

The EPCI Project: Early Palliative Care Intervention to reduce moral distress in inpatient and outpatient settings

Denise Schäfer

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Presentation

Nurses

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The speaker presented an early palliative care intervention project in hepatology settings designed to reduce moral distress among healthcare professionals by integrating palliative care alongside curative treatments at all disease stages.

KEY POINTS

- The speaker described three common misconceptions: that palliative care equals end-of-life care, cannot be delivered with curative treatments like transplant, and is only for decompensated patients.
- The project uses the Supportive and Palliative Care Indications Tool and distress thermometer to identify patients who may benefit, including those with more than two unplanned admissions.
- A case example illustrated a hepatocellular carcinoma patient who, after early palliative care intervention including family meetings and symptom management, transitioned from severe symptom burden to pain-free status and later chose best supportive care over further therapies.
- The speaker reported that the patient stated if she had not met the palliative care team early, she would have opted for therapy out of fear of palliative care rather than desire for treatment.
- Healthcare team members quoted by the speaker described reduced anxiety in patients and families, ability to focus on the whole person, and decreased moral burden when unable to offer cure.

- The speaker emphasized in discussion that healthcare professionals are often more reluctant than patients to discuss palliative care, and positioned early palliative care as a safety plan B that provides empowerment through symptom control.

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