

“Provide Them What They Need Until the Last Minute”: Experiences of Palliative Care and Palliative Care Needs in Humanitarian Crises

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Introduction: Access to palliative care, and more specifically the alleviation of avoidable physical and psychosocial suffering is increasingly recognized as necessary in humanitarian response. Palliative approaches to care can meet the needs of patients for whom curative treatment may not be the aim, not just at the very end of life but also more broadly. Humanitarian organizations and sectoral initiatives have taken steps to develop guidance and policies to support integration of palliative care. However, it is still sometimes regarded as unfeasible or aspirational in crisis contexts; particularly where care for persons with life threatening conditions or injuries is logistically, legally, and ethically challenging. We present a synthesis of findings from five qualitative sub-studies within a R2HC-funded research program on palliative care provision in humanitarian crises that sought to better understand the ethical and practical dimensions of humanitarian organizations integrating palliative care into emergency responses.

Method: A multi-disciplinary, multi-national team conducted an exploratory mixed-methods study and presented findings from semi-structured interviews with international and local health care providers, patients, and families that explored experiences of palliative care in different humanitarian responses: protracted refugee crisis (Rwanda n=17), acute refugee crises (Jordan and Bangladesh n=20), a public health emergency (Guinea n=16), and natural disasters (various countries n=17)

Results: Four themes emerged from descriptions of the struggles and successes of applying palliative care in humanitarian settings: 1) justification and integration of palliative care into humanitarian response, 2) contextualizing palliative care approaches to crisis settings, 3) the importance of being attentive to the ‘situatedness of dying’, and 4) the need for retaining a holistic approach to care. The findings are discussed relation to the ideals embraced in palliative care and corresponding humanitarian values.

Conclusion: Though challenging, palliative care in humanitarian response is essential for responding to avoidable pain and suffering consistent with humanitarian principles.

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Challenges Introducing a Novel Health Assessment System in Disaster-prone Japan: Community-Oriented Approach for Comprehensive Healthcare in Emergency Situations (COACHES)

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Introduction: Collecting real-time individual health data of all disaster-affected populations is usually considered impossible. The University of Kochi's team and its partners conceived a novel health assessment system named "Community Oriented Approach for Comprehensive Healthcare in Emergency Situations (COACHES)." It collects individual health data anonymously and records such data in a cloud-based database. The system runs on any personal mobile device by scanning a personal identification code (QR code). It is expected that anyone on site with qualifications in healthcare will run this system as a volunteer to ensure data reliability. The COACHES app development is in process, and its prototype is currently available. This study aimed to assess how people react to the novel system and see the feasibility of installation in Japan.

Method: Two focus group interviews (FGI) were conducted in a small coastal village in western Japan. The village anticipates severe damages with days of isolation once a large-scale earthquake followed by a tsunami hits the area. The first FGI was held with nine purposively recruited participants. The second FGI was held one month after and included seven of the first FGI participants with one of the absent participants providing a written response. FGI was for one-hour each, with discussion following the system demonstration. The voice data during the FGI were recorded and analyzed. The research was approved by the University of Kochi IRB.

Results: Some showed intense interest in the system, whereas concerns such as the privacy violation for using personal devices, the availability of healthcare personnel, or a fear that anonymous data collection may delay identifying a person in need of assistance.

Conclusion: Further studies are proposed, particularly in recruiting volunteers, data storage in case of technical damage, and how to make people with limited IT literacy comfortable using the new system.

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The Impact of COVID-19 Patient Surges on the Burn Care System

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