seeking emergent care; 3) ensuring family members have a common understanding of the patient's plan of care; 4) initiating and facilitating conversations with patients about coping, values, beliefs, and "what if" scenarios about current and potential future health states and treatments; 5) implementing choices (e.g., providing transportation) and addressing "spillover" decisions (e.g., work arrangements) resulting from medical treatment choices; and 6) making upstream healthcare decisions on behalf of patients who preferred to have decisions made by their family caregivers.

Conclusion. These data highlight a previously unreported and understudied set of critical decision partnering roles that cancer family caregivers play in patient healthcare decision-making.

Implications for Research, Policy, or Practice. Optimizing these roles may represent novel targets for early palliative care decision support interventions for family caregivers.

A Codified Process for Multidisciplinary Team Consensus Around the Termination of Life Sustaining Treatments (LST) in France: An Interview Study (S822)

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Objectives

1. Describe three ways that the LAT process used at the Paris hospitals in this study enabled nurses and other allied health professionals to feel empowered to co-create consensus surrounding LST decision-making.
2. Demonstrate how a LAT-type process might be applied to an American context to improve consensus, ethical decision-making, and nurse/staff empowerment.

Original Research Background. In 2005, French lawmakers passed the Claeys-Leonetti (C-L) Law, which prohibits futile care and authorized withholding or withdrawing (WD/WH) of futile treatments. This law allowed patients to refuse futile treatments and physicians to WD/WH LST where appropriate, and provided a framework for mandatory multidisciplinary team consensus around LST.

Research Objectives. The objective of this study was to understand how the C-L law influences multidisciplinary team dynamics, clinician empowerment, and the intensity of end-of-life care.

Methods. Semi-structured in-depth interviews were conducted with 13 physicians and 6 nurses (with additional interviews underway) at two hospitals in Paris. Participants were purposively sampled by seniority and profession/specialty to provide a range of perspectives and contribute to understanding emerging patterns and themes. Transcripts were analyzed using thematic analysis.

Results. Decisions to WH/WD LST are achieved through consensus of the entire multidisciplinary team including physicians, nurses, and at times other allied health professionals. Meetings to decide upon termination of LSTs (réunion de Limitation et Arrêt des Thérapeutiques Actives (LAT)) are an important part of the process and can be called by any team member. Treatment decisions generally do not proceed until every team member is in agreement. This procedure improved nurse and junior physician empowerment, although the degree to which individuals felt comfortable/empowered to speak up was variable.

Conclusion. Since the passage of the C-L Law, decision-making practices at two Parisian hospitals have adapted procedures that provide time and space to achieve consensus amongst the entire interdisciplinary team. These procedures encourage consensus and ethical decision-making around WD/WH of LSTs. More research is needed to determine how best to implement interdisciplinary consensus and the impact on quality of decision-making.

Implications for Research, Policy, or Practice. An intervention using the LAT procedures could improve multidisciplinary team consensus and improve nurse and junior physician empowerment around end-of-life decision-making in the United States.

Defining Palliative Opportunities in Pediatric Patients with Bone and Soft Tissue Tumors (S823)

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Objectives

1. Define and recognize palliative opportunities that occur during a patient's disease course, including how many and when these occur in a patient's course with a bone/soft tissue tumor.
2. Describe the palliative opportunities that preceded a palliative care consultation and the timing of palliative care consultation during these patients' illness.

Original Research Background. Pediatric patients with solid tumors have many opportunities for increased primary or specialty palliative care (PC).