

rejecting life-sustaining treatments in the setting of severe pain or disability. However, multivariable logistic regression demonstrated that respondents from racial or ethnic minority groups, those who indicated religious to be somewhat or very important, received less than \$25,000 in annual household income, and reported frequent depressed mood or hopelessness had significantly higher odds of expressing a desire to accept life-prolonging treatments in these scenarios.

Conclusion. Hypothetical preferences for life-prolonging treatments differ among groups defined by race, religiosity, mental health and other sociodemographic characteristics. Findings suggest that different groups may evaluate suffering differently in relation to death. They raise questions about the potential role of perspective in determining the relative acceptability of two adverse health states and distinguishing between them.

Implications for Research, Policy, or Practice. Clinicians leading advance care planning or goals of care discussions can effectively utilize these findings not to make assumptions about a given patient's preferences, but to prepare themselves to discuss the meaning of different health states with patients by developing effective communication skills.

1:30–2:30 pm

Concurrent Sessions

The Practice of Palliative Medicine in Developing Countries—Part One (TH330)



Sunilkumar Mupliyath Madhavan, MBBS MSc, Trivandrum Institute of Palliative Sciences, Thiruvananthapuram, India. Spandana Rayala, MBBS MD, Pain Relief and Palliative Care Society, Hyderabad, India. Sayed Ali, MD, Aga Khan University Hospital, Nairobi, Kenya. Martin Mindeguia, PhD, Sanatoria Mater Dei, Buenos Aires, Argentina.

Objectives

- Learn how physicians in specific countries provide palliative care to their patient populations often with limited resources.
- Recognize specific cultural and political challenges to developing palliative care clinical, educational and research programs.
- Describe roles of different health care providers practicing palliative care and how they meet the needs of their local populations.

Please join AAHPM's International Scholars for a panel discussion. Each scholar will present for 10-15 minutes on the state of the practice of palliative care in their home country, with an emphasis on the roles of physicians, nurses, and other healthcare providers; the

status of education and research in the field; and the unique challenges facing patients and providers. There will be time allotted after each presentation to field questions and dialogue from the audience. Prepare to be educated and inspired by these accomplished individuals who are leading and advancing the field of hospice and palliative medicine in their countries of origin.

PC-FACS—Year in Review (TH331)



Mellar Davis, MD FCCP FAAHPM, Geisinger Medical Center, Danville, PA. Robert Arnold, MD FACP FAAHPM, University of Pittsburgh, Pittsburgh, PA.

Objectives

- Update session participants on *PC-FACS* processes and “Vital Statistics.”
- Highlight implications of cutting edge research of clinical value to American Academy of Hospice and Palliative Medicine members.

PC-FACS (Fast Article Critical Summaries for Clinicians in Palliative Care), the highest rated member benefit of the American Academy of Hospice and Palliative Medicine, offers busy clinicians an efficient way to stay on top of pertinent literature in a field that is growing exponentially. Now in its twelfth year, *PC-FACS*, published in the *Journal of Pain and Symptom Management* and delivered in a convenient format to the email box of Academy members, provides topical summaries of just published research from more than 100 journals that are not specifically dedicated to hospice and palliative medicine and might not otherwise come to the attention of our readership. Editorial Board members, peer experts selected from Academy membership through a competitive process, author succinct, thought provoking commentaries that have practical implications for practice and for the field. Published reviews and commentaries span the gamut from Basic Science through Bioethics, Humanities, and Spirituality; Geriatrics and Care Transitions; Hospice, Hospice and Palliative Medicine Interface, and Regulatory Issues; Pediatrics; Psychosocial; to Symptom Assessment and Management. This past year, we have piloted a new process for retrieving literature that has yielded articles from an expanded repertoire of journals and have broadened our editorial board to a greater number of disciplines. In this session, Editor-in-Chief Mellar P Davis and Associate Editor-in-Chief Robert Arnold will take you on a tour of some of the most impactful literature reviewed the past year, connecting each paper to a case scenario to highlight its clinical relevance. Session participants will have an opportunity to contribute their own perspectives of the literature for an enriched discussion of the clinical implications of this research.