

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 3rd 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,