mix, Quality Control)**
Chairs: Furio Zucco (Italy) – Csaba Simkó (Hungary)

- **193 Palliative care in Georgia**
  Rema Ghvamichava Georgia

- **194 My own Palliative Care Service – Italy**
  Furio Zucco Italy

- **195 The regional palliative care program of Extremadura**
  Javier Rocafort Spain

- **196 My own palliative care service – Hungary**
  Csaba Simkó Hungary

14.00–15.00 Follow-up session
Geneva Hall – Building A

**New Perspectives on Palliative Care Education**
Chairs: Jose Pereira (Switzerland) – Steffen Eychmüller (Switzerland)

- **197 Competencies in Palliative Care**
  Jose Pereira Switzerland

- **198 Assessment in Palliative Care education: Reviewing the instruments and their properties**
  Mone Palacios, Ron Spice Canada

- **199 “Multiprofessional teaching and learning: taking the lead in a novel approach”**
  Steffen Eychmueller Switzerland
### 14.00–15.00 Workshop
**Review and Critique of a Scientific Paper**  
Chairs: Geoffrey Hanks (United Kingdom) – Marie Fallon (United Kingdom)

### 14.00–15.00 Free paper session
**Symptoms in Palliative Care 2**  
Chairs: Tine De Vlieger (Belgium) – Nathan Cherny (Israel)

- **200** *Twist in the evaluation of the terminal patient*  
  Pilar Lazaro Malo  
  Spain
- **201** *The Use of Drugs at the End of Life*  
  Ruth Flockton  
  United Kingdom
- **202** *Physicians preference of thromboprophylaxis in palliative care patients*  
  Herbert Watzke  
  Austria
- **203** *Helping people with advanced cancer and their care givers manage conflict over food*  
  Jane Hopkinson  
  United Kingdom

### 14.00–15.00 Free paper session
**Policy**  
Chairs: Xavier Gomez Batista (Spain) – André Rhebergen (The Netherlands)

- **204** *Categorising palliative care development: a global perspective*  
  Michael Wright  
  United Kingdom
- **205** *Opioid prescribing - changing Romanian legislation*  
  Alison Landon  
  Romania
- **206** *Creativity in Promoting Palliative Care Awareness*  
  Mali Szlaifer  
  Israel
- **207** *Providers’ Assessments of Barriers to Optimal Cancer Pain Management in 5 Latin America Countries: Argentina, Brazil, Cuba, Mexico, and Peru*  
  Isabel Torres Vigil  
  United States

### 14.00–15.00 Free paper session
**Palliative Care – Non Cancer**  
Chairs: David Oliver (United Kingdom) – Katherine Frogatt (United Kingdom)

- **208** *Renal patients have symptoms too – a cross-sectional survey of symptoms in stage 5 Chronic Kidney Disease managed without dialysis*  
  Fliss Murtagh  
  United Kingdom
- **209** *Multiple Sclerosis and Palliative Care: Unmet needs of severely affected patients in Germany*  
  Maren Galushko  
  Germany
- **210** *Addressing the diversity of symptoms in every day life in end-stage COPD patients*  
  Jolanda Habraken  
  The Netherlands
- **211** *Patients with advanced heart failure attending a specialist heart failure unit – do specialist palliative care services have a role?*  
  Norma O’Leary  
  Ireland

### 14.00–15.00 Free paper session
**The Diversity of Palliative Care 3**  
Chairs: Florian Strasser (Switzerland) – Françoise Porchet (Switzerland)

- **212** *A Family Perspective on the Emotional Burden of End-of-Life Decision Making in an Intensive Care Unit*  
  Teresa Albanese  
  United States
- **213** *Are psycho-social factors underestimated in managing nausea?*  
  Peter Martin  
  Australia
- **214** *Burnout syndrome, coping strategies and risk behaviors in doctors from Romanian palliative services*  
  Ovidiu Popa-Velea  
  Romania
- **215** *Physician strategies in communication about prognosis. An observational study*  
  Lotte Rogg  
  Norway
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.00-15.15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>15.15-15.45</td>
<td><strong>Plenary 10</strong>&lt;br&gt;Chairs: Franco De Conno (Italy) – Tine De Vlieger (Belgium)</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td></td>
<td>216 <em>Into the unknown: advance care planning for the end of life</em>&lt;br&gt;<strong>Jane Seymour</strong> United Kingdom</td>
<td></td>
</tr>
<tr>
<td>15.45-16.15</td>
<td><strong>Plenary 11 - Floriani Lecture</strong>&lt;br&gt;Chairs: Franco De Conno (Italy) – Tine De Vlieger (Belgium)</td>
<td>Plenary Hall</td>
</tr>
<tr>
<td></td>
<td>217 <em>Are we prepared to unmask the face of death?</em>&lt;br&gt;<strong>Jacek Luczak</strong> Poland</td>
<td></td>
</tr>
<tr>
<td>16.15-16.45</td>
<td><strong>Closing ceremony</strong></td>
<td>Plenary Hall</td>
</tr>
</tbody>
</table>
POSTERS PROGRAMME

Thursday 7 June 2007

CONNECTING DIVERSITY

10th Congress of the European Association for Palliative Care
<table>
<thead>
<tr>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity and specificity of a two-question screening tool for depression in a specialist palliative care unit.</td>
<td>Ann Payne, Brien Creedon, Sandra Barry, Carol Stone, Kathleen O’Sullivan, Catherine Sweeney, Tony O’Brien Ireland</td>
</tr>
<tr>
<td>Illness-related hopelessness in advanced cancer: influence of anxiety, depression, and preparatory grief.</td>
<td>Kyriaki Mystakidou, Eleni Tsilika, Elia Parpa, Paraskevi Athanasouli, Maria Pathiaki, Antonis Galanos, Anna Pagoropoulou, Lambros Vlahos Greece</td>
</tr>
<tr>
<td>Screening for increased preparatory grief in advanced cancer patients.</td>
<td>Eleni Tsilika, Kyriaki Mystakidou, Elia Parpa, Maria Pathiaki, Elisavet Patraki, Lambros Vlahos Greece</td>
</tr>
<tr>
<td>The Distress Thermometer (DT) a tool to monitor changes in psychological distress over time in patients with supportive and palliative care needs.</td>
<td>Joe Law, Sue Gessler, Emma Daniels, Rachael Williams, Veronica a Brough, Adrian Too man, Louise J ones United Kingdom</td>
</tr>
<tr>
<td>Is Macedon ia ready for palliative care?</td>
<td>Ann Sturley, Blasko Kasaphov, Frank Fendi, 1 United States Macedonia</td>
</tr>
<tr>
<td>The first experience of palliative care for cancer patients in Georgia (Cancer Prevention Center Palliative Care Clinic, Georgia)</td>
<td>Rema Ghandi, Inam Shavidia, Ioseb Abesadze, Giorgi Metswili Georgia</td>
</tr>
<tr>
<td>Heart-Rate variability in palliative patients - a pilot study</td>
<td>Gerold Ernst Norway</td>
</tr>
<tr>
<td>The Schedule for Meaning in Life Evaluation (SMILE): Validation of a new instrument for meaning-in-life research</td>
<td>Mechta Kramer, Gian Borasio, Sibylle L’hoste, Martin Fegg Germany</td>
</tr>
<tr>
<td>Longitudinal Study of Distress: The Interactions between Distress Domains and Their Impact on the Global Distress Experience of Advanced Cancer Patients from Time of Referral to Palliative Care Services to Death</td>
<td>Katharine Thompson, Scott Murray, Gordon Murray, Marie Fallon United Kingdom</td>
</tr>
<tr>
<td>Results of a Study to Assess Quality of Life and Cost of Home-Based Palliative Care Delivery in New Delhi, India</td>
<td>Harmala Gupta, Stephan Tanneberger, India Italy</td>
</tr>
<tr>
<td>Quality of life in patients with prostate cancer: (A) comparison between a disease-targeted questionnaire and an individualised assessment method</td>
<td>Patrick Stone, Robert Murphy United Kingdom</td>
</tr>
<tr>
<td>Quality of life in patients with prostate cancer: (B) development and application of a hybrid assessment method</td>
<td>Patrick Stone, Robert Murphy United Kingdom</td>
</tr>
<tr>
<td>Development of a palliative medicine comprehensive computer based symptom assessment questionnaire</td>
<td>J ordanka Kirikova, Mitchell Russell, Declan Walsh, United States</td>
</tr>
<tr>
<td>‘Fear of the Unknown’ A Retrospective Analysis of Management of Unknown Primary Carcinoma in a District General Hospital</td>
<td>Jennifer Doherty, Ernie Marshall, Clare Littlewood, Muhammad Abbas United Kingdom</td>
</tr>
<tr>
<td>Detecting symptoms of depression and anxiety in patients with severe pulmonary disease: a pilot study</td>
<td>Magnus Lindsborg, Lars Wahlström, Göran Islassson, Svende Sörensen Sweden</td>
</tr>
<tr>
<td>Symptom variability in advanced cancer during repeated measurements</td>
<td>Wael Lasheen, Declan Walsh, Katherine Hauser, Matt Karafa, United States United Kingdom</td>
</tr>
<tr>
<td>Impact of acute complications on quality of life in palliative lung cancer patients</td>
<td>Verena Gartner, Katharina Kiener, Michael Weber, Herbert Walzke Austria</td>
</tr>
<tr>
<td>Implementation of the mittz in a palliative care network in the Netherlands</td>
<td>Ireen Prooi, Paula Hoynck van Papendrecht, Annemie Courtens, The Netherlands</td>
</tr>
<tr>
<td>‘Brief Solution-Focused Practice’. A tailor-made psychological approach for palliative care</td>
<td>Dominic Bray, Karen Groves United Kingdom</td>
</tr>
<tr>
<td>Assessment of quality of life in palliative care</td>
<td>Ana Pinto, Pedro Ferreira Portugal</td>
</tr>
<tr>
<td>Is continuity of care for the terminally ill possible when offered by Palliative Support Teams (PST) in general hospitals (GH)?</td>
<td>Ruddy Verbinnen, Fred Louckx Belgium</td>
</tr>
<tr>
<td>Evaluating the effectiveness of hospital-based palliative care team: the first 3-year audit using a numeric rating scale in Japan</td>
<td>Tetsu seki Yoshimoto, Yuki Ishino, Atsuo Hisada, Atsunaga Kato, Kazuhiro Matsubara, Masao Matsuda Japan</td>
</tr>
<tr>
<td>Screening for psychological distress in palliative care using Touch screen questionnaires</td>
<td>Parvez Thekkumurath, Chitra Venkateswaran, Manoj Kumar, Mike Bennett United Kingdom</td>
</tr>
<tr>
<td>The effect of the Liverpool care pathway for the dying: a multi centre study</td>
<td>Laetitia Veerbeek, Lia Van Zuylen, Siebe Swart, Paul Van der Maas, Elisabeth De Vogel-Voogt, Carin Van der Rijt, Annem Van der Heide, The Netherlands</td>
</tr>
<tr>
<td>Prevention of Pathological Fractures: Do Healthcare Professionals Recognise the Warning Signs?</td>
<td>Helen Emms, Nicholas Emms, Caroline Osborne, Andrea Whitfield United Kingdom</td>
</tr>
<tr>
<td>Subjective well-being, meaning in life and personal values in health care professionals working in palliative care vs. maternity wards</td>
<td>Sillye L’hoste, Gernot Hauke, Gian Domenico Borasio, Martin Fegg Germany</td>
</tr>
<tr>
<td>The enigma of documenting nursing care according to the hospice philosophy</td>
<td>Helena Hallerén, Birgik Rasmussen Sweden</td>
</tr>
<tr>
<td>Effectiveness of symptom control in advanced cancer patients for palliative care teams in Catalonia, Spain</td>
<td>Rosa Roca, Jose Espinosa, Albert Tuca, Josep Porta-Sales, Xavier Gómez-Batiste Spain</td>
</tr>
<tr>
<td>Symptom Control In An Acute Palliative Care Unit: Preliminary Results</td>
<td>Iosep Porta-Sales, Jose Espinosa, Gala Serrano, Silvia Paz, Cristina Garzón, Albert Tuca, Xavier Gómez-Batiste Spain</td>
</tr>
</tbody>
</table>
249 Predictors of patient ratings of depression on admission to a tertiary-level inpatient palliative care unit: What is the role of pain and symptom burden? Cheryl Nekoljachik, Peter Lawlor, Alan Kelly, Robin Faisneger, Eduardo Bruera, Sharon Watanabe, Hue Quan, Canada, Ireland, United States

250 Cost effectiveness of oral opioids in pain management Mamuka Taddei, Rema Ghvamichava, Mikhail Shavdia, Josef Abesadze, Georgia

251 Cross cultural adaptation of the Spanish version of the Edmonton symptom assessment (ESAS) Ana Carvajal, Carlos Centeno, Jula Urdiroz, Marina Martinez, Antonio Nogueru, Maria Angustias Portela, Spain

252 Production of a computer-based database for use in clinical palliative care Yoshihiko Nakatani, Ruiko Hatto, Nobue Uchida, Takuj Inagaki, Shihoh Okazaki, Yujii Morita, Yoji Salto, Japan

253 Evaluation of the palliative care activity with using palliative care database Ruiko Hatto, Yoshihiko Nakatani, Keiko Ota, Chie Itakura, Koji Naora, Yoji Salto, Japan

254 Measuring quality indicators in all Extremaduran palliative care teams Javier Rocafort, Marco Antonio López, Laura Blanco, Silvia Librada, Beatrice Pop, Spain

255 Attitudes of Nurses - a key to outcome measures in palliative cancer care? Carina Lundh Hagel, Yvonne Wengström, Carl Johan Fürst, Sweden

256 Occurrence and nurse documentation of oral problems in palliative care Lilian Fransson, Lena-Marie Petersson, Carl Johan Fürst, Sweden

257 Effectiveness of parenteral antibiotics in terminally ill hospice patients: a retrospective study Elinor Brabin, Leslie Alleopp, United Kingdom

258 Body composition changes in advanced cancer associated with Angiotensin-Converting Enzyme gene polymorphism (ACEGP): preliminary results Antonio Vigno, Barbara Tutschning, Rachel Bond, Seema Brar, Nancy Hamel, Jean-Francois Theberge, William Faulkes, Jose Morais, Canada

259 What does the experience of people with intellectual disabilities tell us about the concept of “total pain”? Linda McEnhill, Leslie Alleopp, United Kingdom

260 Assessing sleep disorders in hospitalized patients: attention to details Jorge Eisenchlas, Joanna McEwan, Maximiliano Zuleta, Cecilia Jacobson, Marisa Perez, Lorena Alvarenga, Gustavo De Simone, Argentina

261 Feasibility study of the palliative outcome scale (POS) in hospitalized patients Jorge Eisenchlas, Ernesto Vignaroli, Marisa Perez, Mariela Bertolino, Lorena Alvarenga, Celina Berenguer, Lorena Aranda, Silvina Dultzky, Melina Armada, Gustavo De Simone, Argentina

262 Collecting research data by computers in palliative care - results from a pilot study Frederica Bresciani, Isabella Caracristi, Michela Paolazzi, Claudia Bortolotti, Monica Gabrielli, Italy

263 Watch out for the mouth - taking care of the oral cavity in palliative care Frederica Bresciani, Isabella Caracristi, Michela Paolazzi, Claudia Bortolotti, Monica Gabrielli, Italy

264 Web based After Death Analysis (ADA) tool for supporting End of Life care in primary care Thomas Thomas, Helen Meehan, Karen Shaw, Collette Clifford, Mike Parry, Frances Badger, United Kingdom

265 Our plan for the patient - applying the N.A.N.D.A. recommendations in Trento Monica Gabrielli, Federica Bresciani, Monica Claus, Helmut Menestretina, Italy

266 Heart rate variability for prediction of life span in hospice cancer patients DoHoon Kim, Youn Seon Choi, Jeong A Kim, Su Hyun Kim, Dae Gyeon Kim, South Korea

267 Diagnostic Value of Kidney, Ureter, and Bladder (KUB) Radiographs in Palliative Management of Gastrointestinal (GI) Symptoms. Preliminary Findings Ruth Lagman, Arminda Parada, Melior Davis, Declan Walsh, Susan LeGrand, Leslie B'Canovsky, United States

268 Prospective study of workload in palliative care unit Marlene Fibbi, Marina Porter, Stephane Gobatto, Aurelle Laurent, Marie Barmaki, Wadsh Rhondali, Isabelle Brabant, France

269 Improving the Holistic Assessment of Palliative Care Patients Needs - a Help the Hospices Initiative Dai Roberts, Nick Pahl, United Kingdom

270 Suffering and Relational Centred Medicine in Palliative Care Antonio Barbosa, Portugal

271 Palliative care needs assessment in Roma community Daniela Mosko, Liliana Ille, Romania

272 SICP Suggestions of Recommendations on Palliative Sedation/Sedation at the end of life Raffaella Speranza, Italy

273 The Borg CR 10 Scale - an alternative to NRS in symptom assessment? Marcus Wiklund, Carl Johan Fürst, Sweden

274 Liverpool Care Pathway - integration into the electronic patient record Irene Lansson-Dademan, Mary Jane Windus, Uta Marinko, Carl Johan Fürst, Sweden

275 Complementary Therapy

276 Complementary Therapies at St Joseph's Hospice Maura Cochrane, United Kingdom

277 Psychosocial Intervention in C.P.: Art and Meditation as a road to the Spiritual Dimension of the Being Gustavo Rodin, Dorita Gonzalez, Gabriela Bosso, Ana Laura Ottonello, Varya Kisu, Stella Salgueiro, Argentina

278 A PNIE point of view (psychoneuroimmunoendocrinological). Complementary therapeutics for symptom control Gustavo Rodin, Dorita Gonzalez, Gabriela Bosso, Ana Laura Ottonello, Varya Kisu, Stella Salgueiro, Argentina

279 Evidence of art-therapy efficacy in patients with terminal cancer Nadia Collette, Antonio Pascual, Spain

280 The role of a physiotherapist at the Hungarian Hospice Foundation Nőra Ferdinandy, Hungary

281 Alternative Therapy in Cancer In seeking of the Miracle Cure or the Power and the Ethics of the advertisement Nikolay Yordanyan, Rumen Stefanov, Bulgaria
<table>
<thead>
<tr>
<th>Posters programme</th>
<th>Thursday 7 June 2007</th>
</tr>
</thead>
</table>
| **282** | The Combined use of Complementary Therapies and Bio-medically Oriented Health Care in Palliative Stages of Cancer: A Narrative Analysis  
Lohanna Häkki, Caroline Wachtler, Torkel Falkenberg, Carol Teshelman | Sweden |
| **283** | The use of Phallus Impudicus as a complementary remedy in palliative care in cancer  
Sergejs Kuznecovs, Klara J egina, Ivans Kuznecovs | Latvia |
| **284** | Attitudes to Acupuncture among Patients and Physiotherapists in Oncology care  
Anna Eblem, Johanna Selmonsson, Malin Astrud, Sussanne Bonjesson | Sweden |
| **285** | An exploration of massage and communication, including recommendations for teaching strategies to enable colleagues to use touch in safe and therapeutic ways  
Lisa Smith | United Kingdom |
| **286** | Use of blood transfusion in palliative care patients.  
Health 7 Related Quality Of Life  
Félix Blaszczyk, Anna Oronska | Poland |
| **287** | Cancer as an Anticipated Form of Loss  
Katalin Muszbek, Eszter Biró | Hungary |
| **288** | Sexual Dysfunction and Cancer: a Behavioral Intervention Study  
Karin Stinesen | Sweden |
| **289** | How art therapy in palliative care unit can help patient and family?  
Wadh Rhondal, Aurele Laurent, Mario Barmaki, Isabelle Maritant, Marlene Filbet | France |
| **290** | Efficacy of health food supplement for the patients treated by palliative care team  
Yuuko Moriyama, Mikkio Kawaguchi, Youko Hashimoto, Aki Urakawa, Harumi Fujii, Kyoko Adachi | Japan |
| **291** | Use of complementary and alternative medicine in cancer patients: results of survey in the single cancer centre in Poland (Olszyn)  
Anna Lowczak, Agnieszka Jagiello-Grusfeld, Marzena Ziomek, Irena Bił Poland | Poland |
| **292** | Is acupuncture a treatment option for hospice patients with xerostomia?  
Liv Meidell, Birgit Rasmussen | Sweden |
| **293** | The presentation of a system to navigate in complementary care (CC) and to support the caregiver to find a supply on measurement of the need of the palliative patient  
Luk Naveau, Tine de Vlieger, Myriam Arren, Lut van den Bosch | Belgium |
| **294** | Documents to evaluate the implementation of complementary care (CC) in palliative care (PC)  
Luk Naveau, Tine de Vlieger, Myriam Arren, Lut van den Bosch | Belgium |
| **295** | Which place has complementary care for a palliative expert in a pluralistic network of palliative homecare?  
Luk Naveau, Myriam Arren, Tine de Vlieger, Lut van den Bosch | Belgium |
| **296** | Rehabilitation in terminal illness  
Oscar Escolante, José Maria Mateos, Emilia Bermejo, Pedro Rus, Antonio Ramos, Vicente De Luís | Spain |
| **297** | The Clinical Effects of Music Therapy in Palliative Medicine and Hospice Patients  
Lisa Gallagher, Ruth Lagman, Ellen Sheldon, Mellaar Davis, Declan Walsh, Susan LeGrand | United States |
| **298** | Music Therapy and Quality of Life of Cancer Patients in Palliative Care  
Małgorzata Stanczyk | Poland |
| **299** | The VILA-project  
Nina Kvant, Lena Olsson, Ulf Nilsson, Eva Albínsson, Ulf Jakobsson, Eva Persson, Ann-Louise Christenssen, Anette Fält | Sweden |
| **300** | The role of the Cancer Experiences Collaborative in the development of research capacity in supportive and palliative care: Older adults  
Katherin Proppgel, Jane Seymour, Chris Bailey | United Kingdom |
| **301** | The need for teacnhig palliative care - dogmas and reality. Will Hungary's accession to the EU be implemented in the field of palliation?  
László Szántó, Katalin Hegedüs | Hungary |
| **302** | Factors that Influence the Completion of Advance Directive Among A Racially Diverse Population of Older Adults in the United States  
Karen Bullock, Karen Blank United States | United States |
| **303** | Flick the Trip: Falls Prevention in Palliative Care  
Bronwen Hewitt, Alex Sydney Jones, Stephen Turk, Kate Weyman, Stephen Brooker, Lesley Sinclair | Australia |
| **304** | Expert views on palliative care for older people. Results from two expert meetings of the Comprehensive Cancer Centre South (CCCS) in the Netherlands  
Thirza Olden The Netherlands | Netherlands |
| **305** | The role of kinetic therapy for patients with rheumatoid arthritis (RA) – last stage  
Luminia Georgescu, Elena Nicolau, Cristina Necsoi, Andrei Dumitru | Romania |
| **306** | A model of palliative care for nursing homes  
Paul Paes, Leonie Armstrong, Lillian Ermington, Marianna Fischer, Sylvia O’Hanlon, Kath McMurray, Wendy Prentice, Dorothy Reeves, Teresa Sanchez, Karen Torley | United Kingdom |
| **307** | Observation about cancer in old patients  
Constantin Bogdan, Gabriela Rahnea-Nita | Romania |
| **308** | Let no such ending come to me, O God!* Being hospitalized and demented  
Zsuzsanna Endrődy | Hungary |
| **309** | Living and Dying in Alternative Housing for People with Dementia - The Contribution of Palliative Care  
Elisabeth Riebinger, Sabine Pieschner | Austria |
| **310** | “Palliative Care in the Community- joint training initiatives for community and hospice nurses and doctors in St Petersburg, Russia”  
Irina Yubina, Mikhail Dotsenko1, Greta Ross2, Eduard Moskalev | Russian Federation |
| **311** | Can the Liverpool Care Pathway (LCP) successfully be used within acute elderly care at the end of life?  
Elizabeth Rees, Fiona Hicks, Amanda Henderson, Norman Barclay | United Kingdom |
| **312** | Espoused choices, marginalised voices: The paradox of preferred place of care for older terminally ill people  
Susan Duke | United Kingdom |
| **313** | Specialist palliative care as a preferred place of care for older people: prejudiced by caution?  
Joanne Wilson | United Kingdom |
315 Moroccan Muslim Views on End-of-Life Decision Making in Antwerp, Belgium
Stef Van den Branden, Bert Broekaert Belgium

316 Palliative care in stroke - a critical review of the literature
Tony Stevens, Sheila Payne, Christopher Burton, J Julia Addington-Hall, Amanda J ones United Kingdom

317 Specialist palliative care and non cancer illness. Availability and access to specialist palliative care in hospices in Northern England for patients with non cancer life threatening illness
J ulie MacDonald United Kingdom

318 Palliative care and intellectual disability - exploring the knowledge of specialist palliative care providers in Kent
Rachel Forrester-J ones, David Oliver United Kingdom

319 End of life care for patient with motor neurone disease / amyotrophic lateral sclerosis
David Oliver, Colin Campbell, Richard Sloan, Nigel Sykes, Carole Talbot, Sandi Webb United Kingdom

321 An evaluation of use of symptom control guidelines for end stage heart failure
Clare Littlewood, Helen Rainford, Christine Gardener United Kingdom

322 Exploring the palliative care needs of service users with neurological conditions
Eleanor Wilson, Lane Seymour, Aimee Aubeeluck, Christina Mason United Kingdom

323 The prevalence and management of diabetes in a specialist palliative care unit
Humaira Jamal, Sue Gale, Ian Trotman United Kingdom

324 Developing a neurological palliative care service in Turin - a literature review and needs assessment
Simone Veronese, David Oliver Italy United Kingdom

325 How can we best provide palliative care in advanced dementia? Assessment of need and development of an intervention
Ingela Thuné-Boyle, Martin Blanchard, Elizabeth Sampson, Louise J ones, Adrian Tookman, Michael King United Kingdom

326 An international survey of end of life care of people with MND/ALS
David Oliver, Nigel Sykes, Richard Sloan, Colin Campbell, Carole Talbot, Takashi Nakajima United Kingdom

327 What are the key issues identified by Heart Failure Nurses in the UK working with patients at the end of life?
Anta Sargeant, Sheila Payne, Jane Seymour, Christine Ingleton, Sue Ward United Kingdom

328 How do the levels of physician contact differ between cancer and heart failure patients in Scotland during the last four weeks of life?
Anta Sargeant, Jane Seymour, Sheila Payne, Christine Ingleton, Sue Ward United Kingdom

329 Adapting the Liverpool Care of the Dying Pathway for patients dying of End Stage Renal Disease: A National Pilot
Claire Douglas, John Ellershaw, Fliss Murtagh, Joanna Chambers, Martine Meyer, Matthew Howse, Alistair Chesser, Stephanie Gomm, Polly Edmonds, Deborah Murphy United Kingdom

330 An audit of referral practice of patients with end stage renal disease to the Royal Liverpool University Hospital Palliative Care Team
Alistair McKeown, Ruth Agar, Heino Hugel, John Ellershaw United Kingdom

331 Interface of Palliative Care and Renal Services: Impact of an Action Learning Set?
Stephanie Gomm, Hilary Robinson, Catherine Byrne, David New, Susan Heatley, Gill Hurst United Kingdom

332 Delivering effective end-of-life care for people with advanced heart failure
Kirsty Boyd, Alison Worth, Scott Murray, Marilyn Kendall, Rebekah Pratt, Jo Hockley, Martin Denvir, Dawn Anundel United Kingdom

333 ‘Equity of Access’. Provision of a Palliative Care Nurse Specialist Service for Non Malignant Disease
Barbara Morgan, Karen Groves United Kingdom

334 Complementing the Community - developing a community complementary therapy service for patients living with end-stage non-malignant disease
Nigel Harley, Elaine Syrett, Sally Hood United Kingdom

335 Changing Perspectives: From Care of incurably ill to chronically ill - Experience form Northern Kerala, India
Anil Palen India

336 Improving end of life care for patients considered unsuitable for admission to the ICU: is there a role for the Integrated Care Pathway for the Dying Patient?
Alison Roberts, Valerie O’Donnell, Mark Pugh, Richard Swindell United Kingdom

337 Improving end of life care for chronic heart failure patients: let’s hope it’ll get better, when I know in my heart of hearts it won’t?
Richard Harding, Lucy Selman, Teresa Beynon, Fiona Hodson, Elaine Coady, Caroline Hazeledene, Irene Higginson United Kingdom

338 Managing advanced motorneurone disease (MND) at home
Nuria Arraras, Marta Llobera, Eva Barallat, Ramona Gonzalez, Concepcio Tamarit, Judit Puig, Angels Ramos, Laume Canal Spain

339 A Network Approach to the Formulation of Guidelines for the Management of End-Stage Respiratory Disease
Jennifer Smith, Clare Littlewood United Kingdom

340 The attitudes of critical care staff towards end-of-life care guidance: A survey questionnaire
Laura Chapman, Maureen Gambles, Kate Richardson, Tamsin McGlinchey, Deborah Murphy United Kingdom

341 Comparisons of the nature and outcomes of referrals to a hospital specialist palliative care team between patients with cancer and non-cancer diagnoses
Ruth Flockton, Kate Richardson, Maureen Gambles, John Ellershaw United Kingdom

342 A study of British Heart Foundation Heart Failure nurse and their current Palliative Care skills and knowledge
Deborah O’Hanlon United Kingdom

343 Letter on future care
Helen Herz Australia

344 CAL and Palliative Care - Responding to Diversity
Patricia McKinnon, Stephen Brooker Australia

345 Manageability of referrals to hospice projects for non-cancer patients
Lane Frankenland, Angie Rogers, Julia Addington-Hall United Kingdom
<table>
<thead>
<tr>
<th>Posters programme</th>
<th>Thursday 7 June 2007</th>
</tr>
</thead>
</table>
| **346** | Issues in education provision for new hospice services for non-cancer patients  
J ulia Addington-Hall, Jane Frankland, Angie Rogers United Kingdom |
| **347** | Cardiac Medicine Prescribing In A Specialist Palliative Care Unit - A Prospective Audit  
Graham Whyte United Kingdom |
| **348** | Right to die is not right to kill : the French approach on end of life policy  
Bernard Devalois, Arnaud Leys, Laurence Geneston France |
| **349** | Palliative Care in Public Health Research  
Nils Schneider, Anke Bramesfeld, Larissa Burrano Germany |
| **350** | The Effects of Hospice Share-care Program in Taiwan  
Tsui-hsia Hsu, Shu-chun Hsiao, Shin-lan Koong Taiwan |
| **351** | Fit for purpose: modernising the minimum data set collection in the United Kingdom  
Clare L Newood, Barbara Jack, John Elsershow, Debbie Murphy, Anne Eve United Kingdom |
| **352** | Use of Continuous Subcutaneous Infusions (CSCI) via a Syringe Driver within ST Helens and Knowsley Specialist Palliative Care Service  
Ian Leatherbarrow, Carolyn Jennings, Maggie Cooke, Margaret McConaghy, Andrew Dickman United Kingdom |
| **353** | Out Of Hours (OOH) Prescribing in Palliative Care Units: A Survey of Current Practice in the United Kingdom  
Amanda Gregory, Jennifer Todd, Steven Wanklyn United Kingdom |
| **354** | Network Palliative Care Amsterdam/Diemen. A result of the Dutch policy on palliative care  
Wim J Jansen The Netherlands |
| **355** | Specialist Palliative Care Out-of-hours Advice in Lancashire and South Cumbria  
Sarah Yardley, Valerie O’Donnell, Nickolas Sayer, Clive Shelley United Kingdom |
| **356** | Should adult specialist palliative care in-patient units have automated external defibrillators (AEDs)? A survey of policy and practice in the United Kingdom  
Emma Hall United Kingdom |
| **357** | Incorporation of Palliative Care in National Health Plan (From private to Governmental financing)  
Dimitri Kordzya, Irina Tepikvadze, Tamari Rukhadze Georgia |
| **358** | Developing guidance for advance care planning: a consultation exercise  
Jane Seymour, Claire Henry United Kingdom |
| **359** | Possibilities of Fundraising in A Country Without the Tradition of Donation?  
Katalin Muszbek, Cecilia Keresztes, Rita Ádám Hungary |
| **360** | “The 6 S” - key words as a palliative care strategy  
Ing-Britt Cannerfelt Sweden |
| **361** | Influencing Nursing Policy in Hungary  
Zsófia Babogh, Márta Kőkényi Hungary |
| **362** | The process of evaluation the catalonian who demonstration project at 15 years  
Xavier Gonzalez-Batlle, Josep Porta-sales, Antonio Pascual, Maria Nabal, Jose Espinosa, Silva Paz, Cristina Minguell, Dulce Rodriguez, Joaquim Espeleba, Marina Gel Spain |
| **363** | A Hospices experience of introducing an organisation wide Incident and Near Miss Reporting system  
Jan Cadig United Kingdom |
| **364** | Removing regulatory barriers to opioid availability in Serbia: A step forward  
Snezana Bosnjak1, Ivana Popovic1, Karen Ryan2, John Ely2, David J oranson2, Aaron Gilson2 1Serbia 2United States |
| **365** | Palliative Care in the National Cancer Control Programme in Hungary  
Katalin Hegedus, Agnes Ruzsa Hungary |
| **366** | Integration of palliative care into the health care system - the role of participation and organizational development  
Klaus Wegelkner, Katharina Heimerl, Andreas Heller Austria |
| **367** | Fund raising for a home-care palliative service in a little area in Hungary  
Agnes Ruzsa United Kingdom |
| **368** | Policy decision-making strategies in palliative care planning  
Urska Lunder, Lisa Quinn 1Slovenia 2Hungary |
| **369** | Palliative Care: The public Health Strategy  
J an Stymsward United Kingdom |
| **370** | Coordination of the World Hospice and Palliative Care Day in Hungary in 2006  
Eva Varga, Agnes Zana, Katalin Hegedus, Katalin Munk Hungary |
| **371** | The CEE & FSU Palliative Care Monthly Email Newsletter  
Katalin Hegedus1, Agnes Zana1, Elena Vvedenskaya2 1Hungary 2Russian Federation |
| **372** | Focusing on essential pain medication accessibility for palliative care: APCA’s response to policy implications  
faith Mwangi Powell Uganda |
| **373** | Bisphosphonates for bone prophylaxis in a palliative day care setting. The value of audit and re-audit in service development  
Pola Grzybowska United Kingdom |
| **374** | How and where will we die by 2030: An analysis of future needs in an ageing population  
Barbara Gomes, Irene Higginson United Kingdom |
| **375** | Using the Korea declaration to advance international palliative care  
Sharon Baxter, Nick Pahl United Kingdom |
| **376** | Retrospective Audit of the Approach to all In-patient Deaths in an Australian Teaching Hospital  
Katherine Clark, Paul Clare Australia |
| **377** | Palliative care work, between death and discharge  
Margaret O’Connor Australia |
| **378** | Linking the parts: articulating the role of consultant palliative care nurses in acute hospitals  
Margaret O’Connor Australia |
| **379** | Obstacles to alleviating the suffering of palliative care patients: healthcare providers’ point of view  
Sergé Daneault, Véronique Lussier, Suzanne Mongeau, Dominique Dion, Pierre Faille, Evelyne Hudon, Louise Yelle, Claude Sicotte Canada |
Thursday 7 June 2007

Posters programme

380 Nurses' experiences of caring for dying patients outside special palliative care settings
Brigitta Wallenstedt, Brigitta Andershed Sweden

381 Prospective pricing of palliative care for patients with non small cell lung cancer in Germany
Christoph Ostgathe, Ronald Walshe, Jürgen Wolf, Michael Hallek, Raymond Voltz Germany

382 Implantable cardioverter defibrillators (ICDs) at the end of life
Paul Paes, Pamela Ransom United Kingdom

383 Revision of the document “Changing Gear: Managing the Last Days of Life in Adults”
Ruth Flockton, Lucy Sutton, Deborah Murphy, John Elershaw United Kingdom

384 The first year activity of a pharmacists group in Japan: symptom control studies on patients with cancer
Motoko Sano, Akiko Harada, Hsiamitsu Takase, Toshimasa Itoh, Hideya Kobukun, Mitsuru Shikawa, Hiroko Takahashi, Emi Ryu, Tsutomu Suzuki, Hajime Kagaya Japan

385 The Northern Territory Indigenous Palliative Care Model - its evolution, implementation and integration with existing services
Mark Boughey Australia

386 HIV/AIDS Palliative Care Program in the Nizhny Novgorod Region
Elena Vedenskaya, Oxana Shilova, Grigory Moshkovich, Ludmila Varfo, Larisa Bykova Russian Federation

387 Palliative home care of cancer patients in Estonia and Finland: differences and similarities on the example of 6 months
Kaidi Suja1, Kaiu Suja2, Kari Ojala111 Finland ‘Estonia

388 The impact of a partnership between a specialist palliative care unit and a nursing home
Paul Paes, Leonie Armstrong, Marianne Fischer, Kath McMuray, Teresa Sanchez, Karen Torley United Kingdom

389 Exploring the preferences of cancer patients regarding place of death: preliminary results from a prospective study
Snead Kelly, Eoin Tiernan, Team Homecare, Gerard Bury, Barbara Dooley, Ciaran O’Boyle Ireland

390 Workplace stress and social support among nurses working in palliative care and nurses caring for elderly patients
Norz Szabo, Gabor Szabo, Katalin Hegedus Hungary

391 Morphine prescribing by nurses. An evaluation of the impact of a morphine prescribing programme in Sub-Saharan Africa
Barbara J ack, Anne Merriman1 United Kingdom ‘Uganda

392 ‘24 hours a day’. Perceived need for ‘out of hours’ specialist palliative care advice
Karen Groves United Kingdom

393 ‘Home or not home?’ Documentation of Preferred Place of Care in Specialist Palliative Care
Catherine Wilcox, Alison Meehan, Karen Groves United Kingdom

394 Hospital Consultant views on Palliative Care in the acute sector
Maire O’Riordan, James Adam United Kingdom

395 Use of a Template to improve Documentation of Assessment
Niazi Memon, Karen Groves United Kingdom

396 A nine month survey of home care vs. hospice care at the St. Lazarus Hospice in Krakow, Poland
Tomasz Gradalski, Barbara Burczyk Fitowska, Ewa Nalezna-Chmieleck Poland

397 Factors Influencing Referral to an Integrated Specialist Palliative Care Service
Jennifer Baily, Rachel Quibell, Anne Pelham, Andrew Hughes United Kingdom

398 Developing a breathlessness intervention service using the MRC framework for the development and evaluation of complex interventions
Morag Farquhar, Sara Booth, Petrea Fagan, Irene Higginson United Kingdom

400 Minding the step between ward and home: A multidisciplinary team makes it safer
Rosmarie Pohjanvuo, Camilla Wedenby Sweden

401 “I wanted to die at home” A description of patients experiences of palliative home care at the end of life
Ing-Britt Cannerfelt, Brigitta Andershed Sweden

402 Should respite care be offered in a Specialist Palliative Care setting?
Joanna Bowden, Jennifer Pond United Kingdom

403 The impossible challenge – Palliative care in the Emergency department
Marie-France Couillot, Mai Luu, Daniele Leboul France

404 Dying of occupational cancer: what effects has the compensation process on the caregivers?
Marie-France Couillot, Anne Claire Brisac, Annie Thebaud-Mony France

405 The Preferred Place of Care patient assessment tool: Findings from the first 100 cases undertaken in England
Justin Wood, Les Storey, David Clark United Kingdom

406 Continuity of Care for Community Palliative Services
Frances Legault, Kevin Brazil, Sheila Bauer, Pippa Hall, Liliane Locke, Lynda Weaver, Barbara Cameron Canada

407 A spatial analysis of regional inequalities in the location, organisation and availability of adult inpatient hospices, and hospice inpatient beds, across the United Kingdom and Ireland
Justin Wood, David Clark United Kingdom

408 Development of a Municipal Palliative Care Program in the Public Health Department in Rosario, Argentina
Hugo Formell1, Daniela MacGarrell1, M Alvarez2, A Armando1, A Kalbematter1, M Padovani1, David Willems1, Stella Binelli2, Pablo Amigo2 Argentina ‘Canada

409 Better Late than Never? The Impact of Late Referrals upon the provision of Community Palliative Care
Philip Macaulay, Sylvia Spicer, Trish Sutton, Kath Savona, Jane McGuire, Helen Vaz, Stephen Brooker Australia

410 How do you persuade patients, staff and volunteers in a successful Day Hospice attached to an Acute Inpatient Palliative Care Unit, that service delivery processes must change to accommodate a new economic reality?
Kate Thompson, Bee-Wee Leung United Kingdom

Floren Heejet van, Ilora Finlay, Renee Otter, Betty Meyboom-de Jong The Netherlands
412 Palliative Mobile Team in a Shelter for Homeless People
Katalin Muszbek, Árpád Gajdáthy, Eszter Biró, Adrienn Thuránszky Hungary

413 How does proximity to a hospital/hospice relate to place of death from cancer?
Philippa Hughes, Manisha Mistry, Peter Bath, Bill Noble United Kingdom

414 Ongoing palliative care in primary health clinics
Yiftat Rave, Sharon Wynne, Rivka Golan Israel

415 Consultation in palliative care; how to improve quality?
Erica Winkamp, Mathilde Van der breuggen, Pascale Voerman, Janneke Koningswoed, J orien Van der doel, Liza Van zuylen The Netherlands

416 Old and Given up for Dying? Multidisciplinary Palliative Care Teamwork in the Nursing Home
Aase Nordstøren1, Geir Bolls1, Stein Husebo2, Bettina Husebo2 'Norway 'Austria

417 Family Physicians as an Enabler or Barrier to Palliative Supportive Cancer Care
Kevin Brazil, Jonathan Sussman, Daryl Bainbridge, Tim Wheelan Canada

418 Development of the Palliative Care (PC) in Latvia (2004-2006)
Vilnis Socsans, Baiba Strenīrte Latvia

419 Trends in Place of Death of Cancer Patients in Taiwan
Ming-Hwai Lin, Heng-Liang Yeh, Chun-Kai Fang, Tzea-Ji Chen, Shinh-Ji ang Hwang Taiwan

420 Building up a palliative care (PC) service in Slovene cancer center Institute of Oncology (IO) Ljubljana
J asenka Gujić, Boštjan Seruga, Branko Zadotnik, J ožica Červek, Moa Simončič, Kvelja Stranca, Dijana J eša Slovenia

421 Palliative Daycare in the Netherlands - a new initiative
Ariane Brinkman, Marjole Wijk, Harry Finkenflugel, Berend Buys-Ballet The Netherlands

422 Palliative care consultation in a Psychiatric Department
Monia Guedira, Elisabeth Cabotte, Dominique Ducloix, Laurence Derame, Huigette Guisado, Sophie Paulx Switzerland

423 Security box in out-of-hours palliative care home - how does it work?
Lisbeth Johansson, Eva Thormberr Sweden

424 Palliative care consultation in an Ambulatory Setting
Heidi Prange, Linda De Heer, Carol Abee, Heike Wessel, Eberhard Klassch Germany

425 Home Zoledronic Acid (HZA) treatment in patients confined at home for bone metastases. An observational trial
Davide Tassiniar, Barbara Poggi, Adriana Pecci, Luciana Massa, Manuela Fantini, Cinzia Possenti, Stefania Nicoletti, Emiliano Tamburini, Marco Maltoni Italy

426 Inpatient hospice care from the relatives’ point of view
J ohann Baumgartner, Petra Wagner, Martin Boeker, Brigitte Wagner Austria

427 Ongoing palliative care in primary health clinics
Yiftat Rave, Sharon Wynne, Rivka Golan Israel

428 Hospice Casa Sperantei - A Beacon of Hope in Romania
Alison Landon Romania

429 Equity of access to community palliative care services
Catherine Walshe, Ann Caress, Carolyn Chew-Graham, Chris Todd United Kingdom

430 “Ownership” of patients: does this affect access to services?
Catherine Walshe, Ann Caress, Carolyn Chew-Graham, Chris Todd United Kingdom

431 The development of palliative care at University Clinic of Respiratory and Allergic Diseases Golnik
Andrea Peternel, Anja Simonic Slovenia

432 Integrated services to assure continuity of care for patients and their families
Cristina Ghiran Romania

433 Monitoring Quality in an Acute Hospital-Based Palliative Care Service - Adopting 'Universal' Indicators
Angel Lee, Huei yew Wu, Koh Koh, Susan Chan, Tzer Wee Ng Singapore

434 Trends in Place of Death of Cancer Patients in Taiwan
Ming-Hwai Lin, Heng-Liang Yeh, Chun-Kai Fang, Tzea-Ji Chen, Shinh-Ji ang Hwang Taiwan

435 Good palliative care practice have impact on the place of death
Gunnar Eckerdal, Karin Ericson, Annelie Klersjö, Bente Skale Sweden

436 Dying for information: an evaluation of a telephone helpline for patients with advanced disease and their families
Susan Longhurst, Jonathan Koffman, Catherine Shipman, Liz Taylor, Steve Dewar United Kingdom

437 A learning curve: Developing and operating a telephone helpline for patients with advanced disease and their families
Susan Longhurst, Jonathan Koffman, Catherine Shipman, Liz Taylor, Steve Dewar United Kingdom

438 Social care interventions for hospice referral in a university hospital without palliative care unit
Sabine Prange, Ricarda Klein, Maie De Wiegel Germany

439 The problems of transition from voluntary hospice teams activities to modern hospice teams integrated into the existing health care system
Gordana Spoljar, Ivana Bandovic Ozezgovic, Anica Jusnic Croatia

440 Specialised palliative home care in Bonn - which factors lead to referral to inpatient settings prior to death
Martina Kern, Eke Ostgathe, Heike Wessel, Eberhard Klassch Germany

441 Project for safe discharge and home care service in palliative care by the 9th oncological provincial intercompany department of Lombardia (Italy)
Paola Castagnini, Raffaella Speranza, Gianstefano Gardani Italy

442 Developing an early intervention supportive and palliative care pathway for adults with intellectual disabilities
Sally Stannard, Linda McEnhill United Kingdom

443 Accelerating Change In Complex, Public-Funded Health Systems: The Canadian Pallium Project
Lisa Pereira, Michael Aherne Canada
445 What Affects Adherence by Internal Medicine Nurses (IMNs) of Recommendations Made by Palliative Care Consult nurses in a Swiss Tertiary Hospital
Fabienne Telke Lüthi, Switzerland

446 Clinical audit in a home palliative care service: Auditing the audit
Maria Daud, Jorge Eisenclaus, Gustavo De Simone Argentina

447 National Palliative Care Outcomes Collaboration (PCOC) - can it contribute to improved standards and quality in palliative care?
Tania Shelby-James, Kathy Eager, Linda Kristjanson, David Currow, Patsy Yates Australia

448 Activities of a Palliative Care Unit in Preah Ket Melea Hospital Phnom Penh, Kingdom of Cambodia
Khantey Om1, Sokhun Kan1, Kosal Som1, Cécile Bernard2, Boren Yi1, Mkael Grel1, Phany Auk1, Philippe Pouilain1 Cambodia, France

449 Palliative Care for People living at Home: Resources and Barriers
Katherine Heimerl, Klaus Wegleitner Austria

450 Individualized multi-disciplinary case conferences: can they be practically added to specialist palliative care? 
Amy Abernethy1, Tania Shelby-James1, David Currow1, Helena Williams1, Paddy Phillips2 Australia, United States

451 Health resource utilisation within palliative care, findings from a prospective randomised controlled trial 
Amy Abernethy1, Tania Shelby-James1, David Currow1, Andrew McAlindon1, Darren Richardson1 Australia, United States

452 End-of-life decision-making in Belgium, Denmark, Sweden and Switzerland: Does place of death make a difference? 
Joachim Cohen1, Johan Bilsen1, Suzanne Fischer2, Rutik Lomark3, Michael Norup1, Agnes Van der Heide1, Guido McCinnes1, Luc Deliens1 Belgium, Switzerland, Sweden, Denmark, The Netherlands, Italy

453 Home care at the end of life
Merce Llaspert, Magdalena Esteva, Joana Ripoll, Marta Verdáguer, Enrique Ferrer, Llorenç Roig, Yolanda Mujoz, Marta Verdáguer, Joan Llobre Spain

454 Hospice-friendly Hospitals: A national approach to mainstreaming hospice principles in hospital practice
Mervyn Taylor1, Orla Keegan1, Max Watson1, David Clark2, Ginny Dunn1 Ireland, United Kingdom

455 Nurses work load with inpatients in a Palliative Care Unit (PCU) for cancer patients
Cristina Pereira, Lília Costa, Catarina Simees, Miguel Tavares, Edna Gonçalves, Cátia Ferreira, Margarida Alvarenga Portugal

456 Cost analysis of patients admitted to an inpatient Palliative Care Unit according to their clinical complexity
Edna Gonçalves, Lília Costa, Catarina Simees, Cristina Pereira, Miguel Tavares, Margarida Alvarenga, Cátia Ferreira Portugal

457 The environmental factors that impact on quality of life in advanced cancer in-patients
Jule Rowlands, Simon Noble United Kingdom

458 How Family Physicians see their own roles and that of palliative care specialists caring for their patients, after referral to a metropolitan home palliative care service
Erica Moran, Russell Goldman, Deborah Adams, Amna Husain Canada

459 Improving supportive and palliative care for adults with cancer: A pilot study of general practices in the UK
Bill Noble, Philippa Hughes, Nisar Ahmed United Kingdom

460 Can the clinical nurse specialist make a difference for outpatients receiving palliative care?
Ellen De Nijl, Saskia Teunissen, Ginette Hesselmann The Netherlands

461 Evaluation of local palliative care teams - looking for a feasible concept to support care givers
Bea van der Vegt, Carolina van den Akker, Manda Broekhuis, Renee Otter The Netherlands

462 Perceptions and practice of palliative care amongst junior doctors and nurses
Jason Boland, Elaine Rogers, Sam Ahmedzai United Kingdom

463 Retrospective evaluation of carer satisfaction: 10 years experience
Francesca Bordino, Francesca Trasatti, Ofelia Bernarte, Pasquale Benvenuto, Annette Welshman Italy

464 Satisfaction with Home and Hospital Palliative Care
Georgiana Gama, Filippe Barbosa, António Barbosa Portugal

465 A new Palliative Care Counselling Service (PCCS) in the university hospital of Aachen – Germany
Norbert Krumm, Eckhardt Tieke, Birgit Klaßen, Frank Elsner, Lukas Radbruch Germany

466 Why do we need palliative care
Madalena Fero, Manuel Marques Portugal

467 PIA - Palliative Care Inventory of the region of Aachen
Frank Elsner, Norbert Krumm, Martina Pestinger, Verena Jaut, Robin Joppich, Lukas Radbruch Germany

468 Nursing coordination of a hospital support team of palliative care based on complexity levels of patients
Nuria Codron, Albert Tuca Spain

469 End-of-life care in a Swedish county during last three months of life
Eva Jakobsson Sweden

470 Community based palliative care services (CB-PC) in developing countries (DeCo): A systematic literature review
Shamsudeen Moiddeen1, Suresh Kumar1, Shabeer Chenganakkatthoor, Fórnian Strasser2 India, Switzerland

471 Where do People die at Portugal? Why? “Algarve”? survey
Ivone Nabal, Graça Pedro, Ana Marques Portugal

472 Identifying the ‘key worker’ for patients having palliative treatment - patient and professional views in relation to patients with bone metastases: A survey and prospective audit
Humaira Jaman1, Teresa Young1, Alison Donaldson1, Elizabeth Lank1, Clare Gwilliam1, Lorraine Sloan1, Edward Chow2, Jane Maher1 United Kingdom, Canada

473 What is End of Life Care? Definitions from a national consultation and implications for practice
Cathy Shipman, Irene Higginson, Marjolein Gysels, Patrick White, Allison Worth, Scott Murray, Stephen Barclay, Sarah Forrest, Johnathan Shepherd, Jeremy Dale United Kingdom
Posters programme

Friday 8 June 2007

CONNECTING DIVERSITY

10th Congress of the European Association for Palliative Care
Friday 8 June 2007

Bereavement

474 Complicated grief. A support group intervention for family members
Yvonne Kaladzinska, Eva Erchsdin, Lars Sundberg, Monika Avmachersonsson, Maria Jakobsson, Anna Milberg, Maria Friedrichsen Sweden

475 Coping with death and bereavement: views of carers’ of older heart failure patients in the UK
Sarah Barnes, Merryn Gott, Sheila Payne, David Seamark, Chris Parker, Neil Small, Salah Gariballa United Kingdom

476 The Experiences and Attitudes of Single Bereaved Fathers in East London
Christina Mason, Gina Langley United Kingdom

477 Bereaved spouses’ adjustment after the patients’ death in palliative care
Ingrid Nilsson, Maria Karlsson Sweden

478 An action research project concerning bereavement support following the death of a partner or close relative in the acute hospital setting
Isabel Dossier United Kingdom

479 Caregiving & Bereavement: The Family Caregiver’s Journey
Isabelle Dumont United States

480 Bereavement in Old Age
Katharina Heimerl, Marina Kojer Austria

481 An aspect of organ-removal: grief reaction of relatives
Smudla Aniko Hungary

482 How do caregivers in palliative care manage their distress and how is the awareness of the physician’s vulnerability and coping strategy in France and the Netherlands?
Francine Haszowskia, J aap Schuurmanb, J udith Prinsb, J eroen Hasselaera, Kris C. P. Vissersb
1France, 2The Netherlands

483 Thematic Issues in Parental Grief Identified from a Retrospective Review of Pediatric Bereavement Group Notes
Tanya St John, Randi McAllister-Black United States

484 Existential Distress of Physicians among Caring Terminal Cancer Patients
Chun-Kai Fang, Ming-Liang Lai, Hsin-Chin Lu, Pei-Yi Li, Raunn-Yang Tseng, Ming-Hwai Lin Taiwan

485 Screening for acute traumatic stress in bereaved relatives to patients treated in a palliative home care team - preliminary results
Mai-Britt Gulkin, Maja O’Connor, Anders Jensen Denmark

486 “Hope and the possibility of free choice” - a qualitative study among patients in palliative care
Peter Strang, Maria Friedrichsen, Gunnel Östlund, Louise Olsson Sweden

487 Meeting grieving people: prevention and early diagnosis of difficult bereavement
Ferenc Mirel, Birucoa Benoit France

488 The last days in life: experiences of family members in a hospice
Gunnla Foddin, Erika Lindqvist, Birgit Rasmussen Sweden

489 Palliative spiritual care at home
Marike Wuip, Henk Jochemsen The Netherlands

490 Bereavement Support at the Hungarian Hospice Foundation
Magdolna Singer, Eszter Biró, Ágnes Molnár, Adrienn Thuránszky, Katalin Muszbek Hungary

491 Bereavement Therapy - Case Presentation - Use of Art Therapy to treat the anguish of a mother whose daughter died of cancer
Yael Blich Israel

492 Support for the bereaved
Marie Macková Czech Republic

493 The extent to which literature exploring risk assessment connects to the practice of bereavement support
Alison McNulty United Kingdom

494 High prevalence of depressive symptoms among Italian surviving caregivers. Results from the Italian Survey of the dying of cancer (ISDOC)
Massimo Costantini, Gabriella Morasso, Monica Beccaro Italy

495 Thesaurus on bereavement
Denise Brady United Kingdom

496 Connecting Diversity in Bereavement Services: Contrasting the Bereavement Services of the Hôpital général juif de Montréal Palliative Care Division with Services in UK and USA
Hugues Cormier, Bessy Bitzas, Michael Dworkind, Bernard Lapointe, Sandy Lipkus, Francine Venne Canada

497 Vulnerable families and individual risk factors in a Swedish Palliative Care Setting
Bylund Grenkl, Unnur Valdmarsdottir, Carl Fürst Sweden

Culture and Values

500 When the going gets tough...an exploration of spirituality and palliative care
Barr Clark United Kingdom

501 Culture and pain: a qualitative study of Caribbean and white British patients with advanced cancer living in London
Jonathan Coffman, Myfanwy Morgan, Polly Edmonds, Irene J. Higginson United Kingdom

502 Holding onto holism - video
Lucinda J arrett United Kingdom

503 The Spirituality and the organic disease
Maria Custodio, Jose Cruz, Antonio Barbosa Portugal

504 Difficulties in addressing spiritual care of the patients: a qualitative study
Syed Qamar Abbas, Simon Dein United Kingdom

505 Where is palliative care in 2007: A Hungarian-English comparison
Geraldine O’Meara, Katalin Muszbek 1United Kingdom

506 End-of-life services for Sikh and Muslim patients and their families
Allison Worth, Aziz Sheik, Tasneem Irshad, Scott Murray, Marilyn Kendall, Elizabeth Grant, Raj Bhopal, Julia Lawton, Duncan Brown, James Adams United Kingdom

507 Anxiety, Depression and Spiritual Coping of Cancer Clients Receiving Hospice Palliative Care in the Maltese Islands
Antoinette Shah, Donia Baldacchino Malta

508 Good Death for Hospice Care Nurses in Japan
Makiko Kawamura, Yoko Tsukamoto, Yukiko Sasaki Japan
Friday 8 June 2007

Posters programme

509 Mummies Exhibition and Hospice Movement
Mária Markó, Katalin Muszék, Rita Ádám Hungary

Heng-Ching Lin, Chia-Chin Lin Taiwan

511 Effective Cross Cultural End of Life Home Care
J Im Shalom, Yaniv Ben Shoshan Israel

512 The extent to which literature exploring cultural differences connects to the practice of bereavement support
Alison McNulty United Kingdom

513 Exploration of the spiritual dimension in Palliative Care at home
Encarnacion Perez Bret, Ana De Santiago Ruiz, Inmaculada Martin-Sierra Navarro, Dolores Puerta Ardiz, Maria Victoria Rodriguez Blazquez, Belen De la Haz Ganz, Manuela Diaz Romero Spain

514 The Orthodox Jewish Community and End-of-Life Care: Needs and Guidelines
David Wollner, Eliot Fishman, Barbara Hiney, Toby Weiss, J ay Schwartz, Charles Rudansky United States

515 Changing perspectives in the last stage of disease. Differences in professional and cultural settings between attendants of EAPC
J eroen Hasselaar, J aap Schuermans, Stans Verhagen, Kris Vissers The Netherlands

516 Approximation to an objective “good death”
Ramón Martín, Gracia Megías, María Jesús Elvira, Rafael Vidaurreta, Martín Cuenc a, Vicente De Luis Spain

517 Attitudes toward hospice-palliative care of patients with terminal cancer
Su i-lin K o, Kyyoung Shick Lee, Young Seon Hong, J in-Hyung Kang, Sang Ok Choi, In Sook Woo South Korea

518 The community-based development of culturally-sensitive voluntary palliative terminal care
J os Somsen, Hans Bart The Netherlands

519 Fateless and stateless
Denise Brady United Kingdom

520 Documenting pastoral care: reflections on a new IT-based protocol for hospital chaplains
Traugott Roser, Thomas Hagen, Thomas Kammerer Germany

521 Hospice Care in Rural Hungary
László Darvaj, Ferencné Mihaliov Katalin Kádár Hungary

Ethics

522 Improving quality of life. Towards a normative framework of palliative care to patients with a severe mental disability
Maaike Hermens The Netherlands

524 Written information and signed consent forms in palliative care: the ethical issues
Isabelle P lu, Grégoire Moutel, Christian Herve, Françoise Elie, Irene Pursès-françois France

525 Audit of appropriateness of resuscitation and documentation of ‘Do not Resuscirate orders’
Tracy Anderson, K ran Kaur United Kingdom

526 Suffering induced by perseverance of nursing care on terminal patients
Raffaela Dobrina, Emanuele De Leo Italy

527 French hospital and district nurses: opinion toward legalisation of euthanasia and medical assisted suicide: A National Survey
Marc Bendiane, Anne Gâlner, Anne Bouhnik, Roger Favre, Jean-Marc Lapiana, Claude Ribiere, Jean-Paul Moatti, Yolande Obadia, Patrick Peretti-Watel France

528 Artificial nutrition and rehydration at the end of life: yes or no
Natasa Milicevic, Leonida Mirilo Yugoslavia

529 Dignity for the Elderly in Nursing Institutions and at Home in Europe - How can we guarantee them Palliative Care?
Stein Husebo1, Frode J jacobsen2, Bettina Husebo2, Georg Bollig1 Austria 2Norway

530 Assisted suicide in nursing homes: a comparative analysis of two guidelines
Monica Escher Switzerland

531 Reasons palliative care patients desire hastened death and the quality of clinical guidelines to assist health professionals to respond
Peter Hudson, Linda Kristjanson, Michael Ashby, Brian Kelly, Penelope Schofield, Rosalie Hudson, Sanchia Aranda, Margaret O’Connor, Annette Street Australia

532 A prospective regional audit of the use of artificial hydration (AH) in the dying phase
Jennifer Smith, Anita Roberts, Lynne Moorhead, Catherine Wilcox, Kate Smith United Kingdom

533 Differences in experiences of nurses and doctors with end of life decisions
Annelies De Vuyst, Bernadette Dierckx de Casterle, Nancy Cannetts, Walter Rombouts Belgium

534 Treatment used in the last week of life in an acute palliative care unit (PCU) : preliminary results
Silvia Llorens, Jose Espinoza, Victoria Maas, Xavi Perez, Xavier Gomez-batiste Spain

535 Is the published debate in palliative care research ethics sufficient to guide sensitive palliative care research?
Sue Duke, Helen Bennett United Kingdom

536 An evaluation of film showing followed by small group discussion in teaching medical students dying with dignity vs. euthanasia
Maria Fidelis Manalo Manalo Philippines

537 Ethical Guidelines on End-of-Life Decisions in the Nursing Home
Anette E sten1, Georg Bolli g1, Stein Husebo2, Bettina Husebo1 1Norway 2Austria

538 Ethical review committees and palliative care research. Reflections on a multi-centre application process
Philip Larkin Ireland

539 Changing the treatment goal at the end of life - the experience of a palliative care consult service
Andreas Schaidier, Ralf ox, Gian Borasio Germany

540 Ethical decision-making in palliative care: a prospective representative survey in Germany
Brigit Asper, Friedemann Nauck, Christoph Ostgathe, Norbert Krumm, Lukas Radbruch Germany

541 Physicians’ views on a possible legal regulation of advance directives in Germany: a survey
Brigit Asper, Kati Eliana Clemens, Eberhard Klaschik Germany
Friday 8 June 2007

**Posters programme**

542 “There is a time to be born and a time to die” (Ecclesiastes 3,1-2). J ewish Perspectives on Euthanasia
Goeleke Baek, Bert Broeckaert Belgium

543 “Two J ews, three opinions”. The Divergent Specificity of J ewish End-of-Life Ethics
Goeleke Baek, Bert Broeckaert Belgium

544 Psychosocial support in Palliative Care
Irena Bédnárová Bulgaria

545 Attitudes toward euthanasia and assisted suicide of the Portuguese oncologists
José António Ferraz Gonçalves Portugal

Joris Gielen, Bert Broeckaert Belgium

547 Attitudes toward end-of-life situations other than euthanasia and assisted suicide of the Portuguese oncologists
José António Ferraz Gonçalves Portugal

548 Measuring Attitudes toward End-of-Life Issues: Presentation of a New Questionnaire
Stef Vanden branden, Bert Broeckaert Belgium

549 The Attitudes of Practising Elderly Moroccan Men Living in Antwerp (Belgium) Towards Withholding/Withdrawing Treatment Compared with the Guidelines in English Sunni E-Fatwas
Stef Vanden branden, Bert Broeckaert Belgium

550 English Sunni E-Fatwas on End-of-Life Decisions
Stef Vanden branden, Bert Broeckaert Belgium

551 Integrating euthanasia in palliative care
Luc Van mschool, Gert Huysmans Belgium

552 Family

553 Support groups for relatives during late palliative phase
Anette Henriksson Sweden

554 Mesothelioma: The financial aspects
Christina Mason, Roy Nightingale United Kingdom

555 Supporting children and families facing parental death: case study presentation
Rosemary McIntyre, Catriona Kennedy United Kingdom

556 When the patient and family have different goals for continued care - a method to find a workable solution
Anne-Marie Corroon, Jonathan Koffman United Kingdom

557 Assessing fatigue in relatives to patients cared for in palliative care
Maria Carlsson Sweden

558 A new tool to assess primary caregivers’ burden at end of life care
Serge Dumont, Lise Fillion, Pierre Gagnon, Nadine Bernier Canada

559 Family caregivers of advanced cancer patients: coping and burden
Judith Prins, Dore Broekhuis, Stans Verhagen, Yolande Kuin The Netherlands

560 Appetite loss in advanced cancer - the informal caregivers’ perspective
Ginette Pilkington, Jonathan Koffman United Kingdom

561 Longitudinal caregiving impact on quality of life for family caregivers of terminally ill cancer patients in Taiwan
Siew Tzu (Stephanie) Tang Taiwan

562 Role of the environment in the dying process
Elena Oliete, María Piera, Rocio Romero, Paz Guilló, Carme Ara, Elena Romero, Ascensión Landete, María José Estellés, Marina Costa, Carmen J amez Spain

563 Decision Making, Spirituality, and Hope in Grieving Neuroblastoma Parents
Joshua Rosenberg, Michelle Fleurat, Clarke Anderson United States

564 Caring for Families of Dying Patients - The Nursing Experience
Anne-Marie Corroon Ireland

565 Informal care at the end of life
Geraldine Visser, Marjke Wulp The Netherlands

566 Employment and Family Caring in Palliative Care settings: A review of the literature
Paula Smith1, Paul Ramcharan2, Sheila Payne3, Alice Chapman4 United Kingdom Australia

567 High Prevalence of Caregiver’s Burden with Palliative Care at Home
Antonio Noquera, Jesús Poveda, Mariant Lacasta, Manuel Gonzalez-Baron Spain

568 Carers’ health, functional status and caregiver burden in end of life care: trajectories, interrelationships and relation to cancer patients’ status
Morag Farquhar, Gunn Grande, Stephen Barclay, Chris Todd United Kingdom

569 Attitudes towards terminally ill cancer patients
Alekseandra Modlinska, Magdalena Osińska, Justyna J aniszewska, Tomasz Buss, Magdalena Osowicka, Monika Lichodziejewska-Niemierko Poland

570 The role of an ambulatory Palliative Care Team (PCT) during exacerbations in the final stage of life of terminally ill cancer patients
Christoph Wiese, Utz Bartels, Andrea Voßen-Wellmann, Hannah Morgenthal, Michael Bautz, Margret Kriegler, Alexander Schultons, Friedemann Nauck, Bernhard Graf, Gerd-Gunnar Hanekop Germany

571 Caregivers burden in taking care of terminal patients
Magdalena Esteva, J ana Ripoll, Joan Llobera, Merce Llagostera, Adoracion Sancho, Enrique Ferrer, Llorenç Roig, Magdalena Seguí Spain

572 Dissatisfaction with home and hospital care during the last three months of life of Italian cancer patients
Elena Rapisarda, Gabriella Bertone, Monica Beccaro, Massimo Costantini Italy

573 Quality of Life in next-of-kin caring for terminal cancer patients with support from a Palliative Home Care Team
Christoph Wiese, Utz Bartels, Hannah Morgenthal, Andrea Voßen-Wellmann, Margret Kriegler, Michael Bautz, Friedemann Nauck, Bernhard Graf, Gerd-Gunnar Hanekop Germany

---

**Friday 8 June**

10th Congress of the European Association for Palliative Care, Budapest, Hungary, 7-9 June 2007
Other Symptoms

575 Interventions for sexual dysfunction (SD) following treatment for cancer: a cochrane systematic review
Clare Miles, Louise Jones, Adrian Tookman, Michael King, Bridget Candy United Kingdom

576 High mortality in a palliative care unit among patients with tracheostomies discharged from the intensive care units
Jose Garcia-Garcia, Alfonso Aguine-Palacio, Rafael Lopez-Alonso, Eduardo Gomez-Camacho Spain

577 Evaluation of a combination of low-dose ketamine & low-dose midazolam in terminal dyspnea, attenuation of "double-effect"
Abhijit Dam, Jagdish Mishra India

578 Management of death rattle: what influences the decision making of palliative medicine doctors and clinical nurse specialists?
Kenon Bradley United Kingdom

579 The use of Kinesio Tex Tape: The Experience of One Hospice
Stephen Rumford United Kingdom

580 Sealed boxes with medicine and utensils for treating typical symptoms arising the last days of life developed for palliative care patients dying at home
Tove Velgaard, Jette Pedersen, Grethe Hansen, Anita Duedahl Denmark

581 A retrospective review of the use of promethazine for control of nausea and vomiting
Frank Formby, Andrew Dickman Australia United Kingdom

582 The influence of adenosine triphosphate on nutritional status in patients with advanced pancreatic cancer:
Arcady Anosov, Nikolay Emelyanov Russian Federation

583 Pleurodesis for malignant pleural effusion: a procedure too long at the end of life
Anna Renvold, Margot Scheer The Netherlands

584 Malignant Fungating Wounds: An Analysis of the Lived Experience
Catherine Pegg, Vanessa Jones United Kingdom

585 Well being, drowsiness, decreased appetite, and anxiety are predictors of fatigue in patients with advanced cancer
Sream Yennuingaingam, Lynn Palmer, Tao Zhang, Eduardo Bruera United States

586 TENS at P6 should be included in treatment algorithms for nausea and vomiting
Georg Bolte, Bettina Husebo Norway

587 The Management of Malignant Bowel Obstruction
Ruth Flockton, Jen Dowery, Jen Wiseman United Kingdom

588 The influence of age, gender, performance status and primary cancer site on symptom severity and distress
Jordanka Kirakova, Declan Walsh, Tony Jones, Jen Dade United States

589 Demographic influences on cancer symptom prevalence
Jordanka Kirakova, Declan Walsh, Lisa Rybicki United States

590 The Akathisic Cyclist - An unusual symptomatic treatment
Mark Taubert, Ian Back United Kingdom

591 Palliative sedation in the last days of life: indication, duration and dosages of propofol and lorazepam
Filip Geurs, Veerle De Vos, Sarah Heymans, Muriel Decker, Lieve Soetaert, Anne Ghysels, Peggy Ville, Leen Depypere, Isabelle Lebbe, Ann Coryn Belgium

592 Palliative sedation in the last days of life: a literature review and recommendations for standards
Alexander De Graeff, Mervyn Dean The Netherlands Canada

593 A randomized phase III clinical study with an integrated treatment in cancer-related anorexia/cachexia: Evaluation of laboratory variables of treatment efficacy
Giovanni Mantovani, Antonio Maccio, Ciela Maderdu, Gaia Gramignano, Roberto Serpe, Elena Massa, Giorgio Astara Italy

594 Palliative care in the last weeks of life: a review and recommendations for standards
Catherine Piggin United Kingdom

595 Less gastrointestinal symptoms under hydromorphone or morphine? A prospective randomized open-labeled investigation on cancer pain with a long-term opioid therapy
Stefan Wirz, Hans-Christian Wartenberg, Joachim Nadstawek Germany

596 Methylphenidate side effects and benefits in advanced cancer
Wael Lasheen, Declan Walsh, Mellar Davis, Dilara Khoshknabi, Fade Mahmoud, Nilo Rivera United States

597 Home care unit: a challenge
Elena Olete, Virtudes Solano, Vicente Guillem, Antonio Mancheño, Silvia Zafra, Manuel Modesto Spain

598 Hypercalcemia at patients with breast cancer and generalized bones metastasis
Lidija Veterevska Miljkovik Macedonia

599 Coping with breathlessness through self-management by COPD patients
Marie-Lise Gysels, Irene Higginson United Kingdom

600 Hypercalcemia at patients with breast cancer and generalized bones metastasis
Lidija Veterevska Miljkovik Macedonia

601 Paraneoplastic vasculitis (PV) associated with metastatic renal cell carcinoma (MRCC). Interleukin-2 (IL-2) has anti-PV efficacy
Ilya Tsimafeyeu, Lev Demidov, Galina Kharkevich Russian Federation

602 Modafinil and Methylphenidate improve Fatigue and Quality of Life in Terminally Ill Cancer Patients on Opioids
Stefan Schild, Andreas Lübbe Germany

603 Coping with breathlessness through self-management by COPD patients
Marie-Lise Gysels, Irene Higginson United Kingdom

604 Modafinil and Methylphenidate improve Fatigue and Quality of Life in Terminally Ill Cancer Patients on Opioids
Stefan Schild, Andreas Lübbe Germany

605 Paraneoplastic vasculitis (PV) associated with metastatic renal cell carcinoma (MRCC). Interleukin-2 (IL-2) has anti-PV efficacy
Ilya Tsimafeyeu, Lev Demidov, Galina Kharkevich Russian Federation

606 Reducing nausea and vomiting
Carina Runstrom, Susanne Carlson Benett, Anna Lena Sandell Blomqvist, Katarina Landstedt, Erica Neumann Sweden

607 Dyspnoea: A bad prognosis symptom at the end of life
Miguel Angel Cuervo-Pinna, Maria J osé Redondo-Moral, Miguel Ángel Sánchez-Correas, Rafael Mota Mota-Vargas, Guillema Pera Spain
<table>
<thead>
<tr>
<th>Posters programme</th>
<th>Friday 8 June 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>606</td>
<td>Dyspnea: Etiology Factors in patients with terminal disease Miquel Angel Cuervo-Pinjo, Rafael Mota-Vargas, Miguel Angel Sanchez-Corneas, MJ Jose Redondo-Morato, Guillem Pera Spain</td>
</tr>
<tr>
<td>607</td>
<td>Management in hospital of malignant pleural effusion, troboembolic lung disease and intestinal occlusion. experience in our centre Isabel Blancas, Jesus david Cumplido, Pablo Iglesias, Nuria Cardenas, Javier Angel Garcia, Teresa Delgado, Belen Rios, Jose Luis Garcia-Puche Spain</td>
</tr>
<tr>
<td>608</td>
<td>Treatment of anorexia: assessment of our clinical practice Isabel Blancas, David Cumplido, Jose Luis Garcia-Puche Spain</td>
</tr>
<tr>
<td>609</td>
<td>Symptom Clusters in Newly Diagnosed Patients with Lung Cancer in Taiwan Shu-Yi Wang, Chun-Ming Tsai, Bing-Chang Chen, Chia-Chin Lin Taiwan</td>
</tr>
<tr>
<td>610</td>
<td>Fatigue in Breast Cancer Survivors Susanna Alexander, Patrick Stone, Paul Andrews United Kingdom</td>
</tr>
<tr>
<td>611</td>
<td>The Management of Nausea in the Last Days of Life Ruth Flockton, Helen Ferguson, Melanie Brooks, Andrew Dickman, Karen Groves United Kingdom</td>
</tr>
<tr>
<td>612</td>
<td>The Management of Agitation at the End of Life Ruth Flockton, Helen Ferguson, Melanie Brooks, Andrew Dickman, Karen Groves United Kingdom</td>
</tr>
<tr>
<td>613</td>
<td>Pilot study of application of a clinical typology for terminal restlessness Christine Sanderson, Meera Agar Australia</td>
</tr>
<tr>
<td>614</td>
<td>Parenteral Hydration and distressing symptoms in terminally ill cancer patients: a preliminary study Claudio Riossa, Silvia Cedrino, Eugenia Malinverni Italy</td>
</tr>
<tr>
<td>615</td>
<td>THC as an antiemetic in palliative care patients: A prospective trial Isabella Blum, Friedemann Nauck, Eberhard Klaschik, Elina Clemens, Unike Stamr Germany</td>
</tr>
<tr>
<td>616</td>
<td>Problems and care needs in patients with incurable esophageal or hepatocarcinopat-biliary cancer Madeleine Utdehaag, Ate Van der Gaast, Casper Van Eijck, Els Verschuur, Kari Van der Rijt, Rob De Man, Ewout Steyerberg, Ernst Kuppers, Peter Siesmesia The Netherlands</td>
</tr>
<tr>
<td>617</td>
<td>Non-pharmacological interventions for breathlessness in advanced stages of malignant and non-malignant diseases: a Cochrane Review Claudia Bausewein, Sara Booth, Marjolein Gysels, Irene Higginson United Kingdom</td>
</tr>
<tr>
<td>618</td>
<td>Terminal sedation in Medical Oncology Jaime Sanz, Almudena Garcia, M Victoria Rodriguez Spain</td>
</tr>
<tr>
<td>619</td>
<td>Results of different therapeutic approaches for leptomeningeal metastases Viktoria Lange-Brock, Carsten Bokemeyer, Andreas Kruell, Maike De Wit Germany</td>
</tr>
<tr>
<td>620</td>
<td>Which word is better for depression and anxiety screening with a simple question Antonio Noguera, Marina Martinez, Ana Carvajal, J Lula Urdroz, Cristina Arellano, Uxue Arroz, Carlos Centeno Spain</td>
</tr>
<tr>
<td>621</td>
<td>The impact of exercise on the level of fatigue and quality of life in advanced cancer patients under hospice care: preliminary report Tomasz Buss, Aleksandra Modlinska, Krystyna De walden-Galuszko, Magdalena Osowicka, J ustyna J aniszewska, Monika Lichodziejewska-Niemierko Poland</td>
</tr>
<tr>
<td>622</td>
<td>The R.I.S.S. experience; Dealing with infections in palliative care settings Jaume Canal, Marta Gabernet, Blas Sanchez, Marcos Serrano, Neus Albanell, Jess Lopez, Fernando Barcenailla Spain</td>
</tr>
<tr>
<td>623</td>
<td>Outcome of acute bleeding in Palliative Care Manuel Castillo, Nart Keiukuwa, Ignacio Fernandez, Miguel Benitez Spain</td>
</tr>
<tr>
<td>624</td>
<td>Managing fungating wounds: the challenge for nurses, patients and families Vicky Robinson, Jane McManus, Patricia Grocott United Kingdom</td>
</tr>
<tr>
<td>625</td>
<td>Palliative terminal sedation: the experience of the palliative care services of Trento Giampaolo Rama, Isabella Caracisiti, Luciana Fontana, Loreta Rocchetti, Luca Ottolini, Carlo Abatital Italy</td>
</tr>
<tr>
<td>626</td>
<td>Do guidelines for the management of fatigue in advanced cancer improve practitioner ability to assess and manage the symptom in practice? Karen Satchwirth, Lorraine Dixon United Kingdom</td>
</tr>
<tr>
<td>627</td>
<td>Audit of the use of prophylactic antiemergents in cancer patients referred to Specialist Palliative Care Vandana Vora, Sam Ahmedzai United Kingdom Turks and Caicos Islands</td>
</tr>
<tr>
<td>628</td>
<td>Efficacy of Granisetron in the Antiemetic Control of Non-surgical Intestinal Occlusion in Advanced Cancer: A Phase II Clinical Trial (Definitive Results) Albert Tuga, Rosa Roca, Josep Porta, Gala Serrano, Xavier Gomez Batiste Spain</td>
</tr>
<tr>
<td>629</td>
<td>Delirium at home Ramona Gonzalez, Nuria Arraras, Angeles Ramos, Marlan Sanz, Maribel Esquerdo Spain</td>
</tr>
<tr>
<td>630</td>
<td>Phase II/II Clinical Study of Octreotide Acetate (SMS201-995) in Terminally Ill Japanese Cancer Patients with Malignant Bowel Obstruction Yasuo Shima, Atsushi Otsu, Kuniki Shiroi, Yasutsuna Sasaki Japan Latvia</td>
</tr>
<tr>
<td>631</td>
<td>Literature Review of the Pharmacological Management of Opioid Induced Bowel Dysfunction Jason Boland, Sam Ahmedzai United Kingdom</td>
</tr>
<tr>
<td>632</td>
<td>Dyspnoea as a prevalence symptom Enrique Ferrer, Antonio Amengual Spain</td>
</tr>
<tr>
<td>633</td>
<td>Three step antiemetic ladder in the treatment of chronic nausea and vomiting and inoperable bowel obstruction in patients with advanced cancer Wojciech Leppert, Luczak Luczak, Wozniak Wozniak Poland</td>
</tr>
<tr>
<td>634</td>
<td>Gastro-duodenal dysmotility (GDD) in non-operated advanced cancer patients (ac-pits): systematic review of its frequency and causes Aurelius Omlin, Florian Strasser Switzerland</td>
</tr>
<tr>
<td>635</td>
<td>Psychoonological interventions in an interdisciplinary palliative outpatient clinic focused on nutrition and fatigue: A pilot study Rahel Graf, Susanne Wiedmer, Nina Schmitz, Liselotte Dietrich, Florian Strasser Switzerland</td>
</tr>
</tbody>
</table>
636 Late Effects After Pelvic Radiotherapy - A Significant & Invisible Problem
Ian Watson, Wendy Makin, Lorraine Sloan, Jervoise Andreyev, Jane Maher United Kingdom

637 Art at home for children with life-threatening illnesses
Mona Trudel, Suzanne Mongeau Canada

638 Emergency conditions during last 100 days of life among pediatric cancer patients with solid tumors
Bilal Moaed, Sergey Postovsky, Ruth Ofr, Myriam Weyl Ben Arush Israel

639 New perspectives in physical therapy management for hydrocephalus children
Constantin Cucurel, Ioana Iconaru, Horia Traila Romania

640 Coping strategies, cohesion and perceived social support in children with aids and leukaemia
Ovidiu Popa-Vekia, Iuliana Pantelimon, Raluca Fatu, Andreea Iliceanu, Marj Jivean, Madalina Radulescu, Aida Rascanu Romania

641 The characteristics of kinesitherapy program for children with microcephaly and cerebral palsy
Stefan Toma, Constantin Cucurel, Ioana Iconaru Romania

642 Advantages and limits of a palliative care meeting in a Pediatric Hematology/Oncology Ward
Michel Vignes, Agnes Suc France

643 A Multidisciplinary Team Approach to Adolescent/Young Adult Palliative Care
Clarke Anderson, Randi McAllister-Black United States

644 Ethical approach in case of terminally ill child
Sliyia Aleksandrova Bulgaria

645 Professional perceptions of pain in children with severe neurological impairments prior to the implementation of a parent-held pain assessment tool
Anne Hung, Susan Robertson, Kate Seers, Nicola Crichton United Kingdom

646 Paediatric palliative care drug boxes; facilitating safe & effective symptom management at home at end of life
Lynda Brook, Jan Vickers, Caroline Osbourne United Kingdom

647 Progress in pediatric palliative care in the Netherlands
Connie Molenkamp, Marijke Wulp The Netherlands

648 Paediatric hospice care (PHC): Successful interaction between hospital and home care providers
Matthias Schel, Maté Czastaing, Thierry Philip, Didier Frappaz, Yves Devaux France

649 Anticipating non-resuscitation orders in paediatric palliative home care
Matthias Schel, Maté Czastaing, Panine Marec-Berard, Nago Humbert, Christophe Bergeron, Thierry Philip, Yves Devaux France Canada

650 Perinatal Palliative Care for families when a fetal diagnosis has uncertain outcomes
Nancy English United States

651 Children’s Hospice Home Care in Germany
Marcel Gobbisch Germany

652 Developing an international children's palliative care network for the sharing of expertise and skill, and the development of paediatric palliative care in the developing world
Lean Marston, Barbara Gelb, Lizzie Chambers South Africa

653 In-house training for Pediatric Palliative Care in a University Hospital
Aydur Duruy, Bernadette Fitkau-Toennesmann, Kinast Kinast, Gian Domenico Borasio, Monika Fuehrer Germany

654 Change in the Patients? Satisfaction with Pain Control after Using the Korean Cancer Pain Assessment Tool (KCPAT) in Korea
Youn Soon Choi, Su hyun Kim, Jun suk Kim, Youngyoung Lee South Korea

655 Provision for advanced pain management techniques in adult palliative care: a national survey of anaesthetic pain specialists
Emma Husband, Samantha Kay, James Antrobus, Daniel Munday United Kingdom

656 An audit of advanced pain management techniques carried out on inpatients at Myton Hamlet Hospice
Samantha Kay, Hugh Antrobus, Daniel Munday United Kingdom

657 Rational Prescribing of Transdermal Fentanyl in a DGH - a retrospective audit
Cate O'Neill, Wendy Prentice, Tim Peel United Kingdom

658 Audit of Resource Utilization in a Regional Palliative Care Program Using the Edmonton Classification System for Cancer Pain (ECS-CP)
Pablo Amigo, Robin Fainsinger, Hue Quan Canada

659 Pharmacokinetic study of transdermal fentanyl patch in Japanese patients with cancer pain
Hiroya Kokubun, Motohiro Matoba, Sumio Hoka, Kazuo Yago Japan

660 Pain and Asthenia in Advanced Cancer Patients
Mikhel Shavdia, Ioseb Abesadze, Rema Ghvamichava, Memed Jencharadze, Miranda Gogishvili Georgia

661 Topical lidocaine in silver sulfadiazine cream. In the treatment of painful, cancer-related skin lesions
Jan Meeuse, An Reynolds The Netherlands

662 Topical lidocaine in silver sulfadiazine cream. In the treatment of painful, cancer-related skin lesions
Jan Meeuse, An Reynolds The Netherlands

663 Topical lidocaine in silver sulfadiazine cream. In the treatment of painful, cancer-related skin lesions
Jan Meeuse, An Reynolds The Netherlands

664 Access to Pain Relief: An essential Human Right - The State of the World
Vanessa Adams, Nick Pahl United Kingdom

665 A randomised, placebo-controlled study of nasal and intravenous fentanyl in patients with post operative pain
Lars Popper, Lona Christrup Denmark

666 Opiophobia: Knowledge and attitudes to strong pain killers in palliative care patients
Katherine Lambert, Stephen Oxberry, William Hulme, Kirsten Saharia, Alan Rigby, Miriam Johnson United Kingdom

667 Bactofen as an adjuvant analgesic for cancer pain
Kimomi Yomiy, Naoki Matsuo, Shiro Tomiyasu, Tetsusuke Yoshimoto, Tomohiro Tamaki, Tsutomu Suzuki, Motohiro Matoba Japan
<table>
<thead>
<tr>
<th>Posters programme</th>
<th>Friday 8 June 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>667</strong></td>
<td><strong>A research protocol for evaluating possible genetic predictors of the analgesic response to oral morphine in patients with cancer pain</strong></td>
</tr>
<tr>
<td></td>
<td>Benedetta Terzoli Beretta-Piccoli, Silvana Nava, Mauro Bianchi, Hans Neuenschwander Switzerland</td>
</tr>
<tr>
<td><strong>669</strong></td>
<td><strong>Breakthrough pain in palliative patients is dependent on the level of background pain: results of a prospective cohort study</strong></td>
</tr>
<tr>
<td>Dietmar Beck, José Hinz, Jachim Strube, Berhard Graf Germany</td>
<td>Sohn Wolfgang Germany</td>
</tr>
<tr>
<td></td>
<td>Jayne Wood, Joy Ross</td>
</tr>
<tr>
<td><strong>672</strong></td>
<td><strong>Dosage changes in cancer patients with TransDermal Fentanyl (TDF)</strong></td>
</tr>
<tr>
<td>Biljana Eftimova, Biljana Lazarova Macedonia</td>
<td>Biljana Eftimova, Biljana Lazarova Macedonia</td>
</tr>
<tr>
<td></td>
<td>Pesach Shwartzman, Tami Freud, Silvia Brill, Michael Sherf Israel</td>
</tr>
<tr>
<td></td>
<td>Marc Bensadoun, Patrick Peretti, Anne Galinier, Roger Favre, Jean-Paul Moatt, France Finland</td>
</tr>
<tr>
<td></td>
<td>Mike Bennett, John Chatwin, J ose Closs United Kingdom</td>
</tr>
<tr>
<td></td>
<td>Syed Qamar Abbas United Kingdom</td>
</tr>
<tr>
<td></td>
<td>Costanza Cala, Carla Roero, Maddalena Castelino, Libero Cuffreda, Marina Tomesan, Carla Forlano, Margherita Mauro, Anna De Luca Italy</td>
</tr>
<tr>
<td></td>
<td>Marten Van Wijhe, Gerbrig Versteegen The Netherlands</td>
</tr>
<tr>
<td></td>
<td>Georgy Novkov, Valery Samoylenko, Sergey Rudoy, Mark Waisman, Michael Eftimov Russian Federation</td>
</tr>
<tr>
<td><strong>681</strong></td>
<td><strong>How do physicians and nurses document the symptom “pain” in palliative care? Difficulties and obstacles. A questionnaire study</strong></td>
</tr>
<tr>
<td></td>
<td>Dietmar Beck, José Hinz, Jachim Strube, Berhard Graf Germany</td>
</tr>
<tr>
<td><strong>683</strong></td>
<td><strong>Evaluation of a pain education program for cancer patients in district nursing care</strong></td>
</tr>
<tr>
<td>Mathilde Baan, Rianne Wilt, de, Caren Rijt, van der The Netherlands</td>
<td><strong>685</strong></td>
</tr>
<tr>
<td></td>
<td>Rene Rodriguez, J ayver Castillo, Maria Castillo, Paola Daza, Mario Rodriguez, J ose Restrepo, J orgo Rodriguez, Yamileh Ortiz Colombia</td>
</tr>
<tr>
<td><strong>686</strong></td>
<td><strong>Coadministration of Metamizole (Dipyrone), Midazolam and Morphine: Compatibility and stability</strong></td>
</tr>
<tr>
<td>Constanze Remi, Bausewein Bausewein Germany</td>
<td></td>
</tr>
<tr>
<td><strong>688</strong></td>
<td><strong>Long term methadone for chronic pain: a pilot study of pharmacokinetic aspects</strong></td>
</tr>
<tr>
<td>Olav Fredheim, Petter Borchgrevink, Paal Klestad, Stein Kaasa, Ola Dale Norway</td>
<td></td>
</tr>
<tr>
<td><strong>690</strong></td>
<td><strong>Spiritual Pain in Palliative Care: A Multidimensional Approach</strong></td>
</tr>
<tr>
<td>Shannon Poppito, Kathleen Galek United States</td>
<td></td>
</tr>
<tr>
<td><strong>692</strong></td>
<td><strong>Why Does It Hurt So Bad: Some Thoughts on Pain Control in Hungary</strong></td>
</tr>
<tr>
<td>Krisztina Toth, Judit Maghera, Kata Lin Muszbek Hungary</td>
<td></td>
</tr>
<tr>
<td><strong>694</strong></td>
<td><strong>Pharmacokinetics of nasal fentanyl</strong></td>
</tr>
<tr>
<td>Moksnes Husby, Olav Magnus Fredheim, Paal Klestad, Stein Kaasa, J orn Lotsch, Anders Angelsen, Turid Nilsen, Ola Dale ‘Norway ‘Germany</td>
<td></td>
</tr>
<tr>
<td><strong>696</strong></td>
<td><strong>Combination of strong opioids in treatment of cancer pain: synergistic effect?</strong></td>
</tr>
<tr>
<td>J ohan Van den Eynde Belgium</td>
<td>J ohan Van den Eynde Belgium</td>
</tr>
</tbody>
</table>
698 Transdermal Fentanyl (TF) and Slow Releasing Oral Morphine (SROM) in front line treatment of Moderate-Severe Pain (MSP). Meta-analysis of Randomized Clinical Trials (RCTs)
David Tassinari, Emanuela Scarpi, Emilio Tamburini, Cinzia Possenti, Stefania Nicoletti, William Raffaei, Marco Maltoni
Italy

699 Pharmacokinetics of double dose of immediately released morphine and two single-dose of 4 hours interval in cancer patient
Ola Dale, Pal Klepstad, Trine Andreassen, Stein Kaasa
Norway

700 Evolution of Oxycodone Use in a Palliative Medicine Unit
Laura Acosta Santico, Manuel Gomez, Marla Socorro Marrero, Eladio Daro Garcia, jula Frasset SPain

701 Effectiveness of oral methadone for neuropathic pain resistant to conventional treatment. A revue of 5 cases
Aurelle Laurent, Murielle Ruer, Henri Nahapetian, Mario Barmaki, Marlene Filbet
France

702 Incidence of oral mucositis, study and treatment pain management in patients in radiation oncology services
Ana Maag, Amala Palacios, Pilar Blanco, Isabel Sanchez-Magro
Spain

703 Evaluation of Symptom Control Adequateness Among the End-of-life Patients Receiving Home-Based Palliative Care in Georgia
Tamar Rukhadze, Dimitri Kordzaya, Irina Tsirkvadze, Marine Turkadze
Georgia

704 Differential therapy with sustained-release (SR) hydromorphone*and transdermal (TD) Fentanyl** - results of a pilot study
Noite Thomas Germany

705 Pain management in opioid treated cancer patients in hospital settings
Lena Lundoff, Vera Peuckmann, Per Sjobgren Denmark

706 Use of patient-controlled analgesia for pain control in dying children
Christine Schiessl, Chara Gravou, Reinhard Sittl, Boris Zernikow, Norbert Giessinger
Austria

707 Safety and efficacy of a german model for opioid conversion to oral levomethadone.
J An Gaetner, Friedemann Nauck, Annika Bruhnke, Raymond Voltz, Christoph Ostgathe Germany

708 Regional cooperation in palliative pain control needs attention!
Monique Van den broek, Hedi Ter braak, Gertie Filippine, Herlin Woldberg, Cootje Van der lans, Sylvia Verhage Thenetherlands

709 Palladone slow release (hydromorphone SR) treatment effective and well-tolerated in Belgium
Luc De Colvenaer, Pierre Duquenne, Sophie Blockx, Yvonne Van Megen Belgian

710 Oxycodin (controlled release oxycodone) treatment effective and well-tolerated in the Netherlands
Ed Rouwen, Fergus Rooyer, Yvonne Van Megen The Netherlands

711 Nasalfent, a novel intranasal formulation of fentanyl, is rapidly effective and well-tolerated during treatment of breakthrough cancer pain
Geoffrey Davis, Andrew Knight, Robin Love, Anthony Fisher Canada United Kingdom

712 Rapid pain relief with fentanyl citrate nasal spray (Nasalfent?) in cancer patients with breakthrough pain
Geoffrey Davis, Andrew Knight, Robin Love, Fisher Fisher Canada United Kingdom

713 Pregabalin in Patients with Central neuropathic pain: A randomized, double-blind, placebo-controlled trial of a flexible-dose regimen
Jan Vranken, Magnus Van der vest, Marcel Dijkgraaf, Ronald Kruis, Markus Holman, Michael Heesen
The Netherlands Germany

714 Cannabis use in palliative medicine: clinical aspects
Rudolf Likar, Ernst Rupacher, Mario Molnar, Daniela Jakob-Fuchs Austria

715 A retrospective review of opioid prescribing in a specialist palliative care unit
Campbell Murdoch, Jason Ward United Kingdom

716 Pain in cancer: An Outcome Research Project to evaluate the epidemiology, the quality and the effects of pain treatment in cancer patients
Giovanni Apolone, Oscar Bertetto, Augusto Caraceni, Oscar Corfi, Franco De Conno, Roberto Labianca, Marco Maltoni, Mariavlafia Nicora, Valter Torri, Furio Zucco Italy

717 Administration of Somatostatin in Ascites
Rudolf Likar, Simone Hombach-Smole, Mario Molnar Austria

718 Palliative care and strong opiates - Trento's experience
Luca Ottolini, Luciana Fontana, Giampaolo Rama, Helmut Menestrina, Carlo Abati Italy

719 Pain Education Programs in cancer pain: an evidence-based intervention?
Wendy Otkenmenger, Silvia Van Dooren, Carin Van der Rijt The Netherlands

720 Study of the procedural pain in a cancer population in university hospital
Marline Filbet, Henri Nahapetian, Mario Barmaki, Aurelle Laurent, Isabelle Brabant, Marlene Nabilz, Wadih Rhondali France

721 Telemedicine in outpatient cancer pain
Christine Schiessl, Ulrich Grossmann, Susanne Guenther, Stefan Lindner, Jorgen Schuettler Germany

722 Toward a More Complete Indicator of Opioid Consumption Trends
Karen van, David J ranson, Aaron Gilson United States

723 Neuropathic pain: What are we doing?
Declan Cawley, Wendy Makin, Delphine Corgie United Kingdom

724 Pain Management in the Elderly Patient - a Concept: Roland Kung, Markus Felder, Stephan Krähenbühl, Markus Lampert, Friedrich Stiefel Switzerland

725 The European Pain in Cancer Survey (EPIC)
Sarah Phillips, Rob Cohen, Lara Dow United Kingdom

726 Impact of a new Palliative Care Consultant Team on opioid consumption at the Oncology Department in a University Hospital
Antonio Noque, Maria Angustias Portela, Jula Urdiroz, Ana Canajal, Antonio Idoate, Jesús García-Fencillas, Carlos Centeno Spain

727 Cancer Tales Workbook
Patricia Macnaig, Rob Cohen, Lara Dow United Kingdom
Friday 8 June

729 MERITO Study: Starting therapy with immediate release oral morphine (IRM) in patients with cancer pain. Evidence for a fixed dose posology
Franco De Conno, Carla Ripamonti, Elena Fagnoni, Cinzia Brunelli, Tiziana Campa, Group Merito, Oscar Berretto
Italy

730 P.A.I.N. Workshop - International Interdisciplinary Consensus on Evidence-Based Clinical Pathways for the Management of Cancer Pain
Bart Van den Eynden¹, Gabriel Yhune², Dirk Schrijvers²
¹Belgium ²Germany

731 Views of Practising Moroccon Elderly Muslims in Antwerp (Belgium) on Pain Treatment
Stef Van den branden, Bert Broeckaert Belgium

732 Comparison of controlled release tramadol and dihydrocodeine - a prospective, randomized, cross-over study
Wojciech Leppert Poland

733 Topical administrated preparations containing 733 opioids - morphine sulphate clinical efficacy
Wojciech Leppert Poland

734 Polish experience with methadone in cancer pain treatment
Wojciech Leppert Poland

735 Hip Stretching on Patients with Malignant Psoas Syndrome
Csaba Simkó, Annamária Breznai Hungary

736 Pain and symptom burden among children with cancer referred to a palliative care service in Kampala, Uganda
Harnett Harnett, Emma Mathieson Uganda

737 Our experience from Jan.1.2004 to Jan.1.2006
Adnan Delibegovic Bosnia and Herzegovina

738 A Study of the Experience of Living with Secondary Breast Cancer
Elizabeth Reed, jessica Corner, Peter Simmonds, Timothy Gulliford United Kingdom

739 Brave Heart
Miroslav Bojadzijevski Macedonia

740 Voluntary Work Overseas: pioneering inpatient care at Hospice Casa Sperantei, Romania
Alison Landon Romania

741 An integrative review of at-homeness: a challenging conceptualization of well-being for palliative care
Ioakim Ohán, Inger Ekman, Eva Benzein Sweden

742 Sacred Space: Support for the staff of an inner city hospice
Maria Coates United Kingdom

743 Innovative personnel practice
Fraser Meek United Kingdom

744 ‘Colour my working day’. Enhancing the self esteem of nursing staff
Catherine Bakry, Linda Dutton, Karen Groves, Cliff Bashforth United Kingdom

745 Support Staff in Pediatric Palliative Care: Their Perceptions, Training, and Available Resources
Ryan Swinney, Lu Yin, Andrew Lee, David Rubin, Clarke Anderson United States

746 Working to improve palliative care and end-of-life care: Challenging the attitudes of health professionals
Kathleen McLoughlin, Sinead McGilloway Ireland

747 Burn Out Syndrom Among Hospice Nurses
Zsuzsanna Kerekes, Ferencné Páll, Melinda Hidegé Müller Hungary

748 Test for caregivers: formula of hope
Galina Kuznecova, Klara J evgina Latvia

749 Networks of resource nurses as a tool to improve cooperation and disseminate expertise in palliative care
Denny Faksvan Haugen, Ragnhild Helgesen Norway

750 DACUM: A Non-Prescriptive Process to Standardize Practice and Enhance Professional Development of Community-Based Palliative Care Consult Teams (EMSP teams)
José Pereira, Thierry Currat, Catherine Hoenger, J ôëile Michel, Sylviane Bigler, Francoise Pochert, Gisele Schärer Switzerland

751 Stress in palliative care - hospice - Trento’s experience
Carlo Abati, Carlo Tenni, Monica Gabrielli, Ornella Isacco Italy

752 Patients with either Chronic Pain Syndromes or Terminal Cancer Stages Together on a Palliative Care Unit “Does This Make Sense”
Thomas J elcher, Christof Müll-Busch Germany

753 Stress in non clinical palliative care staff: the medical secretary’s experience
Christine Lloyd-Richards, Annmarie Nelson, Simon Noble United Kingdom

754 Relation between job stress and satisfaction among palliative care professionals
Mihaela Cucurel, Carmen Tedor Romania

755 The experience, knowledge and perceptions of Slovenian health care professionals and their cooperators about palliative care
Anja Simonic, Andreja Peternelj Slovenia

756 “Doctor, how can you cope with...every day...”: personality traits of professional carers in Palliative Care using the Wartegg Test
Giuseppina Schembri, Francesca Bordin, Marianna Galassi, Annette Welshman Italy

757 Staying healthy at work: sense of coherence and hardness in palliative care nurses
Janice Ablett, Robert Jones United Kingdom

758 An outline of developing a local volunteer organization of palliative care in a rural area into a national structure
Marjolin Buitink Norway

759 Patients’ views of cancer support groups: what may be barriers to attendance?
Gunn Grande, Janine Arnott United Kingdom
Posters programme

Saturday 9 June 2007

CONNECTING DIVERSITY

10th Congress of the European Association for Palliative Care
<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>760</td>
<td>Hospitalization of cancer patients in Germany. Who is particularly concerned?</td>
<td>Niks Schneider, Maren Dreier, Germany</td>
</tr>
<tr>
<td>761</td>
<td>Intrathecal Use of Hydromorphone in Palliative Care Patients: A Case Report</td>
<td>Katri Elina Clemens, Ines Quednau, Helmut Hoffman-Manzel, Eberhard Klaschik, Germany</td>
</tr>
<tr>
<td>762</td>
<td>The last 24 hours of life, how could it be when palliative care is undeveloped?</td>
<td>Ivan Justo Roll, Yobany Rodriguez Teles, María Luisa Torres Páez, Western Sahara</td>
</tr>
<tr>
<td>763</td>
<td>A feasibility study of the use of Cognitive Behavioural Therapy (CBT) techniques for anxiety and depression in hospice patients</td>
<td>Tracy Anderson, Max Watson, Robin Davidson, United Kingdom</td>
</tr>
<tr>
<td>764</td>
<td>How Far the Population in Bulgaria is Informed About Hospice and Palliative Care</td>
<td>Penka Kozhakhova, Petroniya Karambreva, Bulgaria</td>
</tr>
<tr>
<td>765</td>
<td>Status of Palliative Care in Lithuania Today</td>
<td>Arvydas Seskevicius, Lithuania</td>
</tr>
<tr>
<td>766</td>
<td>Survival in Hospice Patients</td>
<td>Stephen Connor, United States</td>
</tr>
<tr>
<td>767</td>
<td>Palliation and liver failure: palliative medications dosage guidelines</td>
<td>Andrew Broadbent, Charles Rhee, Australia</td>
</tr>
<tr>
<td>768</td>
<td>Cutaneous metastases of prostate cancer</td>
<td>Andrew Broadbent, Catherine Bailey, Australia</td>
</tr>
<tr>
<td>769</td>
<td>Radiation induced second malignancies</td>
<td>Andrew Broadbent, Abigail Walton, Australia</td>
</tr>
<tr>
<td>770</td>
<td>Polypharmacy in palliative care</td>
<td>Andrew Broadbent, Sunitha Razu, Australia</td>
</tr>
<tr>
<td>771</td>
<td>Are palliative care issues different in patients with Primary Brain Tumours? Data from the German Hospice and Palliative Care Evaluation (HOPE) 2002-2005</td>
<td>Christoph Ostgathe, Sebastian Klein, Lukas Radbruch, Gabriele Lindena, Raymond Voltz, Germany</td>
</tr>
<tr>
<td>772</td>
<td>Are Needs Changing? A Retrospective Study Identifying Changes in a Palliative Patient Population Over the Last Decade</td>
<td>Susan Pennington, Paul Paes, United Kingdom</td>
</tr>
<tr>
<td>773</td>
<td>The needs and experiences of palliative care patients in South Africa and Uganda</td>
<td>Lucy Selman, Godfrey Agupio, Clare Gillespie, Thandi Mashao, Keleste Mмоledi, Patricia Ndlovu, Natalya Dinat, Liz Gwyther, Lydia Mpanga-Sebuyira, Barbara Panatovic, United Kingdom, South Africa</td>
</tr>
<tr>
<td>774</td>
<td>Patients’ Satisfaction with the Quality of Life in Hospice</td>
<td>Zsuzsanna Kerekes, Ferencné Pálfí, Melinda Hidegne, Müller Hungary</td>
</tr>
<tr>
<td>775</td>
<td>The effect of octenidine dichloride on microbiological burden of neoplastic ulcers in advanced cancer patients</td>
<td>Maciej Sopaga, Maria Czupinska, Anna Glowacka, Elzbieta Tomaszewska, Zygmun Muszyński, Poland</td>
</tr>
<tr>
<td>776</td>
<td>Activity in the palliative care services in the sanitary region of Lleida from 1997 to 2005</td>
<td>Laume Canals, Marta Gabernet, Eva Barallat, Nuria Fontanet, Spain</td>
</tr>
<tr>
<td>777</td>
<td>Late diagnosis of cancer - major problem in Serbia</td>
<td>Ana Ivčević, Beti, Natasa Milicevic, Serbia</td>
</tr>
<tr>
<td>778</td>
<td>Symptom prevalence and factors associated with burden indices among palliative care patients: a multicentre study in 2 Sub-Saharan African countries</td>
<td>Liz Gwyther, Richard Harding, Lucy Selman, Thandi Mashao, Natalya Dinat, Lydia Mpanga-Sebuyira, Kelesto Mмоledi, Godfrey Agupio, Claire Gillespie, Barbara Panatovic, United Kingdom, South Africa, Uganda</td>
</tr>
<tr>
<td>779</td>
<td>The Gold Standards Framework. Improving the quality of end-of-life care in UK primary health care teams</td>
<td>Karen Shaw, Keri Thomas, Collette Clifford, Frances Badger, United Kingdom</td>
</tr>
<tr>
<td>780</td>
<td>National multi-center epidemiological study on prevalence and treatment of cancer-related symptoms</td>
<td>Andrea Novak, Tatjana Ionova, Svetlana Kalyadina, Anton Kishotovich, Shelly Wang, Charles Cleeland, Russian Federation, United States</td>
</tr>
<tr>
<td>781</td>
<td>Audit of the Use of Antibiotics in a Specialist Palliative Care Unit</td>
<td>Lorraine Lester, Richella Ryan, Natasha Michael, Tony O’Brien, Ireland</td>
</tr>
<tr>
<td>782</td>
<td>The nonconvulsive status epilepticus in terminally ill patients - a medical dilemma</td>
<td>Stefan Lorenz, Simon Mayer, Gian Borasio, Germany</td>
</tr>
<tr>
<td>783</td>
<td>Sedation in palliative care - hardly disguised euthanasia in Sweden</td>
<td>Anders Bør, Gunnar Eckerdal, Staffan Lundström, Sweden</td>
</tr>
<tr>
<td>784</td>
<td>Study on death attitude with the elder attitude toward death scale</td>
<td>Agnes Zana, Katalin Hegedus, Gabor Szabo, Hungary</td>
</tr>
<tr>
<td>785</td>
<td>Retrospective review of one hundred consecutive discharges from a specialist palliative care unit</td>
<td>Kathleen Cronin, Sinead Buckley, Mary Jone O’Leary, Natasha Michael, Tony O’Brien, Finnuala, McSweeney, Ireland</td>
</tr>
<tr>
<td>786</td>
<td>Outcome of inpatient treatment in palliative care units in Germany - Data from the German Hospice and Palliative Care Evaluation (HOPE) 2002-2005</td>
<td>Friedemann Nauck, Norbert Krumm, Christoph Ostgathe, Gabriele Lindena, Frank Elsner, Lukas Radbruch, Germany</td>
</tr>
<tr>
<td>787</td>
<td>Organisation and quality of physician-delivered care in inpatient hospices in the state of North Rhine Westphalia, Germany</td>
<td>Stefan Lohn, Christoph Ostgathe, Eberhard Klaschik, Friedemann Nauck, Germany</td>
</tr>
<tr>
<td>788</td>
<td>Pharmacological mixtures for continuous subcutaneous infusion for palliative care - Evidence in literature</td>
<td>Massimo Destro, Luciana Fontana, Cecilia Dal R, Luca Ottolini, Carlo Ahati, Italy</td>
</tr>
<tr>
<td>789</td>
<td>Surgical Site Infections (SSI) after surgery in advanced colon cancer patients, main complaint affecting the quality of life</td>
<td>Horia Traid, Constantin Cucurel, Manuela Cucurel, Romania</td>
</tr>
<tr>
<td>790</td>
<td>Palliative specialists advice in a consult setting: Is the reason of request matching with the real problem?</td>
<td>Claudia Pesenti, Silvia Walther, Manuela Colla Züger, Luliesila Manzambi-Maggi, Piero Sanna, Hans, Neuenschwander, Switzerland</td>
</tr>
</tbody>
</table>
Ten years of activity - Time to look back: What kind of informations and conclusions is possible to extract from our “patients list” and should this collecting tool be modified?
Claudia Pesenti, Silvia Walther Manuela Colla Züger, Luisea Manzambi-Maggi, Piero Sanna, Hans Neuenschwander
Switzerland

Defining the palliative care population in Extremadura
Javier Rocafort, Félix Fernández, Miguel Angel Cuervo, María Jesús Rangel, Fátima Díaz, Emilio Herrera
Spain

Delirium: evaluating age as a risk factor in cancer patients
Marjolein Bannink, Hetty Van Veluw, Lia Van Zuylen, Carin Van der Aijl
The Netherlands

Validation of the Arabic Version of the M. D. Anderson Symptom Inventory (MDASI-A)
Nejmi El Mati, Ibrahima Gning, Xin Shelley Wang, Tito Mendoza, Charles Cleeland
Morocco, United States

Methicillin-resistant Staphylococcus Aureus infections, a problem for palliative care patients?
Bart Van den Eynden, Annick Vanderoost, Peter Demeulenaere, Paul Van Royen
Belgium

Hungarian Family Physicians - Knowledge, Attitudes, and Perceived Barriers related to Hospice Care
Agnes Csikos, John Mastrojohn, Csilla Busa
United States, Hungary

Cytokine gene polymorphisms and Cancer-related symptoms
Cielito Reyes-Gibby, Sanjay Shete, Xifeng Wu, Eduardo Bruera, Margaret Spitz
United States

Caregivers’ communication with terminal cancer patients about illness and death: An explanatory model
Yaacov Bachner, Sara Carmel
Israel

Student Nurses’ thoughts on communicating with Cancer Patients
Julie MacDonald
United Kingdom

The attitude and feeling toward truth-telling of cancer: a public survey from a pharmacy in Bangkok, Thailand
Darin Jaturapatporn, Jirapat Jaturapatporn, Albert Kirshen
Canada

Reducing team anxiety and increasing team skills: Learning from audit review of a hospice CPR policy
Corinna Midgley, Patricia Sealy, Helen Sullivan
United Kingdom

An audit of the content of discharge letters from a specialist Palliative Medicine facility
Breffni Hannon, Natasha Michael, Tony O’Brien
Ireland

Cancer patient-doctor communication: patient related barriers in telling the truth process
Stefanel Vlad, Liliana Visu
Romania

Can the use of videos of people who have had a positive experience of hospice help patients to make a decision about admission?
Paul Perkins, Sarah Grove, Mark Moughton, Sally Thornton, Sarah Vowler
United Kingdom

49
806 What do palliative patients know about their diagnosis and prognosis in Belgium at the moment the hospital based palliative support team is brought in 
Nancy Canaerts, Mieke De Pril, Inge Bossuyt, Walter Rombouts, Annick Van Laeren, Johan Menten Belgium

807 Attitudes of pakistani doctors towards breaking bad news (BBN) - a questionnaire survey 
Syed Abbas, Syed Muhammad, Syed Abbas United Kingdom Pakistan

808 Accompanying the family in extremis: use of the genosocigroagam and a database in a Palliative Care Unit PCU 
Bunroa Benot, Mion J ulie France

809 Meaning-Centered Psychotherapies in Advanced Cancer: Helping Patients Find & Maintain Meaning in Life 
Shannon Popplio, William Breitbart United States

810 ‘Shocking talk’ - Communication skills training improves rates of resuscitation discussions with patients on admission to hospice 
Zuzanne Ford-Dunn United Kingdom

811 Truth-telling and the diagnosis of cancer 
José Díaz-Benito, Ana Solà-Larrazà, Ignacio Pérez-Libago, Maria Hernández-Espínoso, Clint J Jean-Louis, María León-Díaz, Maite Salinas-Vidondo Spain

812 Why we don’t understand each other? 
Jadranka Lakicevic, Díaz, Maite Salinas-Vidondo Spain

813 The palliative cancer patient, his next-to-kin and his doctor: What is important? Interview study of patients and next-to-kin 
Birgit Aabom, Per Pfeiffer Denmark

814 Searching for answers 
Ruth Sladek1, Jennifer Tieman1, Amy Aber2 United States

815 Cultural Aspects in the Role of Truth in Relation to Searching for answers 
José Díaz-Benito, Ana Solà-Larrazà, Ignacio Pérez-Libago, Maria Hernández-Espínoso, Clint J Jean-Louis, María León-Díaz, Maite Salinas-Vidondo Spain

816 Half dead or half alive? Factors affecting acceptance of terminal illness and dying 
Annamar Nelson United Kingdom

817 Communication with patients about life-threatening illness is a real problem 
Hedviga Jakubikova Slovakia

818 Oncologists’ disclosure of prognostic information at the end of life? their reflection upon practice 
Christina Bell, Kamali Masaki, Georgette Stratos, James Hallenberg, Sara Katz, Patricia Blanchette United States

819 From waiting for the miracle to experiencing it 
Dénès Kovács Hungary

820 What do palliative patients know about their diagnosis and prognosis in Belgium at the moment the hospital based palliative support team is brought in 
Nancy Canaerts, Mieke De Pril, Inge Bossuyt, Walter Rombouts, Annick Van Laeren, Johan Menten Belgium

821 Comprehensive Palliative Care Training for Family Medicine Residents 
Lee Unruh, Nunt Nave, Michael Kaffman Israel

822 Evaluation of Educational Programme for New Nurses in and Inner City Hospice 
Michael Coughlan United Kingdom

823 The development of an internet based course in palliative care nursing 
Robert Becker United Kingdom

824 Staff Development for Incoming Nurses from Different Cultures 
Carolynne Barber United Kingdom

825 A four weeks course for home care nurses to create a network of key persons for palliative care in the primary sector of The County of Vejle, Denmark 
Tove Vejleborg, Lene Jørgensen, Winne Gunther Denmark

826 Causes of Inadequate Cancer Pain Management in Georgia 
Mikheil Shavadia, Nia Shavadia Georgia

827 Perceived areas of concern for newly qualified doctors caring for Palliative Care patients - Implications for Undergraduate Training 
Nicola Heron, Claire Curtis, Lisa Boulbridge, Richard Wool United Kingdom

828 The development of a performance assessment tool for rapid evaluation of palliative care & end-of-life knowledge in fourth year medical students 
Lisa Gibson, Jessica Maycock, Clare Littlewood United Kingdom

829 Evaluating an innovative educational approach 
Susan Shaw United Kingdom

830 Training in end-of-life care for the elderly: perspectives of nurses and physicians in the elderly care and support system 
Michael Ewers Germany

831 Swedish medical students’ attitudes toward euthanasia 
Mark Karlsson, Anna Milberg, Peter Strang Sweden

832 The development of a course package - Delirium in the palliative phase - for district nurses. A report of an educational project from the Comprehensive Cancer Centre South in the Netherlands 
Thirza Oosten, Elly Booyink, Marieke Dooremalen, Thera Pol van der Meer Netherlands

833 Connecting diversity, also in consultation? 
Marjo Van, Karin, Jens Papke Germany

834 Comprehensive Palliative Care Training for Family Medicine Residents 
Lee Unruh, Nunt Nave, Michael Kaffman Israel

835 Teaching Palliative Medicine to Advanced Learners: A Four-Year Experience 
Emsese Somogyi-Zakó, Kathryn Braun, Diane Faran, Christina Bell, Kamali Masaki, Georgette Stratos, James Hallenberg, Sara Katz, Patricia Blanchette United States

836 Euthanasia - As Hungary’s future medical doctors think about it 
Adam Vajsz Hungary

837 Experiences in palliative care in German General Practitioners 
Werner Freier, Jens Papke Germany

838 ‘Linking up!’ Nursing Homes and End of Life Care 
Catherine Baldry United Kingdom
Saturday 9 June 2007

Present and Future Challenges of Postgraduate Palliative Care Education: Educating Clinicians for Changing Practice
Meg Hegarty, Kim Devery, Katrina Breaden, David Currow
Australia

Development of undergraduate medical education in Palliative Care
Susanne Keilig, Alexander Laske, Thure Kuprela, Bernadette Fitkau-Toennesmann, Friedemann Nauck
Germany

A Longitudinal Survey of Medical Student Palliative Care Education, Attitudes and Beliefs
Karl Sauser, Clarke Anderson
United States

The virtual classroom: the challenge of distance
Katrina Breaden, Kim Devery, Meg Hegarty, Meredith Legg
Australia

Existential Issues in Pain & Palliative Care: An exploration of terminal cancer patient case studies in light of existential themes
Shannon Popple, Roma Tickoo, Tickoo Coyle
United States

Cancer Pain and Opioids: Knowledge and Attitudes of Medical Students in their Integrated Clinical Clerkship Training
Maria Fidelis Manalo
Philippines

Eastern-European Training Resource Centre in Budapest
Katalin Muszbak1, Barbara Kaló1, Eszter Birdő1, Mary Callaway2
Hungary1 United States

Paintings and sculptures as tools to sensitize health care's empathy
Chiara Mastroianni, Chiara Taboga, Giuseppe Casale
Italy

‘Knowing me, knowing you’. Reflections on a specialist palliative care peer observation of teaching programme
Paula Powell, Catherine Baldry, Karen Groves
United Kingdom

Junior doctors’ self-assessment of skills in paediatric palliative care: undergraduate training and clinical experience is not enough
Lynda Brook
United Kingdom

Effect of end-of-life education on medical students’ death attitude
Katalin Hegedus, Ágnes Zana, Gábor Szabó
Hungary

Dutch Guidelines for Palliative Care Online Available in English
Jaap Groots, Margriet Nolet, Joke Van den Bogert, Alexander De Graeff
The Netherlands

A training programme for new specialist nurses in palliative care
Michele Golden, Lalita Carballo, Maggie Bisset, Katherine Hopkins
United Kingdom

Education and Communication in Palliative Care in Albania
Albert Leka, Arti Tarja, Marinela Leka, Age Deti
Albania

Does systematic evaluation of the care given last week in life improve performance of the caregiver?
Greger Fransson, Bertil Axelsson, Staffan Lundström, Maria Öhsson
Sweden

Hungarian-Georgian partnership for development of palliative care in Georgia
Inga Sharkadze, Rema Ghvamichava, Ioseb Abesadze
Georgia

The conception of the ‘Nankya model of palliative care development’ in Africa
Julia Downing
Uganda

A Guideline for Nurse education in palliative care in the Netherlands
Paul Vogelaar, Arianne Brinkman, Marianne Kamphuis, Wendy Pree de, Els Prikker, Herlin Woldberg
The Netherlands

Interagency collaboration. A model of shared learning between Palliative Care and Mental Health Nurses
Philip Larkin, Siobhan Smyth, Clodagh Cooley, Kate Kelly
Ireland

Physicians view on competences and training in palliative care
Brecht Van Oorschot, Christine Schleussner, Ulrich Wedding, Winfried Meissner
Germany

Changes in education of palliative care in the Hungarian Oncology
Agnes Ruzsa
Hungary

Changes in Skills, Knowledge and Attitudes of Family Medicine Registrars: Measuring the Impact of a Palliative Care Course
Jose Pereira1, Terry Collin2, Mone Palacios1, Rob Wedel1
Switzerland1 Canada

Schooling of children with severe life-limiting illness
Helene Porchet
Switzerland

Emerging e-learning technologies in palliative care
Jose Pereira, Michael Ahern1, Mone Palacios1, Ron Spicer2
Switzerland1 Canada

The Psychometric Properties of Palliative Care (PC) OSCE Instrument to Measure Changes in Knowledge and Skills
Jose Pereira1, Terry Collin2, Mone Palacios1
Canada1 Switzerland

Reflective Video Vignettes to Change Attitudes of Primary Health Professionals in Managing Difficult Family Situations in Vaud, Switzerland
Jose Pereira, Thierry Curraj, Marie-Jose Paquier, Francoise Pochet, Anne Vacanti-Robert, Martine Kübler, Yves Kühne, Olivier Frei
Switzerland

Interprofessional learning and the effect on the collaboration among different professions in palliative care
Urška Lunder, Gasper Podobnik
Slovenia

The impact of a multi-disciplinary education initiative on the attitudes and behaviours of non-specialist health care professionals delivering palliative care
Stuart Milligan
United Kingdom

"Palliative Care: The Essentials” Evaluation of a multidisciplinary education program
Karen Quinn, Peter Hudson, Michael Ashby
Australia

The development of a competency based model for nurses working in specialist palliative care
Penney Hansford, Vicky Robinson
United Kingdom

A distance learning course in palliative medicine for General Practitioners
Jason Ward
United Kingdom

Learning to care; results of a longitudinal study examining the effects of an education programme for medical undergraduates

10th Congress of the European Association for Palliative Care, Budapest, Hungary, 7–9 June 2007

51
<table>
<thead>
<tr>
<th>Posters programme</th>
<th>Saturday 9 June 2007</th>
</tr>
</thead>
</table>
| **Palliative Care education for nurses in Romania**
Cristina Chirian Romania | 874 |
| **Learner Centred Communication Skills Training for Undergraduate Medical Students; Cross Cultural Comparisons**
Stephen Mason, Chitra Venkateswaran, Manoj Kumar, John Ellershaw United Kingdom | 875 |
| **A one-day education in soft tissue massage; the experiences and attitudes of palliative care nurses**
Bert Confalk, Peter Strang, Anna Milberg, Maria Friedrichsen, Sweden | 876 |
| **Evaluation of knowledge and attitudes of medical students with regard to palliative medicine, symptom control and euthanasia in a German university**
Katri Elina Clemens, Eva Klein, Birgit Jaspers, Ines Quednau, Eberhard Klaschik Germany | 877 |
| **Teaching and learning about death and dying**
Karen Forbes United Kingdom | 878 |
| **A new model for psychological assessment and support at level 1**
Michael Connolly, Maria Noblet, Lesley Thomson, Julie Orford, Yvonne McKenna, John Ferrymen, Claire Haskins United Kingdom | 879 |
| **Palliative care in nursing education: the educational needs of the nursing faculties students of the Regione Lazio**
Chiara Mastroianni, Michela Lucchi, Laura Carbonara, Ilona Hendrichova, Raffaela Dobrina Italy | 880 |
| **Use of non-medical tutors in palliative care teaching for medical students: Results of a prospective evaluation**
Maria Wasner, Traugott Roser, Bernadette Fittkau-Tünnesmann, Gian Borasio Germany | 881 |
| **Strategic Planning for Palliative Care Education in Ireland**
Virginia Dung, Pat Quinlan, Eugene Murray, David Clark Ireland | 882 |
| **Online Discussion Forum during a Blended Learning Course on Palliative Care in Portugal**
Isabel Galírca Neto, Vivelinda Guerreiro, António Barbosa Portugal | 883 |
| **Medical students’ needs for training in communication with patients at the end of life**
Van Romotzky, Bernd Sonntag, Christian Albus, Christoph Osgathe, Raymond Voltz Germany | 884 |
| **The impact of Formal Palliative Care Education on African Practitioners**
Gillian Chowns United Kingdom | 885 |
| **Integration of Palliative Care into medical oncology**
A three years experience of realizing the ESMO concept
Kloe Klok Rome | 886 |
| **The importance of a professional and experienced volunteer and coordinator**
Paula Matia, Hans Bart The Netherlands | 887 |
| **Experience of Blending Learning Course on Palliative Care In Portugal**
Vivelinda Guerreiro, Isabel Galírca Neto, António Barbosa Portugal | 888 |
| **Effectiveness of two different training methodologies in post-graduated learning on palliative care**
António Barbosa, Isabel Galírca Neto, Vivelinda Guerreiro Portugal | 889 |
| **“Bringing students forward to palliative care” - implementation of an integrated palliative care curriculum**
Christian Schulz, Anika Mitzi, Martin Schnell Germany | 890 |
| **Developing and piloting a comprehensive training curricula on Palliative Care in HIV/AIDS for multidisciplinary teams - a way to improve provision of services to PWHA**
Elena Volci, Inna J unrkevichi, Arsen Kubataev, Vasiliy Shakhigleyan Russia, United States | 891 |
| **The development and implementation of a comprehensive assessment strategy for specialist training in Palliative Medicine in the United Kingdom**
Fiona Hicks, Meyer Meyer, Michael Minton United Kingdom | 892 |
| **The Implementation of a Supervisory Alliance for Healthcare Assistants Working in Community Palliative Care**
Isabella Quinn United Kingdom | 893 |
| **Methodology** | 894 |
| **Children facing parental death: using case study methods for service evaluation**
Carolina Kennedy, Rosemary McIntyre United Kingdom | 895 |
| **Older peoples’ experiences of living with cancer: systematic review and meta-synthesis of qualitative studies**
Nic Hughes United Kingdom | 896 |
| **The role of the Cancer Experiences Collaborative (CECo) UK in the development of research capacity in supportive and palliative care: narratives of cancer and life threatening illness: informing practice and policy**
Amanda Bingley, Carol Thomas, Janice Brown United Kingdom | 897 |
| **Is it possible to enhance response rates in a postal survey used in a study of the organisation of the care of Palliative Support Teams (PSTs) in all general hospitals (GHs), their activities and their perception of palliative care (PC), palliative medicine**
Ruddy Verbinnen, Fred Louckx Belgium | 898 |
| **Analyze the activity developed by the Home Care Support Team (ESAD) in the island of Mallorca after seven years of service**
Marta Verdaguer, Juli Fuster, Yolanda Munoz Spain | 899 |
| **Criteria validity of the HRC-A-QL: a quality of life questionnaire for palliative patients follow up**
Joan Lobora, Merce Llagostera, J oana Ripoll, Magdalena Esteva, Enrique Ferrer, Yolanda Munoz, Marta Verdaguer, Llorenç Roig, Enric Benito Spain | 900 |
| **End of life psychological distress - making sense**
Chiara Venkateswaran, Parvez Thekumpruth, Manoj Kumar, Mike Bennett United Kingdom | 901 |
| **Sedation for Refractory Symptoms of Terminal cancer patients that are Attended at Home**
Alberto Alonso-Babarro, Maria Varela-Cerdeira, Eva Sanz-Peces, Ana Tordable-Ramirez Spain | 902 |
Saturday 9 June 2007

902 Building a helpful national register for those who care for the dying patients
Gregor Fransson, Bertil Axelson, Staffan Lundström, Per-Anders Heedman, Maria Olsson, Monika Eriksson, Ulrica Melcher, Marina J ones, Ulla Larsson, Carl-Johan Furst Sweden

903 Barriers to the development of palliative care in Central and Eastern Europe and Commonwealth of Independent States
Thomas Lynch1, David Clark2, Carlos Centeno3, Javier Rocafort2, Luis Alberto Flores1, Anthony Greenwood1, Simon Braschi1, David Prall1, Amelia Giordano1, Liliana De Lima1#United Kingdom, 2Spain, 3Italy, 4United States

904 A cross-national and regional analysis of palliative care provision in Central and Eastern Europe and Commonwealth of Independent States - progress 2002-2005
Thomas Lynch1, David Clark2, Michael Wright1, Carlos Centeno3 United Kingdom, Spain

905 Enabling Patients in Cancer clinics: a cross-sectional survey using the Patient Enablement Instrument (PEI)
Anne-Marie Carey, Laura Magnarelli, Jenny Freeman, Karen Wilman, Ikumi Okamoto, Sam Ahmedzai, Bill Noble United Kingdom

906 Validation of a system to prioritize first visits to the Palliative Care Outpatients Clinic
Angela Durán1, Jesús González-Barboteo, José Espinosa, Jose Porta-sales, Silvia Paz, Xavier Gomez-batiste Spain

908 An evaluation framework for a complex palliative care project
Donan Ere, Jose Pereira, Michael Aherne Canada

909 Methodological issues in the evaluation of educational initiatives
Irene Eisenclaus, Marisa Pérez, Celina Berenguer, Gustavo De Simone Argentina

910 Development of a computer based questionnaire for assessment of physical function (PF) in palliative cancer patients
Line Oldervoll, Jorun Helbostad, Marit Jordhoy, Gerd Ringstad, Jan Loge, Stein Kaasa Norway

911 Applying two methods for a prognostic evaluation in Hospice
Carlo Abati, Massimo Destro, Cecilia Dal Ri, Carlo Tenni Italy

912 An evaluation framework for examining palliative care networks (PCNs)
Daryl Bainbridge Canada

913 Building Psychosocial and Spiritual Palliative Care Capacities in Residential Aged Care: A Dynamic Model of Care
Stewart Clarke Australia

Other

Felicity Hearne, Louise Small United Kingdom

915 Balance Group
Roy Radcliffe United Kingdom

916 Is Demand a Measure of Success?
Sandra Flanagan United Kingdom

917 Patients’ conceptions of psychotherapy in palliative care

Ylva Dahlin, Susanne Heive Sweden

918 Facilitating the development of palliative care through the Worldwide Palliative Care Alliance
Nick Pahl, David Prall United Kingdom

919 Flying Home - Palliative Care during International Air Travel
Katri Elena Clemens, Helga Kaiser, Eberhard Klaschik Germany

920 Palliative care for people with intellectual disabilities (ID): a two-phase study identifying issues affecting the delivery of services by palliative care professionals to people with ID in London
Irene Tuffrey-Winter, Linda McEnhill United Kingdom

921 Using Nominal Group Technique (NGT) to investigate the views of people with intellectual disabilities on end-of-life care provision
Irene Tuffrey-Winter, Jane Bernal, Gary Butler, Sheila Hollins United Kingdom

922 The South African Mentorship Programme - A Case Study
Mariette Ophirhouse, Karen Groves, Cath Baldry, Ruth Killin United Kingdom

923 Finding hidden feelings
Lina Andrade, Manlia Pereira, Vera Fialho Portugal

924 The existential impact of corticosteroid treatment in advanced cancer
Steffan Lundström, Carl Johan Furst, Peter Stroang Sweden

925 Opening the spiritual gate Part II
Marijke Irthouwen, Karen Groves, Cath Baldry, Ruth Killin United Kingdom

926 Euthanasia: evaluation of a protocol
Dirk Schrians, Edel Maëx Belgium

927 Distinguishing the spiritual and psychological dimension of palliative care
Carlo Leoet, Anke Gerleman The Netherlands

928 Using telehealth technology to support physicians and nurses working with palliative, medical home care in the Southwest part of Stockholm
Susanne Bergenbrant, Christina Jgström Sweden

929 Quality of life in palliative care: patients’ tales and representations
Maria Fernandez-Petke Switzerland

930 Guideline (risk of) fatal bleeding in patients with malignant head-neck tumours in the palliative phase
Monique Booms, Erwin Comenne, Lia Van zuylen, Mirjam Dudok-Smit, Yvette Sollewijn-Gelpke, Wilma Neeleman, Martin Zwaard, Lilly Ann Van der Velden The Netherlands

931 Cancer related fatigue (CRF): physiological (EGG and EMG) response to ethylpencydiate
Dilara Krishnamoorthy, Tugba Yavuzsen, J ordanka Kirkova, Mollar Davis, Declan Walsh, Ruth Lagman, Susan LeGrand, Vlodek Siemionow, Vinoth Ranganathan, Guang Yue United States

932 Consultation for palliative sedation
Alexander De Graef, Adri J obse, Anja Moonen The Netherlands

933 Interprofessional collaboration to improve patient safety in palliative home care
Barbro Norrstöm, Ing-britt Cannerfelt, Helen Frid, Kim Roos, Helena Ramström Sweden
Saturday 9 June 2007

934 A User Involvement Survey of UK Hospices
David Hart, Ann Macfarlane, Mandy Paine, Di Cowdrey, Munir Lalani, Pat Garratt, Nick Pahl, Nikita Ranchhod
United Kingdom

935 Analysis of Reasons of Severely Ill Patients Hospitalization
Aytas Seskevicius, Lovita Demskyte, Ingrida Kaulynyte
Lithuania

936 Bioelectrical impedance analysis (BIA) and survival in advanced cancer
Dilara Khoshknabi, Jordanka Kirkova, Wael Lasheen, Mellar Davis, Declan Walsh, Ruth Lagman, Matthew Karafa, Susan LeGrand United States

937 ‘Colours of life’. Bringing colour into quality of life
Catherine Baldry, Linda Dutton, Karen Groves, Cliff Bashforth United Kingdom

938 ‘Deaths off the Vigil’. Audit of non-use of care of the dying pathway in a specialist palliative care unit
Jane Hough, Karen Groves United Kingdom

939 ‘Quest for Meaning’. Audit of the Confidence and Perceived Need for Education of Palliative Care Professionals in Assessment of Spiritual Needs and Provision of Spiritual Care
Marjite Drifhout, Phil Saltmarsh, Catherine Baldry, Bernice Sanders, Karen Groves United States

940 ‘Because it’s natural it must be safe!’ Alternative Medicines in Palliative Care
Steven Simpson United Kingdom

941 Clinical relevance of CYP2D6 deficiency in prescribing in palliative care
Steven Simpson, Andrea Whitfield United Kingdom

942 Timeliness of ‘End of Life’ drug prescribing
Katie Marley, Karen Groves United Kingdom

943 Terminally ill patients and their caregivers’ quality of life in Taiwan
Woung Ru Tang Taiwan

944 Implementation of guidelines: decision-making in palliative care
Marieke Schreuder-cats, Henk Vrehen, Ginette Hesselmann, Anja Moonen, Saskia Teunissen, Alexander De Graeff The Netherlands

945 What is seen as good practice in palliative care (PC), palliative medicine (PM) and terminal care (TC) according to medical doctors (MDs), nurses and psychologists working in a Palliative Support Team (PST)?
Ruddy Verbruggen, Fred Louckx Belgium

946 A Set of National, Core Audit Tools to Help Hospices Meet the Requirements for Audit
Pauline Flanagan, Andrew Thomson, Marie Ballard, Simon Fisher, Maggie Griffiths, Karen Maryon, Usha Sodhra, Jenny Redman, Jane Elliott, Nick Pahl United Kingdom

947 An audit of documentation and monitoring of steroid use in community palliative care patients
Sumana Pal, Yolanda Augustin, Harriet Roebeck, Joy Ross United Kingdom

948 The development of palliative nursing in the Netherlands 2002-2007
Thirza Otten, Koningswoud Koningswoud The Netherlands

949 PaCall - 3 years of a palliative care out-of-hours telephone support service
Ian Lawrie, Mary Elliker, Colin Campbell United Kingdom

950 Spirituality in medical care
Ebenne River, Stéphanie Colombey Switzerland

951 Family Meetings & Discharge Planning
Irene Murphy, Amanda Stavrou, Mary Buwalda, Yvonne Finnerty Ireland

952 Palliative physiotherapy: what is done and with what evidence?
Ulla Frymark, Lilian Halgren, Ann-Charlotte Reisberg Sweden

953 Medical and nurse staff perceptions about symptom control, emotional support and family care in a University Hospital onco-hematological ward
Joaquim Iula, Jordi Teix, Montserrat Bleda, Emma Costas, Susana García, Mercé Riquelme Spain

954 Poetry Reading as Creator of Meaning - Poetry Reading Groups in Nursing Homes and Hospices
Inger Eriksson Sweden

955 Growth Trends in Palliative Care Consultation Requests
Steven Radwany, Hallie Mason, Steve Clarke, Teresa Albanese, Lynn Tough United States

956 A Cost Comparison of Patients Dying on an Acute Palliative Care Unit versus other Inpatient Units
Mamta Bhatnagar, Steven Radwany, Charina Gayomali, Teresa Albanese, Lauren Currie United States

957 A review on the care of the dying patients in a hospice in Singapore after implementation of a modified integrated care pathway for 4 years
Joshua Kok Singapore

958 Palliative care in a developing country: problems to be solved
Natasa Milicevic, Leonida Mirilo, Bojana Kostovic Serbia

959 Meaning-in-life in the Federal Republic of Germany: Results of a representative survey
Martin Feeg, Mechthild Kramer1, Frederic Stiefel2, Gian Domenico Borasio1, Germany, Switzerland

960 A history of the Project on Death in America: programs, outputs, impacts
David Clark United Kingdom

961 Freedom in Movement
Unni Nygaard Norway

962 Malignant Spinal Cord Compression: A Retrospective Study of Current Management and Adherence to Prospective National Guidelines
Ivytsna Manapu, Helen Emm, David Husband United Kingdom

963 The development and implementation strategy of multidisciplinary palliative care in a large teaching hospital in the Netherlands
Luc Strobbe, Marjo Glibling-Gommans, Cilia Galesloot, Nelleke Engels-Keesstra The Netherlands

964 The challenge of effective communication in the dying phase: benchmarking evidence from the Liverpool Care of the Dying Pathway (LCP) in two cancer networks in England
Maureen Gambles, Tamsin McGlinchey, Deborah Murphy, Stephanie Gomm, John Ellershaw United Kingdom
<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>965</td>
<td>Benchmarking Care of the Dying with the Liverpool Care of the Dying Pathway (LCP)</td>
<td>Maureen Gamble, Tamson McGlinchey, Deborah Murphy, Stephanie Gomm, J ohn Ellershaw United Kingdom</td>
</tr>
<tr>
<td>966</td>
<td>Attachment Security and Depressive Symptoms in Patients with Metastatic Cancer: A Longitudinal Study</td>
<td>Gary Rodi, Andrew Walsh, Christopher Loi, Camilla Zimmermann, Lucia Gagilese, Jennifer Jones, Frances Shepherd, Malcolm Moore, Michal Braun, Mario Mikulincer (Canada-Israel)</td>
</tr>
<tr>
<td>967</td>
<td>‘Meaning of Life’ Audit of Spiritual Assessment and Care in Specialist Palliative Care</td>
<td>Karen Groves, Marijke Drifhout, Phil Saltmarsh, Catherine Badry, Bemice Sanders United Kingdom</td>
</tr>
<tr>
<td>968</td>
<td>Reviewing Life Review in the Palliative Care of People with Learning Disabilities</td>
<td>Ticia Allen, Linda McEnhill United Kingdom</td>
</tr>
<tr>
<td>969</td>
<td>Identification of potential risks in how prescribing and dispensing of medication is handled in palliative care in Sweden: A telephone based interview study with physicians by PANIS, the Swedish Palliative Care Research Network. Barbro Norrström, ASIH Barbro Norrström Sweden</td>
<td>Sweden</td>
</tr>
<tr>
<td>970</td>
<td>Australian Palliative Care Clinical Studies Collaborative (PaCCSC)</td>
<td>Tania Shelby-James, David Crow, Debra Rowlett, Susan Whicker, John Plummer, Geoff Gourlay, Simon Eckerman, Amy Abernethy (Australia-United States)</td>
</tr>
<tr>
<td>971</td>
<td>Use of and payment for health and social care in the year before death: How does it vary with financial circumstances and age?</td>
<td>Barbara Hannon, Ann Jackson, Margaret Whitehead United Kingdom</td>
</tr>
<tr>
<td>972</td>
<td>A study of nutritional problems and support in cancer patients - enrolled in palliative advanced home care teams in the Stockholm region of Sweden</td>
<td>Ylva Orrell, Carol Tishelman, Johan Permitt Sweden</td>
</tr>
<tr>
<td>974</td>
<td>Symptom control, caregivers satisfaction and terminal cancer patients care at home</td>
<td>Johan Llobera, Marce Llagostera, Magdalena Esteva, Joana Ropoll, Eric Benito, Adoracion Sancho, Eva Marsol Spain</td>
</tr>
<tr>
<td>975</td>
<td>Deficits in hospital-based palliative medicine limit discharge of patients with home care technology</td>
<td>Renske Boogaar, Erica Wilkamp, Angelique de Wit, Karin van der Rijk The Netherlands</td>
</tr>
<tr>
<td>976</td>
<td>How much subcutaneous route do we use?</td>
<td>Javier Rocafort, Silvia Librada, Laura Blanco, Teresa Galea, Yolanda Ruiz, Beatrice Pop Spain</td>
</tr>
<tr>
<td>977</td>
<td>Is hospice care a real choice for yuppies? The experiences of a Hungarian survey among people living in enduring poverty</td>
<td>Gyorgy Gyukics, Cecilia Keresztes, Katalin Muszbek Hungary</td>
</tr>
<tr>
<td>978</td>
<td>Single Dose Fluconazole in the Treatment of Oral Thrush in Hospice Patients</td>
<td>Ruth Lagman, Mellar Davis, Susan LeGrand, Declan Walsh, Bushra Cheema United States</td>
</tr>
</tbody>
</table>
# Plenary abstracts

## Thursday 7 June

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Presenter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.00-10.30</td>
<td>1.</td>
<td>Connecting diversities to scale up palliative care in Africa</td>
<td>Faith Mwangi-Powell</td>
<td>66</td>
</tr>
<tr>
<td>14.30-15.00</td>
<td>2.</td>
<td>Resilience and palliative care</td>
<td>Barbara Monroe</td>
<td>67</td>
</tr>
<tr>
<td>15.00-15.30</td>
<td>3.</td>
<td>Hydration practice: attitudes and evidence</td>
<td>Peter Lawlor</td>
<td>69</td>
</tr>
</tbody>
</table>

## Friday 8 June

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Presenter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00-09.30</td>
<td>4.</td>
<td>The courage to be</td>
<td>Lars Björklund</td>
<td>71</td>
</tr>
<tr>
<td>09.30-10.00</td>
<td>5.</td>
<td>Paediatric palliative care</td>
<td>Finella Craig</td>
<td>72</td>
</tr>
<tr>
<td>14.00-14.25</td>
<td>6.</td>
<td>Implementing quality palliative care - how to prove it</td>
<td>Frank D Ferris</td>
<td>73</td>
</tr>
<tr>
<td>14.35-15.00</td>
<td>7.</td>
<td>Cultural issues in facing death</td>
<td>Katalin Muszbek</td>
<td>74</td>
</tr>
</tbody>
</table>

## Saturday 9 June

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Presenter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00-09.25</td>
<td>8.</td>
<td>Evaluation of palliative education: why bother?</td>
<td>Jose Pereira</td>
<td>75</td>
</tr>
<tr>
<td>09.35-10.00</td>
<td>9.</td>
<td>The pathological states of consciousness.</td>
<td>Augusto Caraceni</td>
<td>77</td>
</tr>
<tr>
<td>&quot;Spiritus animalis residet in substantia cerebri&quot; (Varolius 1543-1575)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.15-15.45</td>
<td>10.</td>
<td>Into the unknown : advance care planning for the end of life</td>
<td>Jane Seymour</td>
<td>79</td>
</tr>
<tr>
<td>15.45-16.15</td>
<td>11.</td>
<td>Are we prepared to unmask the face of death?</td>
<td>Jacek Luczak</td>
<td>81</td>
</tr>
</tbody>
</table>
Globally, approximately 56 million people die each year. Moreover, 42 million currently live with HIV/AIDS, and there are 15.3 million new cancer cases per annum. An estimated 60% of such people would benefit from palliative care. However, scaling up palliative care services to meet this need has numerous challenges that have worldwide applicability, including: limited workforce capacity; lack of policy integration; unavailability of effective pain relieving medication; lack of research evidence; low public awareness; uncommitted governments; the lack of funding; entrenched attitudes within the medical profession; cultural taboos surrounding death and the disclosure of diagnosis; and the absence of a consensus that regards palliative care a basic human right.

In Africa, these challenges are compounded by the high disease burden and poverty. It is against this backdrop that this presentation will provide an overview of palliative care development across Africa. Following a description of the existing levels of palliative care need, it will explore the different service models that have been developed to address that need. It will be contended that connecting the diversities in service provision, whereby achievements and successes are replicated and weaknesses identified, is essential to optimise service delivery across the continent to those in need.

One of the ways in which these connections can be forged is through differing partnership models: both at the micro (ie peer-to-peer) and the macro (ie provider-to-provider, organisation-to-organisation, both nationally and internationally) level. Drawing upon the experiences of the African Palliative Care Association, this presentation will review such collaborative partnerships, highlighting their value in collectively beginning to address the need for palliative care development, and outlining some of the challenges entailed in ensuring they function successfully.
Resilience is receiving increasing research attention as we seek to explain the variety and complexities of human response to difficult circumstances and the recent understanding that many more individuals than initially thought can continue to thrive despite adverse experiences and compounding risk factors. Resilience is not just about re-forming but about the possibility of growth. It offers a unifying concept to sustain the most significant understandings of four decades of palliative care and incorporate more effective investment in community and public health approaches. This integration is vital if we are to reconcile the tension between the rhetoric of choice and equity in end-of-life care and the demands of rising healthcare expectations in aging populations with increasingly limited professional and financial resources. These Western world challenges are compounded by the huge needs of resource-poor countries.

Resilience is inextricably linked to risk in an interactive process occurring over time and influenced by individual and family variables, social context and social structure. Resilience demands a more sophisticated assessment, recognising that many of these variables are cross-cutting and can be positive or negative in impact. It is important for the future development of end-of-life care that health and social care issues remain integrated. A return to the privileging of a narrow medical definition of palliative care is presaged, ‘The central aspect of palliative care is symptom control delivered humanely with adequate information... undue emphasis on attending to families is demanding of resources which might be better devoted to a wider population of patients’ (Randall and Downie 2006). Fortunately some of the economic realities of modern healthcare are drivers in a more positive direction. A recent systematic review of factors influencing death at home in terminally ill patients with cancer emphasises the need to explore family support and empowerment and the role of prevention and public education (Gomes and Higginson, BMJ 2006). Palliative care has often been slow to respond to the challenges of disadvantage and exclusion. If it is to do so it must not lose the founding ethos of hospices which sought to empower and to promote strengths and resources.

Analysis of a series of ten study days on resilience in palliative care held at St Christopher’s in 2005 revealed key themes: secure attachments, meaning and sense, hope, coherence, creativity, good memories, public education and community support, cultural awareness, internal locus of control, wellbeing, self-esteem, one supportive person and learned optimism. Insights from the field of bereavement underline the importance of balancing vulnerability and health promotion. Evidence supports the beneficial power of narrative in meaning making and the integration of difficult experiences. Studies on ‘hope’ emphasise the value of reminiscence therapy, humour and the nurturing of independence. Creative therapies can also increase the resources of individuals for use at time of threat. Resilience work supports the concept of brief, focused, cost-effective interventions designed to avoid pathologising and to boost confidence, coping and action. Examples include cognitive behavioural therapy and Kissane’s...
family-focused grief therapy. A clearer understanding of 
the neurobiological basis of behaviour and its links to 
resilience is developing.

Palliative care must work in partnership with the 
communities in which people live to change attitudes 
and empower them to respond supportively. Canada 
and Australia have developed government and 
workplace initiatives to support carers and the 
terminally ill. Palliative care already uses professional 
education to extend its messages beyond its 
immediate sector. School-linked programmes and 
attempts at wider public education are emerging. 
Social marketing and information strategies will 
become more important as we try to find the right 
balance between expert professional interventions and 
general loss education. Public receptiveness to internet 
based resources points to some of the possibilities. 
Studies of user involvement and group work in 
palliative care demonstrate the positive therapeutic 
impact of engagement and increased social 
connectedness. The future will hold new forms of 
mutual help groups and volunteering.

The concept of resilience makes it clear that individual 
factors such as a sense of agency and seeing the 
world as understandable must be linked to positive 
family, community and cultural resources, values and 
connections. Efforts to improve individual welfare 
cannot alone meet the aspirations of society in relation 
to high quality, cost-effective and equitable care for all 
dying people. The West has much to learn from the 
community-funded and volunteer-supported 
programmes in resource-poor countries.
Hydration in end-of-life care is often viewed as signifying the essence of compassionate care. Much of the literature on artificial hydration (AH) relates to rhetorical arguments and studies of limited scientific rigour. Much of the controversy has arisen from diametrically opposed viewpoints: the hydrate “all” approach of the relatively more aggressive biomedical model of care, versus the more conservative hydrate “none” approach of the more traditional hospice model of care.

The opposing views are reflected by the great variation in the practice of AH. Variation occurs in the proportion of patients who receive AH in different cultural settings and care locations. Variation has also been noted in the volumes of fluid administered and in the route used for hydration administration. It has been suggested that patients will often defer to their physicians in the decision-making process, and ultimately do what the physician suggests.

Hypovolaemia and dehydration are fluid deficit states. In hypovolaemia, the fluid deficit is in the intravascular volume, which can be iso-, hypo-, or hypertonic depending on the proportion of water and solute that is lost. In dehydration, there is a loss of total body water, which invariably comes from the intracellular department. Dehydration is associated with hyponatraemia, whereas hypovolaemia can be associated with iso-, hypo-, or hypertnatraemia. Fluid deficits can arise due to decreased intake, increased loss, or both. It should be remembered that fluid loss can occur with “third spacing” of fluid, as occurs in ascites. Physiological changes occur with aging, including a reduced proportion of total body mass due to water, a possible reduction in thirst response to dehydration, and a decrease in renal response to intravascular volume changes. Many of the classical symptoms and signs of fluid deficit are unreliable in the elderly and in cancer patients.

The identification of clinical outcome measures and biochemical indices that truly reflect hydration status has been a major research challenge. Only six studies met the inclusion criteria of a systematic review, in which no conclusion could be drawn regarding benefit. The studies that have examined dry mouth or thirst suggest that it occurs in 61–87% of patients receiving end-of-life care. However, confounding variables such as anticholinergic or psychotropic medication use, stomatitis, and mouth breathing can create difficulty in interpreting study findings. The biochemical indices of hydration have largely proved inconsistent in their reflection of hydration status. One study found that atrial natriuretic peptide levels may prove useful in determining hydration status.

To date there is only one published randomised controlled trial that examined hydration benefits in advanced cancer patients. It demonstrated a
significant improvement in the sedation and myoclonus scores in the hydration treatment group. The authors of this study reported patient accrual difficulties due to the frequent co-occurrence of dehydration signs and cognitive deficit, thereby creating difficulties with obtaining consent at study entry.

Studies of delirium, a multifaceted syndrome that is often potentially reversible, have demonstrated some conflicting results. In one study dehydration was identified as a covariate significantly associated with delirium reversibility. A Japanese study demonstrated that dehydration occurs in association with delirium but not necessary with reversibility. Most opioids and their metabolites are renally eliminated. Demonstration of opioid toxicity in association with elevated levels of opioid metabolites has been inconsistent, except in the case of renal impairment. Given that a fluid deficit state may progress inexorably to the state of prerenal renal impairment, it seems logical at least to consider AH in patients on opioids who are fluid deficient, or at risk of fluid deficit, in order to prevent prerenal renal impairment.

In the decision-making process on AH we need to consider: the true hydration status of the patient, the complications and symptom burden occurring with the fluid deficit state versus AH; the patient's prognosis and decision-making capacity; knowledge, attitudes, beliefs and wishes, of patients, their families or proxies, and the multidisciplinary team regarding AH; concomitant use of sedatives and withholding or withdrawal of AH; the assessment of delirium reversibility. Ultimately, the best ethical and evidence based practice will involve an individualised approach to AH. A timed trial may be considered. Education and support is essential for relatives, who should receive clear and consistent communication from the multidisciplinary team.
Several years ago, when I thought of writing a book about meeting people in pain and crisis and close to death, I considered naming the book The Art of Doing Nothing. Early on, I had the experience that in the really difficult meetings, there was nothing to be done. All attempts to make it better or maybe bring out a positive feeling were in vain. The sorrow and the pain were too great. I still felt that it was important to be there. Not for the purpose of doing something but perhaps to lessen the loneliness a bit, in the midst of all pain.

In circumstances where it is constantly important to accomplish something, and where that which is accomplished is given the greatest meaning, a person quickly becomes lonely if there is nothing to be done. Or she might also be put through unnecessary things. What is being done, is done only for the act of doing, and this involves the risk that the person who longs only for closeness is abandoned. Another risk is that what can still be done appears worthless and is seen as nothing at all. I am thinking of such things as turning the pillow for someone who is too tired to do it themselves, to stretch out the sheet and make sure there is clean and fresh water in the glass at the bedside table next to someone who is dying. If this is all that is possible to do for another human being, then this is all you can do. To do all you can for someone is a great act, and should not be called “nothing”.

Sometimes we need to do absolutely nothing, and have faith that our presence is enough. But even if we can let go of the thought to accomplish something, there can still be an unspoken wish that things will get better for the one we meet, or at least that there will be a change. I dare say there are moments when our wish can be conceived as a demand and can cause us to let down the one we meet. In certain vulnerable situations the same risk arises if we give something. In the emptiness that is born if we do nothing, want nothing and give nothing, a meeting can still take place. A meeting without expectations and demands, where a fellow human being is made visible and confirmed.

My mission is that of love, and no matter how I turn the word love inside out, I always come to the conclusion that love means to demand nothing at all. If I give love, and by the act of giving accept another person, I have fulfilled my mission. Without expectations love grows. But if I expect something in return or expect something to get better, the love can die if the answer or the improvement fail to occur. A love that expects an answer can in certain situations be conceived as a threat. But love demands no success. It is there without expectations of results and without expectations of gratitude. Redone in the difficult meeting it turns into a form of method. When I meet a person who needs help I can stay without doing anything. I can be there without giving anything else than my presence and I can leave without the expectation of gratitude. Several meetings have looked exactly like this. I could do nothing, give nothing, and I could not see any measurable result. What makes me believe that it is still important to stay are stories from people who a long, long time after a crisis realise that the one who offered the most help was the one who was there with neither demands nor expectations. Patently and lovingly...
Living with a life-threatening or life-limiting condition can be challenging, particularly for adolescents and young adults as they face the physical, cognitive and emotional changes of the transition to independent adulthood. Some may have been progressing through normal adolescent development prior acute illness. For those with progressive disorders, adolescence may be accompanied by deteriorating physical health and/or mental ability. Others may be coping with lifelong chronic conditions, which may not fit easily alongside adolescent development and activities.

This presentation will explore the impact of life-limiting illness on adolescent development and how, as professionals, we can support children with life-limiting illness through adolescence to adulthood. The presentation will address issues of physical independence, independence in decision-making, financial independence, peer group identification, changing relationships with parents, sexuality and spirituality. We will discuss how, with the right support, a young person’s sense of individuality, autonomy, value and continuity can develop and be reinforced.

Finella Craig has been a Consultant in Paediatric Palliative Care at Great Ormond Street Hospital for Children since 2002. Her palliative care training included two years with a community and hospital-based adult palliative care service as well as with the paediatric palliative care team at Great Ormond Street Hospital. She has particular interests in palliative care for children with non-malignant conditions.
Quality palliative care is of interest to everyone who is receiving or providing care. The quality of the care that is provided depends on everyone's understanding of the underlying model that is guiding patient/family care; the organisation’s mission and vision; and the consistency of the language, practice and treatment guidelines, outcome assessment and performance improvement strategies that everyone is using from day to day.

Implementation of quality palliative care within an organisation starts with careful strategic planning followed by the systematic development of guidelines, outcome measures, standards and a performance improvement process through an inclusive consensus-building process. By modifying existing widely-accepted models, organisations can expedite their implementation of quality palliative care. Through careful attention to evolving this process over time, everyone will be the beneficiaries of a high-quality palliative care experience.

This plenary presentation will focus on the process and the potential outcomes/benefits for key stakeholders.
Individual and social attitudes relating to reaction for loss have been undergoing significant changes during the last decade. The aftermath of loss depends on various conditions. The presentation separates the role of traditions and psychological aspects of the individual while it also touches the role of palliative care.

1. Social attitudes: attending to a dying person in traditional cultures relies on both the family and the society while in the developed world individual autonomy is dominant. Formerly it was the community, the rituals and the traditions that helped facing death. In traditional communities mourning was not only accepted, but it was an expected form of behaviour associated with numerous rituals. By today the majority of these traditions have ceased and the attitude system of the society regarding death and bereavement have also undergone changes.

Effective bereavement today means rapid mourning process, few personal reactions and an early back-to-normal lifestyle.

2. The individual psychological reactions depend on personality structure. Coping and defensive mechanisms in facing death and loss processing both vary with the individual. It is important to analyse aggression and remorse handling linked to loss as well as the role and the consequences of suppression.

3. Healers - enchanters, shamans and doctors are omnipotent people helping us to cope with illnesses and symptoms. Cultural differences in this area are substantial but the omnipotent saver is a determinative personality in all different cultures. In today’s modern societies this mission is completed through palliative care. The need for it is universal, regardless of frontiers and nations.
Evaluation of palliative education: why bother?

Envisage a palliative intervention that costs a small health region with 600,000 inhabitants 250,000 euros annually. Clinicians and administrators would be justified in asking for evidence in support of it. If that evidence was lacking, a study with an appropriate design and with validated outcome measures would likely be initiated. Suppose the intervention was an education programme. Would the questions regarding evidence and cost-effectiveness still apply and what would constitute sufficient evidence?

From a broad perspective, educators such as Miller and Kirkpatrick have described a hierarchy of levels of evaluation. At the bottom of the pyramid are studies that look only at participation, in the middle participants’ reactions and learning gains in terms of changes in knowledge and attitudes, and at the top the direct impact on the delivery of healthcare and patient care. The latter, the “holy grail” of education interventions, is elusive but not impossible.

With some notable exceptions, the palliative education literature has focused on descriptive reports and participant satisfaction. Wider utilisation of standardised validated instruments to evaluate changes in attitudes, knowledge and skills is encouraged. Several instruments, particularly in the domain of attitudes, are available. However, the assumption that changes in learners’ personal attitudes to death translate to improvements in clinical care warrants further study. Standardised instruments (usually MCQs) evaluating knowledge are uncommon and often lack validity, reliability and item analysis data. The use of objective structured clinical examinations and other forms of evaluation is receiving increased attention. The need for economic analyses is also stressed.

Many of the concepts and principles of biomedical research are also applicable in medical education research. The fundamental steps of hypothesis generation, uniform outcomes measures, and sound statistical analysis also apply in medical education. Education research has been classified into three broad categories; a) observational/descriptive; b) co-relational; and c) experimental. Within these are quantitative, qualitative, and mixed methods. All are important in education research. Not all medical education research is quantifiable, and qualitative research remains a key contributor to understanding education and its impact. Co-relational research attempts to establish relationships between observed differences among or between groups of participants. Experimental research is inherently difficult to conduct in medical education. Proper randomisation and double blinding are challenging. The large numbers of participants required for randomisation are often not available, particularly with small classes. It is difficult to achieve standardisation in educational interventions as there is no fixed dose and the intervention is vulnerable.
to many confounding factors (e.g., dynamism of the instructor). Lastly, it is often difficult to separate the specific effects of different educational activities within one programme. Nevertheless, randomised studies are possible, do exist, including in palliative care, are generally promoted in medical education, and when appropriate and possible, should be considered. Collaboration with education experts is essential.

There is almost universal recognition in medical education circles of the need for improved evidence to support education interventions, hence the emergence of 'best evidence medical education' (BEME). However, what constitutes best evidence remains highly debated. Some argue for quantitative, randomised-type methods, while others argue that such designs are not appropriate for medical education. Attempts to develop an evidence-level classification for medical education (similar to that used in biomedical research) has yielded mixed results.

Comparisons between interventions are also difficult when different methods and evaluation instruments have been used. The complementary use of statistical significance and effect size (which does not rely on sample size) is advocated. Effect sizes of > 0.5 are optimal and levels of > 0.8 highly desirable.

However, education research covers a much broader field than what is discussed above and palliative care is well positioned to participate in that activity. An example is interprofessional education, a current topic in healthcare. Despite its importance, it remains poorly understood from an education perspective. What are the best methods of implementing it? The introduction of spirituality in health curricula is another area.

In conclusion, education evaluation and research does matter and is an important area of work in palliative care.
Consciousness has been explained as a function of a number of brain structures, starting with several studies between the second half of the 19th and the first half of the 20th centuries that were able to associate lesions and diseases in humans and animals with altered states of consciousness, abnormalities of the sleep-wakefulness cycle and the neural activity of the cortex, the hypothalamus and the brainstem reticular formation and nuclei.

The “level and the content of consciousness” are relatively simplistic neurological definitions that can be used to uncover the whole complexity of human subjective experience from emotion to personal identity. The philosophical and ethical implications of the meaning of higher brain functions at the end of life are important in the discourse about general medical decision-making as well as in end-of-life decisions about limitation of treatments, but they are not within the scope of this talk. The clinical evaluation of these functions is fully in the domain of palliative care, as at least 40% of patients experience episodes of delirium and many more go through stupor or coma before they die. Therefore, the appropriate assessment and diagnosis of pathological states of consciousness require that palliative care professionals are experienced in the basic mechanisms of the underlying higher brain functions and with the use of routine instruments to assess clinically relevant findings.

Delirium is certainly one of the most common neurological syndromes seen in palliative care. Delirium, according to the DSM IV definition, can be viewed as an altered state of consciousness and attention and it is described by clinical findings ranging from a disordered sleep-wakefulness cycle to hallucination or hypersomnia. The pathophysiology of delirium or of deliria is poorly understood as we know that very many causes, from metabolic changes to drug toxicities, can cause it. A common final pathway theory privileges the idea that all aetiological factors impact on the same neurological system. A more empirical theory could consider that a group of relatively similar symptoms and signs can be caused by lesions and factors that can be individually identified but not always present altogether. Hallucinations can be present as an isolated phenomenon and then evolve into frank delirium, level of consciousness can be reduced in hypoactive deliria or exaggerated in delirium tremens.

While clinically it is still practical to use the DSM IV definition and the distinction between hypoactive and hyperactive deliria, it is unlikely that we can just talk of a single clinical condition. The differential diagnosis of the...
Clinical syndrome requires an extra effort as again it can impact on management: non-convulsive status epilepticus, stupor-coma from structural brain lesions and drug toxicities can present with very similar clinical findings. Most recent research data show that we often do not have a better explanation to offer than the old “seed and soil” theory, understanding that advanced illness and compromised brain functions due to age or disease predispose to excessive brain reactions to most offending agents, from fevers to drugs. From a neuropharmacological point of view it is already clear that several systems are implied: acethcholylne, serotonine, dopamine, noradrenaline, histamine, hypocretine, GABA, are some of the most well known neurotransmitters who have individual and integrated roles in the modulation of consciousness and in sleep-wakefulness cycle regulation.

Therapeutic implications in palliative care include the ability to manage anxiety, insomnia, delirium, drug side-effects, and sedation at least. The wide use of sedation as a therapeutic option in palliative care, often, but not only, at the end of life, has not been paralleled by a growth of knowledge and research among palliative care professionals about the pharmacology of sedation itself, leading to a lack of evidence-based protocols and guidelines specific to the palliative care conditions. The use of opioids, neuroleptics, benzodiazepines, antihistamines, sedatives such as propofol, noradrenergic or serotonergic agents is reported or anecdotal in palliative medicine and their indications and contribution to sedation poorly reflected in clinical practice.

To advocate more research in this area is a ritual statement, while I suggest that it represents indeed a unique opportunity to cross-fertilise the fields of anesthesiology, neurology, psychiatry and palliative medicine, to say the least, in producing an original set of data for a better understanding of the clinical, aetiopathological and therapeutic aspects of the altered states of consciousness.
Advance care planning is a process of discussion between an individual and their care providers which takes place in the context of an anticipated deterioration in the individual’s condition in the future, with attendant loss of capacity or the ability to communicate wishes to others. The goals of advance care planning have been identified as: ensuring that clinical care at the end of life is in keeping with patient preferences; improving the end-of-life care decision-making process by facilitating shared decision-making; improving wellbeing by reducing the frequency of under- or overtreatment. Outcomes of advance care planning may include the recording of: general values, wishes and preferences for care; nomination of proxies; and advance refusals of life-prolonging treatments; these are often known as ‘living wills’. The legal status and frequency of use of such records varies across the developed world.

The evidence base
The apparent potential for advance care planning to provide a means of improving palliative care outcomes has led to a sharp increase in international debate and in the development of a variety of interventions. However, the evidence base for the application and use of advance care planning is conflicting. It has been associated with increasing individuals’ autonomy in terms of their sense of control and a greater congruence between treatment and expressed preferences. In some contexts it appears to facilitate understanding between patients, clinicians and families by enabling open discussion of concerns. There have been untested suggestions that advance care planning may enable care in the place of choice and that this may therefore reduce the costs of end-of-life care. Published data from North America suggest, however, that this may not the case.

Social and cultural challenges
Challenges to advance care planning come from evidence that individuals’ views and decisions may change over time as illness leads to changes in perceptions of quality of life. Concerns have been voiced that advance care planning is a means of healthcare rationing or may endorse euthanasia: this has been particularly visible in the public debate that has taken place in the UK in relation to new legislation for mental incapacity and attempts to legalise assisted dying. Additional deeply rooted cultural challenges are presented by a widespread reluctance to anticipate death, and by some evidence that patients prefer their families or clinicians to make end-of-life decisions on their behalf. How views, knowledge, and preferences in relation to advance care planning differ across different generations and cultural groups is unclear, but it is likely that ‘one size’ does not fit all.

Developing practice
In terms of developing clinical practice, little is known about what constitutes best practice in advance care
planning, and there is a lack of awareness among those health and social care professionals most likely to come into contact with people with palliative care needs. Moreover, providing service users and members of the public with accurate information about the risks and benefits of advance care planning is necessary but challenging.

Conclusions
Development of policy and practice in advance care planning may be one means, among the many required, to address the consequences of the rising incidence of chronic illness as the primary route to death. Any attempts to improve end-of-life care planning must particularly take account of the challenges facing older people, who now make up the majority of those who die. Rising incidence of co-morbidity, disability and extreme general frailty in older age not only make prognostication complex but mean that many older people receive inappropriate end-of-life care, which is out of step with their needs, wishes and preferences. It therefore seems urgent to develop a better knowledge and understanding of whether and in what ways the processes of advance care planning might assist in providing better care to dying people and equally, what are the risks that may be associated with raising the issues and with the use of any resulting record. But we need to take great care as well that we do not treat people who are facing death as just another group of ‘consumers’ who can easily make choices about what happens to them. Such a discourse threatens to move us too far away from the traditional model and philosophy of palliative care and risks neglecting any consideration of how best to provide care thoughtfully, compassionately and empathically to vulnerable people who cannot or do not wish to enter the world of ‘choice’ and ‘control’ so admired and sought after today.
There is evidence that doctors and nurses are usually not sufficiently prepared to assess and alleviate the suffering of dying patients and their families, don’t know how to communicate with dying patients and their loved ones or how to prepare the patient to die. Physicians have difficulty in addressing the clinical and emotional needs of dying patients and are uncomfortable in caring for them. Furthermore, doctors who routinely work with the dying, experience emotional anxiety as a result of been closely involved with suffering patients near death and use many coping mechanisms: medicalisation, euphemism, denial, distancing and even objectifying the patient’s attitude to minimise personal distress (Schulman–Green). Many doctors avoid telling the truth and share the opinion of the patient’s family that disclosure will evoke depression and anxiety, as well as destroy hope and increase the suffering of the psychologically weak patient. This situation is common in Eastern Europe, including in Poland, despite continuous progress in palliative and hospice care (PHC).

The reason that doctors in Poland, particularly those of an older generation – even prestigious clinicians – are not trained in palliative medicine is that this medical specialty was only established in 1998. PHC was instigated into all the medical and nursing university students’ curricula in the time from 1991 until 2000. In a study carried out in Krakow on 870 cancer patients cared for in a home hospice setting between 1994 and 1997, it was reported that only 48% of patients referred to the hospice on admission were aware of their diagnosis and 61% of families hadn’t discussed this diagnosis with the patient (Gradalski et al). Collusion results in avoiding discussing the psychosocial and spiritual needs of patients, including a visit from the chaplain. Patients’ wishes or autonomy if not respected can lead to inappropriate futile treatment and bad symptom control (SUPPORT Study). The primary caregivers and the doctors’ attitude and fear of death and dying and their unawareness of PHC can result in delayed referrals. This resulted in ineffective treatment and care of suffering patients. Opiophobia is a strong barrier for early installation of strong opioids (especially morphine, an essential analgesic recommended by the IAHPC and WHO for moderate to strong pain). The unmasked face of dying/death/EoLC has many meanings and takes into consideration the various dimensions (somatic, psychic, social, spiritual) of a person, in addition to suffering and attitude/feelings of those involved. A study of 250 Polish hospice caregivers showed that many defined masked death/dying as when patients and families are not prepared for dying (88%). This study also highlighted that many patients hadn’t been given a diagnosis or prognosis and had no awareness of death.

The suffering of dying patients is frequently masked (Ventafredda: 70% are semi or fully unconsciousness in the last 24 hours), Osler found symptoms of pain and distress only in 20% of 500 dying patients.
Unfortunately, these data only correspond to the last 24 hours of life and hence do not assess the suffering and anguish of the patient and their loved ones leading up to this. It is obvious that in the last weeks and days of life, the majority of dying patients experienced suffering which increased and is often unrelieved, including pain, anxiety and so on, especially existential-spiritual distress. Furthermore, we need to appreciate the often hidden needs or masking of the suffering patient and their loved ones and improve our EoLC. Preparing patients and their loved ones for death and dying is a very challenging task for the PHC team who may have particular problems with patients cared for previously by colluding families and professionals who are uncomfortable with dying patients. Other problems include assessment of spiritual-existential needs and finding ways to alleviate spiritual pain. Additionally, finding the best ethical solution to appropriate management at the end of life. The opening of true dialogue can be difficult, even for patients who benefit from good PHC, which can mask the effects of an incurable disease (Rec (2003) 24: the term palliative derives from the Latin word pallium, meaning ‘mask’ or ‘cloak’), bringing about a false hope of recovering from a terminal disease.

It is necessary not only that we improve the programme of widespread training in palliative care and EoLC for all medical professionals, but also to provide the palliative caregivers with continuous expert skills training and support programmes to improve their coping skills alongside ongoing public education on this crucial health issue.■