

Pharmacy, Baltimore, MD. Jill Morgan, PharmD, University of Maryland School of Pharmacy, Baltimore, MD.

#### Objectives

- Discuss 3 pearls related to general pharmacology principles for pediatric patients.
- Discuss 3 pearls related to end of life symptom management for pediatric patients.
- Discuss 3 pearls related to newly approved medications that are pertinent to pediatric conditions.

This session will utilize the popular “Speed Dating with the Pharmacy Ladies” format to provide content most relevant to pediatric palliative care. Pediatric Palliative Care is a diverse specialty with a wide range of care settings and nearly infinite number of unique diagnoses and care plans. Using the rapid fire, high yield approach, we aim to cover a range of topics which will include something for everyone.

#### Objectives

1. Discuss 3 pearls related to general pharmacology principles for pediatric patients. Recognizing that hospice care for children is often provided by those primarily trained to care for adults, we provide some basic guidance and med management tips for treating kids.
2. Discuss 3 pearls related to end of life symptom management for pediatric patients. This session will present the latest tips and tricks for choosing and administering comfort medications ranging from tips on getting kids to swallow pills to logistics of home ketamine infusions.
3. Discuss 3 pearls related to newly approved medications that are pertinent to pediatric conditions. The concurrent care model is the norm in pediatric palliative care, therefore palliative care providers must have a broad knowledge of disease directed therapies patients are receiving.

### ***iGrieve: Virtual Bereavement on Social Media (SA523)***



David Buxton, MD, Center for Palliative Psychiatry, Richmond, VA. Sarah Rohrer, MSW LCSW ACHP-SW, CJW Medical Center, Richmond, VA.

#### Objectives

- Define thanatechnology and assess current research on virtual memorials.
- Evaluate examples of social media memorials and formulate about the effects of emotional rubbernecking.
- Interpret how thanatechnology can effect patients and what role providers should play in it.

Bereavement refers to the phase of mourning and grief following the death of a beloved person. Mourning is the term used to portray the public formalities or symbols of bereavement, such as holding funeral

services or wearing black clothing. In the past, mourning was most commonly experienced in isolation. Due to the growing nature of digital bereavement, “grief shared is grief relieved” tends to be a more commonly held belief today. Thanatechnology, was coined by researcher Carla Sofka to describe the way people use the Internet to display their feelings of grief when a loved one has died. Similar to how people use Facebook to commemorate life events, people also use Facebook to virtual memorialize those who have died. Unlike traditional memorials, online memorial’s format allows 24 hour access, limitless room to add more context and the ability to be seen by anyone.

Due to the public nature of Facebook communication, a unique subgroup of people who did not personally know the deceased or ‘emotional rubbernecker’s’, can find virtual memorial groups and observe people grieve the loss of their friend or family member. Rubbernecking seems to be a way by which people who did not know the deceased cope with a death that affected them in some way.

The presenters will review current literature on thanatechnology and share examples of individuals who have been memorialized on social media. A discussion will be lead on the pros and cons of this new form of grieving highlighting how it may effect patients and what role palliative care / hospice providers should play in it.

### ***Current Evidence in Palliative Care: A Systematic Review in Support of the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care, 4th edition (NCP Guidelines) (SA524)***



Sangeeta Ahluwalia, PhD MPH, RAND Corporation and UCLA Fielding School of Public Health, Los Angeles, CA. Anne Walling, MD PhD, RAND Corporation/Greater Los Angeles Veterans Affairs Healthcare System/UCLA David Geffen School of Medicine, Los Angeles, CA. Karl Lorenz, MD MSHS, VA Palo Alto Health Care System/Stanford University School of Medicine, Palo Alto, CA. Nathan Goldstein, MD, Icahn School of Medicine at Mount Sinai, New York, NY.

#### Objectives

- Characterize the care domains and topics in which strong or moderate evidence of palliative care impact exists.
- Understand the current gaps in the palliative care research base.
- Describe how the systematic review of palliative care research informs the Clinical Practice Guidelines for Quality Palliative Care, 4th edition.

Palliative care continues to be a rapidly growing field aimed at improving quality of life for patients and their caregivers. As our understanding of what works in palliative care is growing, there is a need to usefully synthesize evidence across key areas about which interventions work, for whom, and under what conditions, to more directly guide clinical practice, quality measurement, and to help make evidence-based policy decisions. The purpose of this educational session is to provide a synthesized overview of the current evidence in palliative care that was used to inform the Clinical Practice Guidelines for Quality Palliative Care, 4th edition.

Ten key review questions addressing eight domains guided a systematic review focused on palliative care interventions. The review was supported by a technical expert panel. We searched eight databases for systematic reviews published in English from 2013, after the last edition of NCP guidelines were published, to present. We identified 139 systematic reviews meeting inclusion criteria. Most promising areas in terms of structure and process of care are home-based palliative care, interdisciplinary team care, and telehealth approaches. There is documented evidence for comprehensive palliative care and music/art therapy addressing physical and psychological aspects of care, and for life review/dignity therapy in the area of spiritual assessment approaches. The existing evidence base for social needs assessments and culturally sensitive care remains very limited. Grief/bereavement support services appear to improve key outcomes for caregivers. Evidence for ethics consults and advance directive/physician order interventions show the strongest evidence in the ethical and legal aspects of care domain.

A substantial body of evidence exists to support clinical practice guidelines for quality palliative care but the quality of evidence is limited. This comprehensive review underscores the importance of targeting future research toward building high-quality evidence in key areas of clinical practice and patient/caregiver needs.

### ***Leveraging Global Partnerships to Expand Human Resources in Palliative Care: The Development of Regional Training Centers in Chile and Jamaica (SA526)***



Mark Stoltenberg, MD MA, Massachusetts General Hospital, Boston, MA. Dingle Spence, MD, Hope Institute Hospital, Kingston, Jamaica. Pedro Perez-Cruz, MD MPH, Pontificia Universidad Catolica De Chile, Santiago, Chile. Bethany Rose Daubman, MD, Massachusetts General Hospital, Boston, MA.

#### *Objectives*

- Recognize the immense need for standardized, high-quality palliative care training programs in low and middle-income countries.

- Identify how training programs need to be carefully contextualized into the available local resources and needs of the local population.
- Explain strategies and best-practices to foster and maintain successful academic partnerships between different countries.

As recently highlighted by the Lancet Commission on Palliative Care and Pain Relief, there remains a morally unacceptable lack of access to palliative care services around the world. This access abyss is especially pronounced within low and middle income countries (LMICs), where despite having 81% of the world's population, only two LMICs (Uganda and Romania) have advanced palliative care services that are integrated into the health system. As suggested by the WHO public health strategy for palliative care, the growth of available services requires appropriate public policies, adequate drug availability, and effective education and training programs.

With a direct focus on this 3<sup>rd</sup> strategy of providing education opportunities, The Program in Global Palliative Care at Harvard Medical School has sought to foster academic partnerships with palliative care leaders in LMICs to create and implement high-quality, standardized training programs. This session will focus on the partnerships formed between Harvard and two specific sites: the Pontificia Universidad de Catolica in Santiago, Chile and Hope Institute Hospital in Kingston, Jamaica. Through these academic partnerships, both sites are now offering various levels of formal training in palliative care across their own respective countries, and both are also considering strategies to offer training beyond their borders to the rest of Latin American and the Caribbean in the coming months.

In this session, colleagues from Chile, Jamaica, and Boston, will highlight our experience of forming these partnerships, with a focus on how training structures and educational content were contextualized for each site, as well as the lessons learned and best practices that were identified.

### ***An Integrative Medicine Approach to the Utilization of Cannabis and Cannabinoids for Palliation in Advanced Cancer Patients: Canadian/US Perspectives and Practical Recommendations (SA527)***



Sunil Aggarwal, MD PhD, SageMED, UW School of Medicine, MultiCare, Seattle, WA. Maria-Fernanda Arboleda, MD, McGill University, Montreal, Canada. Claude Cyr, MD, Clinique La Cité Médicale, Montreal, Canada. Antonio Viganò, MD MSC, McGill University, Montreal, Canada. Paul Daeninck, MD MSC FRCPC,