

***My Life Matters! Honoring the Voice of the Intellectually and Developmentally Disabled and Other Marginalized Patients (TH332)***



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*Objectives*

- Examine the role of implicit bias and its influence on medical treatment and quality of life perspectives of marginalized patient populations, including the Intellectually and Developmentally Disabled (IDD).
- Construct a robust social history for IDD patients using four key elements.
- Describe three communication strategies used to help engage IDD patients in health discussions.

Our country is currently engaged in vital conversations about stereotyping and implicit bias. In attempts to root out our collective prejudices, we now appreciate the necessity to talk about the underlying thoughts, beliefs, and values that inform our everyday actions and behaviors. Though many of us are drawn to the work of hospice and palliative care to practice compassion and advocate for patients' values, we may not realize how implicit bias influences our practice. The Intellectually and Developmentally Disabled (IDD) population has a history of social injustice and wrongful medical treatment that accentuates the harm of implicit biases. The IDD population is a particularly vulnerable group that deserves our attention and requires astute considerations by palliative care or hospice providers in order to effectively meet their needs. Highlighting this marginalized population allows us to identify the subtler iterations of bias with other patient populations as well. During this presentation, we will use a case discussion to facilitate the identification of implicit bias and strategies for overcoming it. This case highlights the common landscape of social adversity for this population and how it effects their access to healthcare and providers' perceptions on their quality of life. We will explore the components of a rich social history for IDD patients and how it can inform values and goals of care that are free of judgment. We will offer communication strategies and tools to help include these patients in conversations about their healthcare, alongside their legal guardians or healthcare decision makers. We will discuss challenges in decision-making when patient participation is not possible and offer ways to support healthcare decision makers. Through this presentation, participants will gain better insight into working with IDD patients and be able to identify and mitigate biases when working with other marginalized patient populations.

***Walking the Tightrope: Palliative Care and Organ Donation (TH333)***



Paul DeSandre, DO, Grady Hospital and Emory University School of Medicine, Atlanta, GA. Joanne Kuntz, MD FACEP FAAHPM, Emory University School of Medicine, Atlanta, GA. Leslie Hunter-Johnson, APRN, Sunrise Hospital and Medical Center, Las Vegas, NV. Jason Lesandrini, MA PhD(c), Wellstar Health System, Atlanta, GA. Myrick Shinall, MD PhD MDIV, Vanderbilt University Medical Center, Nashville, TN.

*Objectives*

- Identify the value for Palliative Care teams to include organ donation consideration with end-of-life decision-making.
- Discuss novel approaches to the integration of Palliative Care teams in the organ donation processes in both academic and community hospital settings.
- Examine the ethical challenges faced by Palliative Care teams in providing adequate information regarding the potential for organ donation with the duty to advocate for the values of our patients and families.

Palliative Care teams often assist patients and families in the full range of end-of-life decision-making. Organ donation is generally omitted from these conversations unless explicitly brought up by the family. It is often through organ donation decision-making that one can turn an otherwise tragic situation into one of meaning and legacy. Palliative Care teams offer a unique opportunity to assure holistic end-of-life care decision-making, including organ donation, regardless of the clinical circumstance. Using a panel of five clinicians (three physicians, one advance practice nurse, and one clinical bioethicist) from a variety of backgrounds and clinical practice environments, we will explore the tenuous balance of considering organ donation in end-of-life care discussions and process integration. Case examples and novel models of Palliative Care and organ donation integration will be presented as we examine the related ethical challenges facing Palliative Care teams. Participants will be given the opportunity to have questions addressed directly by the panelists.

***Yes, and...Lessons Borrowed from Improvisational Theater to Teach Primary Palliative Medicine Skills (TH334)***



Gitanjali Arora, MD, Children's Hospital Los Angeles, Los Angeles, CA. Isaac Chua, MD, Dana-Farber Cancer Institute, Boston, MA. Rachel Rusch, MSW MA, Children's Hospital Los Angeles, Los Angeles, CA.

*Objectives*

- Describe concepts and themes from Improvisational theater to strengthen clinicians'