

## **Integration of Palliative Care and Psychiatry: Ethico-Clinical and Organisational Challenges Based on Professionals' Views**

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**Background/aims:** Linkages between palliative care (PC) and psychiatry are increasingly relevant, sharing common features (e.g., symptom control; quality of life; respect for patients' dignity, vulnerability, autonomy).

**Aims:** To understand the clinical, organisational, and ethical challenges of integrating PC for patients with severe persistent mental illness (SPMI) or severe chronic psychiatric conditions (SCPC).

**Methods:** Qualitative study with in-depth interviews.

**Participants:** Professionals working in acute and long-term psychiatric services/institutions in Portugal.

**Sampling procedure:** Purposive and snowball until theoretical saturation.

**Data collection:** Ongoing; up-to-date 11 professionals interviewed.

**Analysis:** Data is being analysed using inductive thematic analysis.

**Results:** Four main themes with sub-themes emerged: (i) Integration through liaison of psychiatry and PC (patients in PC are referred to psychiatrists to assess and manage acute psychiatric disorders or wishes to hasten death); (ii) Inequities in access of patients with SCPC to specialist PC (patients with SCPC are often neglected in their clinical complaints; even when these patients have a physical life-threatening disease and PC needs requiring specialist PC, they often do not have access to this type of service especially when compared to other patients; as patients with SPMI do not have access to specialist PC, integration could be fostered through training about PC); (iii) Palliative psychiatric care (application of the core components and principles of PC to the care of patients with SPMI, particularly those who are at risk of therapeutic neglect and/or overly aggressive care; awareness of limited functional prognosis and lifespan of patients with SPMI; care focused on quality of life); and (iv)

Impracticability of integration (psychiatrists do not consider PC or end-of-life care within the scope of their practice).

**Conclusions:** The integration of PC for patients with SPMI can be an effective response for these patients and their families.

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