Attitudes and Knowledge of Emergency Physicians Towards End-of-Life Care in the Emergency Department. A National Survey

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Introduction: With an aging population and patients on end-of-life care (EOL) pathways, emergency departments (ED) are seeing an increase in patients requiring EOL care. There is paucity of data of attitudes and knowledge of physicians providing EOL care in the ED both internationally and in Ireland. The aim of this project was to assess the attitudes and knowledge of ED physicians towards EOL care.
Method: This was a cross-sectional electronic survey of ED physicians working in Irish Eds, facilitated through the Irish Trainee Emergency Research Network (ITERN) over six weeks from September 27, 2021, to November 8, 2021. The questionnaire covered the following domains: Demographic data, Awareness of EOL Care, Views, and attitudes towards EOL care.
Results: A total of 311 completed questionnaires across 23 participant sites were analyzed, with a response rate of 45%. The majority of the respondents were under the age of 35 (62%), were male (58%) and at SHO level (36%). In terms of awareness 32% (98) of respondents were not aware of palliative care services in their hospitals while only 29% (91) were aware of national EOL guidance. Fifty-five percent (172) reported commencing EOL care in the ED, however 75.5% (234) respondents reported their knowledge of EOL care to be limited or non-existent. Few (30.2%) respondents felt comfortable commencing EOL care in the ED without speciality team input. There appears to be a lack of clarity on the roles and responsibilities of ED nurses and doctors in the care of the dying patients in ED with only 31.2% (95) being clear on this role. Significant differences were observed with regards to clinical experience and physician grade.
Conclusion: This study has highlighted a lack of awareness and knowledge of EOL care, particularly among less experienced ED physicians. However, there was a willingness to commence EOL care in the ED.

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One Month in One Hundred Degrees: Caring for High-Risk Populations During Extreme Weather Events

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Introduction: In August 2021, Hurricane Ida struck Louisiana as a near-category five storm, bringing massive devastation to the region's healthcare infrastructure. In its aftermath, extreme heat coincided with record COVID-19 hospitalizations in the state, leaving minimal healthcare surge capacity remaining and medically vulnerable populations unprotected. Meanwhile, sparse pre-storm evacuations exposed prominent gaps in existing medical response plans designed to serve high-risk groups. Subsequently, Louisiana rapidly established a 250-bed alternative care site (ACS) within hard-hit New Orleans. This presentation highlights key considerations in the operation of the site and discusses which patient populations are most in need of medical support following tropical weather events.
Method: The findings of this discussion are the result of after-action reviews, brief literature reviews, and the experiences of responders during Hurricane Ida. The presentation also draws on retrospective patient chart reviews from Louisiana's prior alternative care sites.
Results: Following Hurricane Ida, a post-storm alternative care site was rapidly established in New Orleans in partnership with a US Disaster Medical Assistance Team (DMAT). Operationalized in less than 72-hours, this site provided inpatient care to displaced persons with major chronic medical needs (e.g. home ventilators, hemodialysis, respiratory therapies), significant mobility impairment, wound care, and psychiatric illnesses. Incorporating Louisiana's experience with a COVID-19 alternative care site, this facility far-exceeded the typical scope of medical shelters, simultaneously lessening medical surge on already-overburdened hospitals and meeting post-storm needs in the region.
Conclusion: Following extreme weather events in metropolitan areas, traumatic injuries and acute illness comprise a small proportion of the medical needs after the event. Accordingly, disaster medical responses must prepare to treat large numbers of chronic illness exacerbations that result from a loss of access to primary care, home health support, and auxiliary services. This approach efficiently leverages resources into lifesaving interventions and protects healthcare systems during times of high stress.

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Survey Activities in the Field of Healthcare in the Republic of Moldova Under the Ukraine Crisis by Japan International Cooperation Agency (JICA) 2nd Team

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Introduction: The Russian invasion of Ukraine began on February 24, 2022. UNHCR reported, as of April 6th, more than 4.3 million refugees have fled Ukraine, with 401,704 refugees arriving in the Republic of Moldova, around 100,000 of

whom have remained in the country. JICA investigated whether Moldova's healthcare needs were burdened by accepting a large number of Ukrainian refugees, and examined the way to support them.
Method: JICA dispatched the 3rd team as a survey team. The 2nd team consisted of two medical doctors, one nurse/midwife, one clinical engineer (CE), one Japan DMAT logistician, and two JICA staff. The dispatch period was three weeks when five major hospitals were visited in the capital, evaluating the current situation and the need for support for the future.
Results: As of April 6, 2022, 3,853 people were staying in refugee accommodation centers, while the rest lived in ordinary Moldovan families. Evacuees, like Moldovan citizens, were covered by health insurance, and evacuees had access to medical care. Medical institutions were not overwhelmed by medical needs due to the Ukraine crisis. There was no epidemic of infectious diseases even at evacuation centers. However, since there was no system to share emergency information between hospitals, we held a disaster medical seminar to introduce the current situation of disaster support in Japan and supporting EMTCC.
Conclusion: As a survey team, not only doctors but also nurses, midwives, and CEs surveyed, making it easier to understand the specific medical needs at medical facilities. Most of the evacuees stayed in ordinary Moldovan homes, and it is possible that avoiding a crowded environment at the evacuation shelters prevented the epidemic of infectious diseases.

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"We decide according to the protocol": Humanitarian Healthcare Workers' Moral Experiences of Palliative Care-Related Decision-Making in Cox's Bazar, Bangladesh

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Introduction: 919,000 Rohingya refugees live in overcrowded camps in Cox's Bazar, Bangladesh after fleeing violence in Myanmar. The Médecins Sans Frontières (MSF) Goyalmara Hospital offers the highest level of pediatric and neonatal care serving the Rohingya refugees and palliative care is gradually being integrated due to high mortality and medical complexity of patients. The purpose of this study was to understand the moral experiences of staff involved in providing palliative care to inform program implementation at Goyalmara Hospital and in other humanitarian contexts.
Method: This focused ethnography was conducted between March-August 2021 at Goyalmara Hospital. Data collection involved participant-observation, individual interviews (22), focus group discussions (5), and analysis of protocols and other documents. Interviews and focus groups were audio-recorded, translated, and transcribed. A coding scheme was developed, and data coded using NVivo 11.
Results: A key finding of this study was the important yet contested role of clinical guidelines and policies in palliative care related decision-making which was shaped by the authority and impermanent presence of international staff in the project. Staff saw clinical guidelines as a valuable resource that supported a consistent approach to care over time, and some locally hired staff used clinical guidelines as a tool to support their point of view during care planning discussions with international staff. Others felt that palliative care guidelines and other policies were inappropriately or rigidly applied, particularly surrounding decisions to refer (or not refer) patients to a higher level of care, or to discontinue certain medical treatments at end of life.
Conclusion: MSF staff experienced tension between the need for clarity and consistency, and the need to tailor guidelines to the context, patient, and family. Open discussion of staff concerns may alleviate moral distress and alert teams to areas where advocacy, staff psycho-social support, training, or clinical mentoring are needed.

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Utilization of Regular Ships as Hospital Ships in a Disaster Situation: A Trial Report from Japan

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Introduction: Japan is an island nation surrounded by the ocean. Seventy percent of the country is mountainous, and there is no abundance of habitable flat land. Japan is a disaster-prone country, with an average of 25 typhoons per year occurring near Japan and 20% of the world's earthquakes of magnitude six or greater occurring in Japan. The Great East Japan Earthquake (2011) destroyed many medical facilities in coastal areas. The government is seeking ways to continue medical services using ships in preparation for future Nankai Trough Earthquakes. This study introduces the current status of studies for installing hospital ships in Japan.
Method: Based on materials on hospital ships published by the Cabinet Office and reports on training exercises conducted by various organizations, this report summarizes the current status of studies on introducing hospital ships in Japan.
Results: In 1991, a committee was established to gather domestic experts to study a multi-purpose ship, and various studies have been conducted intermittently. The current policy focuses on utilizing existing resources such as Self-Defense Force cargo ships, civilian car ferries, etc. The demonstration training for a hospital ship with the Self-Defense Force's field surgery system and the Red Cross Emergency Response Unit has been conducted. Other studies are underway to provide medical support to remote islands by ocean tugboats. Future issues for utilizing existing ships include 1) maintaining medical personnel and medical equipment and materials in times of disaster, 2)