medical treatment, **often for religious reasons**, that is felt by the clinician to be either of little benefit or carries significant risk without expectation of improvement.

In the past, the concept of "futility" has been used to discuss such cases, and many hospitals have crafted policies defending the clinicians right to not provide care deemed medically futile. However, as an ethical construct the concept of futility has long been known to be difficult to invoke in individual circumstances and thus can be unevenly or inappropriately applied. Recently, increased attention has been paid to the concept of "non-beneficial treatment" (NBT) as a term that more accurately captures medical treatments that either have little or no chance of benefit or for which the risks outweigh the benefits.

This concurrent session will provide a review of these terms, the impact they have on clinical care, their scope and limitations, and provide perspectives from three institutions that have implemented a hospital policy on non-beneficial treatment. Participants will be engaged to share their own experiences with futility and/or NBT policy development, implementation, and application in practice, in service of identifying best practices and strategies for success.

Palliative Care for Inmates in the Hospital Setting (FR481A)

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Objectives

- Identify illness and symptom burdens unique to the inmate population.
- Describe the need for palliative care in the hospitalized prison population.

Original Research Background. The US population of inmates is growing at a rate 11 times faster than the general population. Along with this growth there is rapid increase in the number of elderly prisoners with an accelerated ageing phenomenon. Previous studies have demonstrated multiple barriers to providing palliative care for seriously ill inmates.

Research Objectives. The aim of this study was to assess the frequency of palliative care consultation and nature of consultation requests for inmates who died while hospitalized at a large tertiary care hospital.

Methods. A retrospective chart review of all inmate decedents over a 10-year time period was conducted. The reason and timing of consultation was noted in addition to symptoms identified and interventions recommended by the palliative care team. Characteristics of patients who were transferred to the inpatient palliative care unit were also recorded.

Results. Two hundred ninety-nine inmates died over the 10 years, with 45% of inmate decedents being seen by palliative care. Timing of consultations was short, with median time of consultation being 3 days prior to death. Inmates with cancer were significantly more likely to have a palliative care consultation prior to death ($p<0.000$). Older inmates were also significantly more likely to have palliative care consultations ($p<0.026$). The most frequent intervention recommended, in 82% of patients, was opiates for pain or dyspnea. Delirium was often missed by the primary team but was identified by the palliative care team in 37% of patients.

Conclusion. The inmate population has both a high rate of comorbid conditions with associated symptom distress. There is a demonstrated need for palliative care interventions, much like free-living patients.

Implications for Research, Policy, or Practice. Nearly 5,000 prisoners die each year, most in community hospitals. There is a need for inmates to have access to palliative care and further research should be done to determine how to best deliver care for this underserved population.

Shifts in the Adoption of Hospital-Based Palliative Care Programs (FR481B)

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Objectives

- Explain the prevalence of palliative care programs in US hospitals and how this has changed over time.
- Discuss the characteristics of hospitals that implemented palliative care programs during the period and the characteristics of those that closed programs during the period.

Original Research Background. Cross-sectional studies have identified hospital size, tax status, and region as predictors of palliative care presence in hospitals. However, little is known regarding longitudinal changes in palliative care program adoption and closure and whether characteristics of hospitals newly establishing palliative care programs differ from historical adopters.

Research Objectives. Identify the organizational and regional characteristics associated with hospitals