

**Irish Association For Palliative Care
24th Education and Research Seminar**

Integration and Innovation across The Lifespan

11TH February 2025





Dr. Esther Beck
Chairperson of the IAPC.

Welcome to the 24th Education and Research Seminar of the Irish Association for Palliative Care.

I want to thank you all for your attendance today and acknowledge those who submitted their work to be presented and shared with members of the palliative community, from across the Island of Ireland. The theme “Integration and Innovation across the Life Span” is one that is a core reflection of the diverse membership of the IAPC, with clinicians and researchers from diverse backgrounds presenting here today. I am delighted to be able to discuss these topics in person and excited to have the opportunity to meet with friends and colleagues during this seminar.

I feel proud to represent the clinical voice of palliative care across the Island of Ireland, and to chair and represent your voices on the board. I am delighted that the IAPC is truly demonstrating its’ vision and innovation by electing the first chair from the North of Ireland. As such, I hope to foster and enable greater collaboration across the Island, through our shared goals and desire to see palliative care on the Island continue to thrive as a speciality.

A core strategic goal for the IAPC is to “reach in”, to you the membership, to support your involvement in the shaping the IAPC so that it can adapt and serve you in the best way possible. The continuation of the Nursing, Pharmacy, Education and Research, and Ethics Fora provides a vital space to discuss pertinent issues that affect your practice, in a supportive environment.

In this important era for palliative care amidst the launch of our new policy, our other core strategic goal of “reaching out”, will enable us to collaborate and help deliver many of the core recommendations in the policy’s vision.

I wish to thank the boards, past and present, for all their work and support in delivering and continuing the work of the IAPC. The board is composed of interdisciplinary professionals working across hospice, hospital, community and educational services from across the island of Ireland.



I wish to acknowledge and thank the hard work and dedication of our CEO Ms. Jacinta Cuthbert who has been an invaluable driving force in the association. She has been an inspiration to the members and enabled the continuation of the organisation through the challenging years of the pandemic and beyond. She will be missed by one and all in the organisation. Also I would like to extend our thanks to our staff Ms. Cathy Herbert and Ms. Zara O'Reilly Dempsey, who have been instrumental in organising this event.

This day would not have been possible without the Education and Research forum, which I have the honour of chairing. The diverse members have worked tirelessly over recent months to enable today to happen. This day is a key event of the IAPC, and I am delighted to see another successful seminar, which allows clinicians and researchers to come together.

The IAPC continues to develop, grow and be strengthened by the members who have volunteered their time and commitment to the ethos of the organisation. It is my vision that the IAPC will continue to represent the clinical voice of palliative care across the Island, and I look forward to working with you in the coming years.

Thank you for your continued support.

Dr. Esther Beck
Chairperson of the IAPC.



Programme

09:00 – 10:00	Registration and Poster Viewing –Tea/Coffee	
10:00 – 10:15	Opening and Welcome · Dr. Esther Beck, Chairperson Education and Research Forum Dr. Thomas Cahill, Vice Chair Education and Research Forum	
10:15 – 11:05	PRESENTATION 1 Dr. Sarah Mabelson	High-flow nasal therapy for symptom management in patients receiving palliative care
	PRESENTATION 2 Dr. Fiachra Maguire	Costs of Care at the End of Life – Insights from the IARE, CPC and UP Studies
	PRESENTATION 3 Ms. Megan Walls	Breathlessness in Everyday Life – An Occupational Therapy Group Intervention Programme for Breathlessness Management in Specialist Palliative Care
	PRESENTATION 4 Dr. Claire Kruger	Prophylactic antibiotics for patients receiving Corticosteroids in Palliative Care: A Retrospective Study
	PRESENTATION 5 Ms. Megan Walls	Healthcare Professionals' Experience of Working with Motor Neurone Disease (MND) in Irish Healthcare Services - A Qualitative Study
11:05 – 11:20	Discussion and Q&A	
11:20 – 11:50	Comfort break and Poster Presentation Viewing	
11:50 – 12:20	PRESENTATION 6 Dr. Aoife Doolan	Methadone rotation: A review of practice in an Irish specialist palliative care inpatient unit
	PRESENTATION 7 Ms. Claire Collins	Speech and Language Therapy and Occupational Therapy Working in Partnership to Maximise Quality of Life for a Young Adult with a Rare, Complex, Neurodegenerative Disorder
	PRESENTATION 8 Ms. Katrina Albarico	Community nurse's role in the assessment, treatment, and management of delirium in end-of-life patients: An exploratory qualitative study
12:20 – 13:20	Plenary Speaker: Dr. Feargal Twomey	Topic: The most dangerous phrase in the language followed by Q&A
13:20 – 14:20	Lunch break and Poster Presentation Viewing	
14:15 – 14:55	PRESENTATION 9 Dr. Nessa Keane	Improving Prescribing Accuracy of PRN Medications for Haematology/Oncology Patients to Improve Safety and Efficacy
	PRESENTATION 10 Dr. Sarah Nestor	Exploring the second line agent of choice in the management of Chronic Kidney Disease-associated Pruritus: A global cross-sectional study of clinician experience and preference
	PRESENTATION 11 Ms. Patricia McCann	Interdisciplinary working of the palliative care key worker: a qualitative study
14:50 – 15:00	Discussion and Q&A	
15:00 – 15:15	Closing Remarks · Dr. Thomas Cahill	
15:15 – 15:45	Siel Bleu · Siel Bleu – Ms Margueritte O Malley	
	Announcement of Poster Winners · Dr. Feargal Twomey	
	Announcement of Platform Presentation Winners · Dr. Esther Beck	



Plenary Speaker *Dr. Fergal Twomey*

Topic: **The most dangerous phrase in the language**



Dr. Fergal Twomey

Dr. Fergal Twomey is a Consultant in Palliative Medicine at Milford Hospice and HSE Mid West, Adjunct Senior Clinical Lecturer at UL's Graduate Entry Medical School and the National Clinical Lead for Palliative Care in Ireland.

A UCC Medical School Graduate, Dr Twomey undertook Specialist Training within the Mersey Deanery in the UK, worked as a Consultant in Palliative Medicine at Central Manchester University Hospital & St. Ann's Hospice and returned to his current post in 2010.

Dr Twomey's interests include the management of complex pain and other symptoms, using outcome measures to drive quality improvement in palliative care, Clinical Leadership in healthcare, DNACPR, Advance Healthcare Decision-making and decision-making capacity



Workshop 1 virtual – 20th February 2025 at 4pm

Topic: **Death and Dying at The Margins – a view from the ground**

Presenters: *Dr. Patrick O'Donnell*
Dr. Enda Barron
Dr. Anna Marie Naughton

Chair: *Dr. David Byrne*



Dr. Patrick O'Donnell

Dr. Patrick O'Donnell is a General Practitioner who specialises in inclusion health, and he is also an Associate Prof. in General Practice at the University of Limerick School of Medicine. He has completed his PhD and an associated body of research on social exclusion and health, and this work has incorporated the needs and voices of people affected by multiple forms of exclusion. He is involved in the education and training of undergraduate and postgraduate students in the healthcare professions on topics relating to inclusion health. With multiagency partners, nine years ago he set up low-threshold primary care clinics in Limerick city for people who could not easily access mainstream health services. The clinics have now expanded and become core HSE services, with extra clinical staff employed and new initiatives developed to cater for the needs of people who are marginalised across the Mid-West. The clinics cater for the health needs of a range of marginalised groups including many people who use drugs. Dr. O'Donnell sits on the Mid-West Regional Drug Task-Force Treatment and Rehabilitation subcommittee and he is a member of the Quality Assurance Group of the national naloxone program.



Dr. Enda Barron

Dr. Enda Barron graduated from the Royal College of Surgeons in 2012 and trained as a GP on the North Dublin City GP scheme, graduating in 2017. Enda joined Safetynet Primary Care after graduating and currently leads the Safetynet Clinical team providing Primary Care to homeless people at hostels throughout the city. He is also employed part-time by the HSE as a GP in the Addiction Services and as a sessional doctor with the Gay Men's Health Service.

In his role as Clinical Lead with Safetynet Primary Care, Enda provides GP services to people who are homeless. Enda is on call 2 nights per week providing clinical oversight for the GP Registrars providing out of hours care on the Safetynet health unit that brings care to rough sleepers.

As the GP representative of Safetynet Primary Care, Enda was instrumental in establishing the highly successful homeless multi-disciplinary team meetings at Merchants Quay Ireland (a drop-in service for homeless persons and drug users).



Dr. Anna Marie Naughton

Dr. Anna Marie Naughton graduated from UCC in 1998 and qualified as a GP in 2004. Began working as a GP with the HSE's Adult Homeless Integrated team in Cork City in 2014. It is a busy complex job with a very vulnerable group. Working with a multidisciplinary team combining primary care, addiction and mental health professionals, providing GP care in clinics onsite in two of the Cork City Centre emergency shelters and also to rough sleepers in Cork City. Also involved in delivering teaching to medical students, psychology students and GP trainees, interagency projects and new service initiatives including cervical screening in the homeless setting. A key organiser of the last five Irish Street Medicine Symposia. Presented at the FEANTSA (European Federation of National Organisations Working with the Homeless) Policy Conference 2022: Towards a Vision for Ending Homelessness. Has worked with Dr. Sharon Lambert, Applied Psychology, UCC in research on adverse childhood experiences in the homeless population. Dr. Naughton was involved in the recent update of the ICGP's guidelines on the Management of Domestic Violence and Abuse. She is also a member of the Deep End Ireland group of GPs who work with disadvantaged communities.



Workshop 2 virtual – 27th February 2025 at 4pm

Topic: **Paediatric to Young Adult Palliative Care Challenges**

Presenters: *Dr. John Allen*
Dr. Hannah Linane

Chair: *Dr. David Murphy*



Dr. John Allen

Dr. John Allen obtained his medical degree from University College Cork in 2009. He completed Paediatric Higher Specialist Training in 2019. He went on to complete a PhD in Trinity College Dublin, with a focus on children with Severe Neurological Impairment - its definition, multi-organ dysfunction, inflammation, immune function and family wellbeing. He now works as a consultant in Paediatric Palliative Care in Children's Health Ireland at Crumlin and the National Maternity Hospital Holles St, having completed a fellowship in the speciality in 2022.



Dr. Hannah Linane,
MB, BCh, BAO, MRCP, MSc.

Dr. Hannah Linane is currently working as a PhD candidate and Locum Palliative Medicine Consultant. She has completed a fellowship in adolescent and young adult palliative medicine in Children's Health Ireland. She received her medical degree from the National University of Ireland Galway in 2013, Membership of the Royal College of Physicians Ireland in 2015 and her Certificate of Specialist Training in Palliative Medicine in 2021. Her research interests include the provision of palliative care for adolescent and young adults and staff wellbeing and psychological health.



Workshop 3 virtual – 6th March 2025 at 4pm

Title: **Prisoners and Palliative Care**

Presenter: *Prof. Audrey Roulston, School of Social Sciences, Education and Social Work Life Course Research, Centre for Evidence and Social Innovation, Queens University Belfast*

Chair: *Dr. Thomas Cahill*



Prof. Audrey Roulston

As Director of Practice Learning, **Professor Audrey Roulston** conducted a number of research studies with students in relation to their experiences of supervision, readiness to practice, professional identity and placement experiences. One study explored readiness to practice and developing professional identity, which was originally conducted in Northern Ireland, and subsequently replicated in the Republic of Ireland and Finland. Another study examined the reasons why students failed placement, and subsequently offered students the opportunity to share their experiences of failing placement.

In 2020, Audrey was invited to join the European Association of Palliative Care (EAPC) Social Workers Reference Group and the World Hospice Special Palliative Care Social Work network. In 2021, she was appointed as co-chair of the group. One of the first objectives was to conduct an international online survey to determine the impact of COVID-19 on the delivery of palliative care social work services, and to capture the impact on social work staff. I am Principal Investigator for this research study.

In 2020, Audrey was invited to join the World Hospice Palliative Care Social Work Network. In 2021, she was nominated to co-chair the Research Committee with Prof. Ellen Csikai (University of Alabama). Our first objective was to ascertain the research priorities/interests of members of the WHPCSW Network and to identify existing research skills to promote mentorship, and to identify gaps in research skills or knowledge.

In January 2022, Audrey was nominated by the EAPC Board to become a member of the Scientific Committee of the EAPC18th World Congress.

In January 2022, Audrey assumed Chairing responsibility for the Northern Ireland Association of Palliative Care Social Workers.



Siel Bleu Ireland

We are a social enterprise and a non for profit organisation who transform lives through exercise! We work with older adults, patient groups, community organisations, people living with physical and intellectual disabilities. Our youngest participants are in their twenties with physical or intellectual disabilities and we are privileged to deliver services to a number of centenarians living in Nursing Homes.

We design programmes with a preventative approach that benefits all our service users. We promote autonomy and well being of older people and people living with chronic conditions, ensuring that everyone has the capacity and self-confidence necessary to live independent and happy lives.

Siel Bleu Ireland offers exercise programmes online and in person in Residential and Day Care, with organisations, in communities and also in private homes. Our expert Physical Trainers gauge the ability of each participant and tailor classes to meet their needs. Together this results in programmes which have a real physical, social and psychological impact.



PRESENTATIONS



Presentation One: **High-flow nasal therapy for symptom management in patients receiving palliative care**

Authors: *Dr. Sarah Mabelson, University Hospital Waterford*
Dr. Suzanne Ryan, University Hospital Waterford
Niamh O’ Sullivan, South East Palliative Care Centre
James Cullinane, South East Palliative Care Centre
Liz Pettit, Wexford General Hospital
Jane Shore, St. Lukes Hospital Kilkenny
Mary Butler, University Hospital Waterford
Patricia Quinn, Tipperary University Hospital

Background: High flow nasal therapy (HFNT) is humidified oxygen or room air delivered via nasal prongs at flows of up to 60 L/min. Its use is established in acute respiratory failure and hypercapnic pulmonary disease. Recently its potential has been explored for managing breathlessness in palliative care, where evidence based treatment options are limited. Further information is required to assess its efficacy and tolerability in this context.

Aims: To better understand the experience of palliative care patients treated for breathlessness with HFNT in an inpatient setting, focusing on symptom control, comfort, tolerability and impact on activities of daily living.

Methods: All patients who could communicate and received HFNT under the specialist palliative care service in four hospitals in Ireland between November 2023 and September 2024 were eligible for inclusion. Patient experience was assessed using a mixed qualitative and quantitative questionnaire. Likert scale responses ranged from 1 (poor) to 5 (excellent) and were summarised using the median and interquartile range (IQR).

Results: All 13 eligible patients completed the questionnaire. All patients reported that HFNT improved their breathing (5, IQR: 5–5), though responses were mixed regarding immediate relief (4, IQR: 2–5) and improvement in anxiety (4, IQR: 2.75–5). The device was well tolerated in terms of comfort (4, IQR: 3–4), noise (5, IQR: 4–5) and impact on sleep (4, IQR: 4–5). Difficulties reported related to the device were: device fit, skin irritation and heat. While HFNT impairs mobility (2, IQR: 2–4), patients did not report a negative impact on communication (5, IQR: 4–5) or eating and drinking (5, IQR: 3.5–5).

Implications: These findings highlight HFNT's promise as an effective and well-tolerated therapy for breathlessness in palliative care. The device had minimal impact on communication, eating, or sleep. Addressing heat and comfort issues could further enhance its acceptability and use in clinical practice.

Biography: Dr. Sarah Mabelson is a Specialist Registrar in Palliative Medicine in Ireland and her research interest is in the delivery of palliative care in the acute inpatient setting.



Presentation Two: **Costs of Care at the End of Life - Insights from the IARE, CPC and UP Studies**

Authors: *Dr. Fiachra Maguire, Mater Misericordiae Hospital, Dublin*
Mr Kieran Westerberg, Trinity College Dublin
Prof Bridget M Johnston, Trinity College Dublin
Prof Karen Ryan, Mater Misericordiae Hospital Dublin

Background: Population ageing is a modern success story, however the number of deaths with serious illness is likely to increase dramatically in coming years. The cost associated with serious illness at the end of life is expected to double in response to increased comorbidity and functional impairment. Palliative care (PC) delivered in the home is considered cost effective and is dependent on informal care; this has not been fully quantified in research to date.

Aims: To explore the breakdown of formal and informal costs at the end-of life and identify significant predictors.

Methods: Retrospective analysis of data from the International Access, Rights and Empowerment I and II studies, the Community PC in Ireland study and the Understanding Inequalities in PC for Older People and Providing for Future Need study was undertaken (n = 548). Ordinary Least Square regression was used to estimate the impact of independent variables on cost. Logistic regression assessed likelihood of predictors being associated with cost. Estimates were adjusted for age, gender, medical card status, 'known to specialist PC' and caregiver variables.

Results: Informal care was found to constitute the majority of costs in the final three months of life (67.3%). This finding was consistent when informal care costs excluded time spent 'on call', which made up the largest component of activity. Male caregivers were associated with decreased informal care costs ($r = -28.408, p < 0.01$). Being known to SPC was found to be a predictor of increased informal care costs (OR = 0.29, $p < 0.01$).

Conclusion: Informal caregiving is an uncommonly costed component of care; yet is increasingly important given shifts towards home based PC. Factors contributing to diminished costs associated with male carers have yet to be identified. Further research should explore the impact of increased supports for carers at the end-of-life.

Biography: Dr. Maguire is a registrar in Palliative Medicine in the Mater Hospital Dublin. He has completed his medical BST in 2024 having previously been living and working in Melbourne, Australia for several years. He holds an MSc in Biomedical Engineering, with experience and publications previously on large scale data analysis, gait mechanics and signal processing. He aims to enter Higher Specialist Training in Palliative Medicine during the coming year.



Presentation Three: **Breathlessness in Everyday Life** **- An Occupational Therapy Group Intervention Programme for** **Breathlessness Management in Specialist Palliative Care**

Authors: *Ms. Megan Walls, Our Lady's Hospice and Care Services, Harolds Cross*
Ms. Eva Byrne, Our Lady's Hospice and Care Services, Harolds Cross
Ms. Gillian McHugh, Our Lady's Hospice and Care Services, Harolds Cross

Background: Breathlessness can significantly impact individuals' quality of life and ability to perform everyday activities. It is strongly associated with anxiety and panic, often further limiting engagement in community and social activities. Almost 40% of referrals received for Occupational Therapy (OT) intervention from specialist community palliative care teams are for non-pharmacological breathlessness and anxiety symptom management.

Aims: To develop and evaluate the effectiveness of a group intervention programme in reducing the impact of breathlessness on the everyday life of individuals with chronic breathlessness availing of SPC community services.

Methodology: A four-week group intervention programme was designed, consisting of education, self-management, practical strategies and opportunities for shared learning and peer support. The modified Medical Research Council Dyspnoea Scale and the EQ-5D-5L Health Related Quality-of-Life (HR-QOL) measure were completed pre and post intervention. Participant feedback was obtained about symptom self-management mastery, perceived benefits, and suggestions for future improvement.

Results: Eleven cohorts of the programme were delivered over eighteen months. Participants reported the highest possible breathlessness score pre and post intervention (Median:4). HR-QOL was maintained post intervention (Median:50). Improvements were observed on the EQ-5D-5L 'mobility' and 'usual-activity' domains. 85% of participants reported feeling better able to manage their breathlessness post-intervention. Self-reported benefits were peer-support, sharing experiences, acquiring tools to self-manage breathing and associated panic attacks. Participant feedback informed changes to the timing, duration, and structure of programme.

Conclusions: The unique focus of this OT breathlessness management intervention is the emphasis on symptom management to enhance participation in everyday functional activities. This intervention will continue for individuals experiencing chronic breathlessness, as it effectively improves symptom self-management mastery and reduces social isolation. Participant feedback informed how best to deliver this service and learning from this programme will inform the design and delivery of future OT symptom management groups for fatigue and cognitive changes.

Biography: Megan is a Senior Occupational Therapist in Specialist Palliative Care working in our Lady's Hospice and Care Services, Harolds Cross.



Presentation Four: **Prophylactic antibiotics for patients receiving Corticosteroids in Palliative Care: A Retrospective Study**

Authors: *Dr. Claire Kruger, Galway Hospice*
Dr. Cian Lannon, Galway Hospice
Dr. Ita Harnett, Galway Hospice
Dr. Camilla Murtagh, Galway Hospice

Background: Corticosteroids are used in palliative care for management of symptoms such as fatigue, breathlessness and nausea. Prolonged courses of steroids increase the risk of infection and co-prescribing of prophylactic antibiotics with steroids is established practice in specialties such as Oncology and Rheumatology. Prophylactic antibiotics have not been investigated in a palliative population, even though many palliative patients meet the criteria for high-risk of infection.

Palliative patients receiving steroids could potentially benefit from prophylactic antibiotics. To our knowledge, this is the first study investigating the link between steroid use and infection in a palliative population.

Objectives: Investigate if steroids increase infection risk in a palliative population.

Identify other risk factors that increase infection risk in palliative patients.

Methods: A retrospective chart review of all patients referred to a community specialist palliative care service over a 3-month period.

Results: 177 adult patients were included. Corticosteroids were significantly associated with infection. 39% of patients who received an oral steroid had infection compared to 22% of those who did not receive steroids (OR 2.6 [95% CI 1.07-3], RR 1.78 [95% CI 1.08-2.9], p0.02). Regular opioids were significantly associated with infection. 33% of patients receiving a regular opioid had an infection compared to 15% of those not receiving a regular opioid (OR 2.69 [95% CI 1.26-5.7], RR 2.06 [95% CI 1.2-3.8], p=0.008). Male gender, lung disease, diabetes and immunosuppressive therapies were associated with an increased rate of infection but were not statistically significant

Conclusions: Oral corticosteroids were associated with a significantly increased rate of infection in a community palliative care population. These patients could potentially benefit from antibiotic prophylaxis while receiving corticosteroids.

Biography: Dr. Claire Kruger is a second year SpR on the Palliative Medicine scheme



Presentation Five: **Healthcare Professionals' Experience of Working with Motor Neurone Disease (MND) in Irish Healthcare Services – A Qualitative Study**

Authors: *Ms. Megan Walls, Trinity College Dublin*
Dr. Miriam Galvin, Trinity College Dublin
Dr. Austin Claffey, London Southbank University

Background: Integrated neuro-palliative care provided by a multidisciplinary team of professionals and services is required to manage the multifaceted physical, cognitive, behavioural, psychosocial, and emotional needs of people living with Motor Neurone Disease (MND). Organising and delivering care for this population can be demanding for healthcare professionals, working with irreversible and progressive disability, emotional turmoil, and inevitable death.

Aim and Objective: This study aimed to explore healthcare professionals' perceptions of (1) the challenges, stressors and rewards (2) emotional and psychological impact and (3) factors that are helpful or protective for working with an MND population.

Methods: Following ethical approval, a series of focus groups were conducted. Healthcare professionals were purposively recruited from each of the key services responsible for delivering MND care in Ireland. Qualitative data were analysed using reflexive thematic analysis.

Results: Forty-two healthcare professionals participated in nine focus groups, representing multidisciplinary clinics, charity organisations, specialist palliative care, primary care, residential care and specialist seating and technology services. Themes generated include (1) Navigating the relationship throughout the disease journey, (2) Anticipatory stress – working with uncertain certainty, (3) The helpless feeling of 'sitting with it' and (4) Managing the personal toll.

Conclusions: This is the first study addressing the needs and experiences of healthcare professionals' delivering MND care in Ireland. Different stressors were identified for each service, but many commonalities. All services acknowledged the personal and emotional toll experienced from working with MND. Feelings of helplessness, professional futility, and guilt were experienced when they were unable to deliver helpful solutions, alleviate distress or ultimately change the trajectory of MND progression. Further research is needed to measure professional stress, burnout, emotional fatigue and identify risk and protective factors for the well-being of professionals working with this population.

Biography: Megan is a senior Occupational Therapist in Specialist Palliative Care, currently completing her PhD in the Academic Unit of Neurology, Trinity College Dublin. Her PhD research is looking at the impact of professional caregiving for Motor Neurone Disease.



Presentation Six: **Methadone rotation: A review of practice in an Irish specialist palliative care inpatient unit**

Authors: *Dr. Aoife Doolan, St. Brigid's Hospice*
Dr. Miriam Colleran, St. Brigid's Hospice
Dr. Barbara Sheehy-Skeffington, St. Brigid's Hospice
Dr. Adam O' Brien, St. Brigid's Hospice

Background and Rationale: Methadone, a mu-agonist and NMDA antagonist, can be highly effective in patients with complex malignant pain refractory to other opioids. There is no national nor international consensus on conversion from another slow release opioid to oral methadone.

Aims and Objectives: The aim of this practice review is to describe our unit's method of rotation to methadone, including the impact on patients' pain, and signs of toxicity.

Methodology: A modification of the 3-day switch is used with a phased switch over 7 days. The target dose of methadone is calculated using the oral morphine equivalent (OME) as per the Pharmacological Management of Cancer Pain in Adults guide 2015.

On day 1, the pre-existing dose of slow-release oral opioid, Opioid A, is given at 2/3 of the pre-switch dose and methadone is commenced at 1/3 target dose; on day 4 the dose of Opioid A is decreased to 1/3 of the pre-switch dose and methadone increased to 2/3 target. Opioid A is stopped on day 7 and regular oral methadone is increased to the target dose.

Data was collected using the MDA register and clinical notes.

Results: 18 inpatients were rotated to methadone, over a 2 year period. 13 patients were switched due to uncontrolled pain and 5 due to toxicity. 15 patients had an improvement in their pain control (based on PCPSS score). 8 patients developed mild-moderate toxicity requiring dose reduction and/or fluids.

Originality of project: This is the first practice review of this opioid switch to methadone in Ireland.

Contribution to Palliative Care:
This review describes our use of a 7-day switch.

Conclusions: This review delineates our unit's experience of switching to methadone, with 15 patients (83%) reporting an improvement in pain control. More data, and greater numbers of patients, are needed to further assess this method.

Biography: Dr. Aoife Doolan is a Registrar in Palliative Care in St. Brigid's Hospice. She is hoping to go on to complete higher specialist training.



Presentation Seven: **Speech and Language Therapy and Occupational Therapy Working in Partnership to Maximise Quality of Life for a Young Adult with a Rare, Complex, Neurodegenerative Disorder**

Authors: *Ms. Claire Collins, Our Lady's Hospice and Care Services, Harolds Cross*
Ms. Megan Walls, Our Lady's Hospice and Care Services, Harolds Cross

Background: This is a case reflection demonstrating collaborative practice between occupational therapy (OT) and speech and language therapy (SLT) in specialist palliative care (SPC) to optimise the use of assistive technology for communication and access to environmental controls. A limited OT and no SLT outpatient service were available in the organisation.

Case: Verbal consent was obtained. A 24-year-old female with a rare neurodegenerative disorder was admitted to the SPC inpatient unit. New difficulties communicating nonverbally and deteriorating upper limb function impacted her ability to communicate using mainstream technology. This led to a communication breakdown between the patient and healthcare providers, resulting in reduced participation in healthcare decisions, increased vulnerability, isolation and distress.

Management and Outcomes: The SLT and OT teams worked together onsite, and in the patient's home, to support engagement with her communication device and specialised seating system. These were provided previously but were not being used. Existing barriers were explored, issues identified, and innovative solutions reached to optimise and integrate the patient's seating, positioning and technology access and enhance competence and confidence using her device.

The patient's communication function, environmental access and moulded seating system were optimised. These interventions improved postural support, comfort and safety, facilitated advanced care planning, enabled participation in complex symptom management, social engagement and reduced distress.

Discussion: Communication, flexibility, patient engagement and collaborative work practices facilitated holistic person-centred care. This case demonstrates the value of establishing SPC OT and SLT outpatient services and how these teams work together to support seamless transitions of care for patients with complex needs associated with life-limiting illnesses.

Conclusion: In alignment with the National Adult Palliative Care Policy (DoH, 2024) and Sláintecare (2023) it is important to develop organisational structures and a skilled interdisciplinary workforce to ensure palliative rehabilitation is delivered in the right place, at the right time.

Biography: Claire Collins is a Senior Speech and Language Therapist in Specialist Palliative Care working in our Lady's Hospice and Care Services, Harold's Cross, Dublin.



Presentation Eight: **Community nurse’s role in the assessment, treatment, and management of delirium in end-of-life patients: An exploratory qualitative study.**

Authors: *Katrina Albarico, Ulster University*
Dr. Felicity Hasson, Ulster University

Background: Delirium is a serious acute medical condition which frequently occurred at the end of life. Community nurses are involved in the provision of palliative care delivered in the home environment however managing delirium in this setting is recognised as challenging. Without careful assessment and management, it can result in emergency admission to hospital or hospice. Therefore, there is a need to understand the role of the community nurse in the management of this condition.

Aim: To explore community nurses’ role in the assessment, management and treatment of delirium in end-of-life patients.

Method: An exploratory qualitative study, utilising semi-structured online interviews were undertaken with a purposive sample of community nurses (n=10). The results were analysed using a thematic model, ensuring structure and rigour. Full ethical approval was obtained.

Results: There were four distinct themes identified: understanding of EOL delirium, assessment procedure including barriers, management experience including barriers and recommendations. The key findings denote nurses' variable understanding and concept of delirium in end-of-life patients due to the lack of a standardised assessment tool and training. Time constraints per patient and heavy workload are other issues identified as well as their dire consequences to holistic care.

Conclusion: To mitigate the risks to safe and effective palliative care, a multidisciplinary approach, comprehensive education and training, recruitment and retention, and support to nurses by developing a screening tool to align with evidence-based practice and health transformation strategy.

Biography: Katrina Albarico, MSc Student, Ulster University, School of Nursing and Paramedic Science, Belfast Campus, York Road, BT15 1AP



Presentation Nine: **Improving Prescribing Accuracy of PRN Medications for Haematology/Oncology Patients to Improve Safety and Efficacy**

Authors: *Dr. Nessa Keane, University Hospital Galway*
Ms. Sinead Deane, University Hospital Galway
Dr. Leona Reilly, University Hospital Galway
Dr. Eileen Mannion, University Hospital Galway
Prof Dympna Waldron, University Hospital Galway
Dr. Julien O Riordan, University Hospital Galway
Dr. Niamh Keane, University Hospital Galway
Dr. Sharon Beatty, University Hospital Galway

Introduction: Inaccurate prescribing of PRN medications has the capacity to cause harm to patients. Overdosing can lead to adverse drug reactions. The under-dosing of PRN medications and not relieving symptoms is also a concern.

Aims: The SMART aim of this Quality Improvement (QI) project was to reduce the rate of PRN medication errors in Haematology/Oncology patients from 30% to <5% over a 12 week period.

Methods: A multidisciplinary group was established including registrar, clinical nurse specialist and consultant in Palliative Medicine, consultant in Haematology and Senior Pharmacist. Point prevalence surveys were utilised to measure prescription error rates on Haematology and Oncology base wards over a 3 week baseline. Qualitative interviews were conducted with NCHDs to identify factors involved in prescription errors.

Results: The baseline rate of patients with errors/incomplete PRN medication prescriptions was 30%. Inaccuracies in frequency and dose accounted for >80%. Interviews identified awareness of reliable resources, differences in education/training and frequent rotation of NCHDs as contributing factors. Three PDSA cycles were completed addressing awareness, education and resources. These included availability of approved NCHD Handbook in Palliative Medicine on wards and computers, NCHD education sessions and awareness campaign. Data was recollected and presented on a run chart, showing a reduction in errors or incomplete prescriptions to 8%, over a 12 week period.

Originality of Project: There is limited evidence to indicate how best to combat this issue.

Contribution to Palliative Care practice/policy:

This Palliative Medicine led QI initiative is easily replicated in other acute hospital services to enhance patient safety and experience.

Conclusions: The interventions were associated with a reduction in PRN medication prescription errors. Sustainability will be targeted with creation of visual aids on target wards and formal introduction of education sessions by Palliative Medicine team at induction of NCHDs to Haematology/Oncology rotations.

Biography: Dr. Nessa Keane Registrar in Palliative Medicine at Galway University Hospital.



Presentation Ten: **Exploring the second line agent of choice in the management of Chronic Kidney Disease-associated Pruritus: A global cross-sectional study of clinician experience and preference**

Authors: *Dr. Sarah Nestor, Galway Hospice Foundation*
Dr. Frank Brennan, St. George and Calvary Hospitals, Sydney
Dr. Aoife Lowney, Marymount University Hospital and Hospice

Background: Chronic Kidney Disease-associated Pruritus (CKD-aP) in the setting of End Stage Kidney

Disease (ESKD) is prevalent¹ and contributes to reduced quality of life for this patient cohort. For years, the most common initial treatment approach included antihistamines, even though the aetiology of CKD-aP isn't thought to be histamine-mediated.² Recently, the use of Gabapentinoids has become a widely accepted first line management strategy, supported by Grade A evidence.³

Although the literature includes several alternatives,⁴ there doesn't appear to be consensus on a second line option.

Aims and Objectives: The aim of this study was to determine the preferred second line agent for the management of CKD-aP.

Methods: Full ethical approval was received from the Clinical Research Ethics Committee of the Cork Teaching Hospitals. Sixty six international experts across Nephrology and Palliative Medicine from eight different countries were surveyed using a web-based tool.

Results: A response rate of 36 (55%) was achieved. 61% reported to be working in a high-income region. 83.3% of respondents were medical consultants. 53% were Nephrologists, 22% were Palliative Medicine Consultants and 25% worked across both. 50% confirmed gabapentin as their first-line in treatment of CKD-aP.

30% (n=9) use topical menthol as preferred second-line option with 20% (n=6) prescribing either Evening Primrose Oil or topical steroid preparations for the same indication. Other second line options includes first-generation antihistamines 13% (n=4) and Difelikefalin (7%). 3% (n=1) of respondents reported to use either UV-B phototherapy, oral Sertraline or topical Capsaicin cream respectively. Only 43% had access to Kappa opioid agonists (such as Difelikefalin) in their region with the majority administering it parenterally.



Conclusions: Gabapentinoids continue to be the mainstay of CKD-aP treatment. This study highlights marked heterogeneity in preferred second line option in management of this debilitating condition. Further research is required to develop guidance in CKD-aP symptom management.

Biography: Having completed undergraduate BSc (Anatomy) in NUI, Galway, Dr. Nestor completed postgraduate medical education at Jagiellonian University, Kraków in 2014. Currently in her third year of higher specialist training in Palliative Medicine, she joined the Galway Hospice Palliative Medicine service in July 2024. Previously, she acquired significant experience in Dermatology prior to commencing the Palliative Medicine HST programme.

Her primary interests include developing the knowledge base around physical symptom management in Palliative Care and contributing to ongoing efforts to improve equitable access to services nationally.



Presentation Eleven: **Interdisciplinary working of the palliative care key worker: a qualitative study**

Authors: *Patricia McCann, Ulster University*
Dr. Felicity Hasson, Ulster University

Background: Globally the need for navigators across all health care systems including palliative care is advocated. In the United Kingdom the role of the palliative care key worker exists which aims to plan and coordinate the care of patients with life limiting conditions in the community. However, the implementation and effectiveness of this role is inconsistent, and policy has not been translated into practice.

Aim: To explore interdisciplinary working practices of nurses liaising with palliative care key workers in the community.

Design: A qualitative study incorporating online interviews with a purposive sample of nine nurses were undertaken. Data were analysed using a content analysis framework. Full ethical approval was obtained prior to data collection.

Findings: Four themes that allude to several key barriers that impede the effectiveness of the palliative care keyworker role were identified. This includes poor consistency of communication, education and training related to working with this role. Findings suggest the impact of ineffective policy implementation could be responsible for the disconnection in communication and partnership working between specialist and generalist practitioners.

Conclusion: Whilst the concept of the key worker was welcome, there is a need role clarity and standardisation as to who should adopt this role as key for success. Standardised training package inclusive to both general and specialist practitioners is required to educate all staff involved in palliative care outlining roles and responsibilities.

Biography: Patricia McCann, MSc Student, Ulster University, School of Nursing and Paramedic Science, Belfast Campus





Seminar Abstracts – Poster Presentations

Nº	Title	Authors
Case Reports		
1	<i>Addressing Peripheral Neuropathy to support Occupational Engagement</i>	<i>Donohue, Delaney</i>
2	<i>The use of pregabalin for intractable nausea in palliative care</i>	<i>Ankatiah, O'Brien, Sheahan</i>
3	<i>Physical rather than Cognitive and Functional Decline – A Slippery Slope</i>	<i>Low, Gibbons, O'Mahony, O'Shea</i>
4	<i>Rotation from high dose alfentanil to oxycodone via continuous subcutaneous infusion: Two case reports</i>	<i>Fitzpatrick, Myles</i>
5	<i>Managing Lithium Toxicity in an Inpatient Hospice Setting</i>	<i>Ruttledge, Cahill, Twomey</i>
Audits		
6	<i>Management of diabetes mellitus at end of life</i>	<i>Cleary, Cranfield, Coffey</i>
7	<i>Audit of Prescribed Oxygen Use in a Specialist Palliative Care Inpatient Unit</i>	<i>Carr, McGirr, Cahill, Pollard</i>
8	<i>End-of-life care decision-making: Barriers and facilitators for healthcare professionals in specialist palliative care</i>	<i>Featherstone, McQuillan, Foley</i>
9	<i>The impact of blood transfusion on fatigue and breathlessness in the palliative care setting</i>	<i>Kelly, Kruger</i>
10	<i>Audit of Antibiotics in a Hospice</i>	<i>O'Mahony, Kavanagh, McCarthy, Finnerty</i>
11	<i>The Development of an Integrated Palliative Medicine and Pain Team Pathway</i>	<i>Keogh, Hayes, Daly, Brady, O'Leary, O'Gara, Fitzgerald, Shaikh, Conneely</i>
12	<i>Syringe-driver drug stability in an Inpatient Palliative Care Unit – A Multidisciplinary Team Audit</i>	<i>Zia, Walsh, Cullinane, Joseph, Ryan</i>
13	<i>Audit of medication reconciliations for patients admitted to the inpatient palliative unit (IPU)</i>	<i>Ankatiah, Drury, O'Brien, Sheahan</i>
14	<i>Management of Diabetes Mellitus at the End-of-Life – A reaudit of adherence to local hospital guidelines</i>	<i>Taheny, Harrington, O'Connor, Ryan</i>
15	<i>Care of the Dying Patient in St. John's Hospital, Limerick: An Audit</i>	<i>Meaney, Myles</i>
16	<i>Investigating timeliness of imaging for suspected malignant spinal cord compression in patients with advanced cancer.</i>	<i>Geoghegan, Staunton, Wallace, O' Brannagain</i>
17	<i>Essential Prescribing at End-of-Life: A Clinical Audit</i>	<i>McDonnell, Keane, Kelly, Reilly, Gaffney, Cronin, Waldron</i>
18	<i>Deprescribing at End-of-Life: an audit of potentially Inappropriate medications in the palliative population</i>	<i>McDonnell, Keane, Kelly, Murphy, Reilly, Gaffney, Cronin, Waldron</i>



Nº	Title	Authors
QI Projects		
19	<i>A Quality Improvement initiative to reduce hospitalisation for residential care patients in Kerry</i>	<i>Cunningham, Crowley, Bolger, O'Connor, Sheahan</i>
20	<i>Review of Benzodiazepine and Z-Drug Use in Community Palliative Care</i>	<i>O'Mahony, Finnerty</i>
21	<i>Seeing specialist palliative care through the lens of general medicine</i>	<i>Colleran, O'Driscoll</i>
22	<i>The Development of an Integrated Palliative Medicine and Pain Team Pathway</i>	<i>Keogh, Hayes, Daly, Brady, O'Leary, O'Gara, Fitzgerald, Shaikh, Conneely</i>
23	<i>Specialist palliative care and persons with intellectual disabilities – a practice review</i>	<i>Colleran, Sheehy-Skeffington</i>
24	<i>Awareness of the Rapid Discharge Pathway among NCHDs at University Hospital Kerry</i>	<i>Ankatiah, O'Brien, Sheahan</i>
25	<i>Transitions of Care – Working towards a regional Single First Assessment</i>	<i>Leonard, O'Brien, McCarthy, Lowney</i>
26	<i>Improving communication between GPs and the Community palliative care team</i>	<i>Skehan, McMahan</i>
27	<i>A collaborative hospital and community based approach to advanced heart failure management</i>	<i>Kelly, O'Riordan</i>
28	<i>The Development and Implementation of a Palliative Care Resource Folder in Naas General Hospital: A Quality Improvement Project</i>	<i>Rogers</i>
29	<i>Integrating level 1 palliative care wherever the place: Enabling conversations and supporting personalised care wishes</i>	<i>Murphy, Keegan, Murphy, Smith, Fullerton</i>
30	<i>Multidisciplinary quality improvement (QI) project: Avoidance of extrapyramidal side effects of anti-emetics by studying hospital discharge drugs with advice given on best practice</i>	<i>Reilly, Keane, Gaffney, Cronin, Mannion, Waldron</i>
31	<i>Safe Discharge of Children / Young Persons for End-of Life-Care</i>	<i>Hurley</i>



Nº	Title	Authors
Research		
32	<i>Project on how Out of Hours Communication affects Emergency Department Admissions</i>	<i>Ong</i>
33	<i>Tranexamic Acid - exploration of its use subcutaneously</i>	<i>Cahill, Kelly, Larkin</i>
34	<i>Interdisciplinary perceptions of palliative non-malignant patient symptoms and caregiver distress in an outpatient service.</i>	<i>Kinsella, Corbally</i>
35	<i>Physiotherapy Department Documentation Audit</i>	<i>Coyle, McGirr</i>
36	<i>A multidisciplinary collaborative quality improvement initiative to reduce falls and minimise associated harm in a Hospice inpatient setting</i>	<i>Brennock, Boulton, Butler, Carr, Lynott, McKeon, Murrphy, Scarry, Healy</i>
37	<i>End-of-life care decision-making: Barriers and facilitators for healthcare professionals in specialist palliative care</i>	<i>Featherstone, McQuillan, Foley</i>
38	<i>Quality of Life outcomes in patients with chronic heart failure using sacubitril/valsartan: results from a systematic review</i>	<i>Byrne, Fahey, Moriarty</i>
39	<i>The impact of blood transfusion on fatigue and breathlessness in the palliative care setting</i>	<i>Kelly, Kruger</i>
40	<i>A training curriculum to enable governance and operational arrangements: Education nurtures service.</i>	<i>Ni Nuallain, McAleer, Ryan, McElligot</i>
41	<i>Nurse's experiences in the use of subcutaneous fluids in the final days of life in palliative care settings: a systematic review</i>	<i>Burke</i>
42	<i>Parental perspective of children with life-limiting conditions availing of a Respite Stay</i>	<i>Joy, Quinn</i>
43	<i>Service Evaluation of a Complementary Therapy Service for Community-Based Palliative Care Patients</i>	<i>Banks, Reid, Boland, Winters</i>
44	<i>To explore the experience of family caregivers of people with Motor neurone Disease of the palliative care keyworker</i>	<i>Betts, Hasson</i>
45	<i>A service evaluation on the Lymphoedema Service in a Specialist Palliative Care Setting</i>	<i>Garty</i>
46	<i>A Multidisciplinary Approach: Development of Guidelines for Treatment of Emergency Situations in Palliative Care</i>	<i>Manktelow, Brennock, Lynott</i>



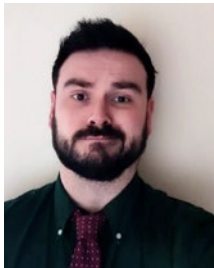
Nº	Title	Authors
47	<i>Antibiotic Decisions at the End-of-Life: A Cross-Specialty Approach</i>	<i>Yan, Dennehy, O’Leary, Fitzmaurice, Sadlier, O’Connor, Bambury, Dahly</i>
48	<i>Advance Care Planning in a Nursing Home Population referred for Inpatient Specialist Palliative Care</i>	<i>Keane, Ruttledge, Mannion, Reilly, Waldron, Beatty, O’Riordan</i>
49	<i>Retrospective review to determine the characteristics of community palliative care patients on active systemic treatment</i>	<i>Donnellan, McAleer, Ryan, O’Connor</i>
50	<i>The impact of COVID-19 on the management teams of Irish Specialist Palliative Care Services</i>	<i>Kelly, Clifford, O’Reilly, Bristowe</i>
51	<i>Implementation of ‘Symptom Relief Medication Guideline’ to reduce out of hours prescribing</i>	<i>Fitzpatrick, Grant, Conroy</i>
52	<i>Can PCOC Predict Re-Referral? Case-mix Analysis of Patients Discharged from Community Specialist Palliative Care</i>	<i>O’Mahony, O’Reilly, Skerrit, Burns, Lucey</i>
53	<i>Falls in a single-centre specialist inpatient palliative care unit: a retrospective review</i>	<i>Byrne, Afolabi</i>
54	<i>A review of the effectiveness of out-of-hours specialist palliative care telephone advice</i>	<i>McCarthy</i>
55	<i>The nurses experience of delivering end of life care in an acute setting in the west of Ireland.</i>	<i>Kelly</i>
56	<i>Factors Influencing Advance Care Planning Implementation Among Overseas Chinese Ethnic Communities: A Systematic Review</i>	<i>Xue, O’Halloran, O’Neill, Doherty, Brazil</i>
57	<i>Confronting Clonidine Confusion; An MDT Quality Improvement Initiative to aid prescribing, application and monitoring of Clonidine Transdermal Patches</i>	<i>Wade, Hurley, Jennings, Moore, Lavelle, Laffan</i>
58	<i>Patients Transferred from a Specialist Palliative Care Inpatient Unit to Hospital: A Retrospective Review</i>	<i>Fitzpatrick, Myles</i>
59	<i>The Development and Implementation of an End of Life Prescription Sheet and Medication Protocol in Naas General Hospital: A Quality Improvement Project</i>	<i>Gleeson</i>
60	<i>Chronic Disease Management (CDM) Programme at the end of life</i>	<i>Byrne</i>
61	<i>Crisis Pack Prescribing in Terminal Haemorrhage: A National Survey of Specialist Palliative Medicine Physicians</i>	<i>Kennedy, Manktelow, Harnett, Murtagh</i>



Nº	Title	Authors
62	<i>The intersection of Geriatric Oncology and Palliative Care- Analysis of Local Referrals</i>	<i>McSweeney, Hayes, Horgan</i>
63	<i>Antidepressant Prescribing towards end of life in Specialist Palliative Care Inpatient Unit: A Retrospective Study</i>	<i>Ryan, Walsh, Ni Laoire, Mulqueen</i>
64	<i>Exploring potential value of weight-based opioid prescribing – a systematic review</i>	<i>McDonnell, Waldron, Keane, Kelly, Reilly, Gaffney, Cronin</i>
65	<i>Improving pain management for people with dementia</i>	<i>Harkin</i>
66	<i>AIRVOTM in Specialist Palliative Care: A panacea for dyspnoea?</i>	<i>Nestor</i>



A message from the Vice Chair of the Education and Research Forum



Dr. Thomas Cahill
Vice Chair of the Education
and Research Forum

Ladies and Gentlemen,

As we reach the conclusion of this enriching and thought-provoking conference, I want to take a moment to reflect on the invaluable conversations, insights, and connections that have unfolded over the course of today.

Palliative care, as we all know, is not just a medical specialty; it is a compassionate approach to care that focuses on enhancing the quality of life for patients and their families. It addresses the physical, emotional, social, and spiritual needs of those facing serious illness, with the utmost respect for dignity and comfort. Throughout this conference, we have engaged deeply with these fundamental principles and shared our experiences, challenges, and successes.

The knowledge that has been exchanged, the research that has been presented, and the partnerships that have been formed will undoubtedly advance our collective mission. We are reminded that the work we do in palliative care requires not only clinical expertise, but also an unwavering commitment to empathy, communication, and collaboration. Together, we can continue to push the boundaries of compassionate care and ensure that every patient, no matter their circumstances, receives the highest standard of care.

I would like to extend my deepest gratitude to all of our speakers, panellists, and attendees for your contributions and engagement. Your dedication to improving the lives of those we serve is truly inspiring. I also want to thank the organizing committee and volunteers for their hard work in bringing this event to fruition.

As we close, I want to remind people that we have some very interesting and engaging workshops coming up over the next few weeks in the IAPC. Dr. Patrick O' Donnell will be presenting a talk looking at inclusion medicine titled, "Death and Dying at the Margins – a View from the Ground". Dr. John Allen will be given a talk on challenges of delivering palliative medicine to patients transferring from the paediatric service to the adult service titled, "Paediatric to Young Adult Palliative Care Challenges". Finally, Prof. Audrey Roulston will be presenting some interesting research on providing palliative care in prison services titled, "Prisoners and Palliative Care".

Thank you once again for your participation. I wish you all the very best in your continued work and look forward to seeing the impact of our collective efforts in the years ahead.

Safe travels and take care.

Dr. Thomas Cahill

Vice Chair of the Education and Research Forum



BMJ Irish Association of Palliative Care

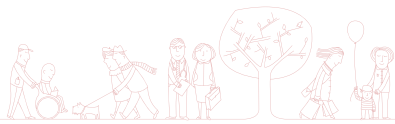
BMJ Supportive and Palliative Care holds an inclusive view of supportive and palliative care research and connects all disciplines in the research internationally. BMJ SPCare publishes articles with relevance to clinical practice and clinical service development quarterly in print and continuously online. We wish to engage the many specialties and roles that do clinical work associated with supportive care and palliative medicine, as well as those not traditionally associated.

The IAPC have teamed with BMJ SPC for the last four years where the winner of the platform presentation is invited to submit their research (where appropriate) and have it published by BMJ SPC. This is a prestigious award and we are grateful to Dr. Declan Walsh for continuing to support this initiative.



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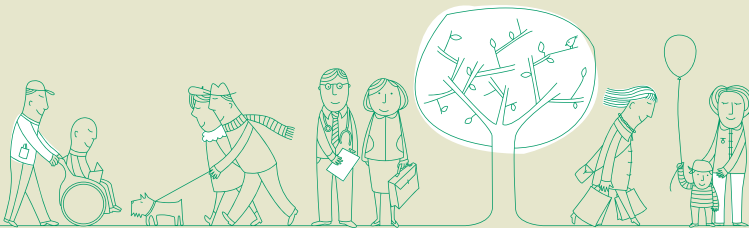


**The Hospital
Saturday Fund**

IAPC would like to gratefully acknowledge the funding received through the Hospital Saturday fund to support the 2025 Seminar.



The IAPC have teamed with BMJ SPC for the last four years where the winner of the platform presentation is invited to submit their research (where appropriate) and have it published by BMJ SPC. We will continue to work with BMJ SP for 2025. This is a prestigious award and we are grateful to Dr. Declan Walsh for continuing to support this initiative.



Established in 1993 as an all-island body with the purpose of promoting palliative care nationally and internationally, the Irish Association for Palliative Care (IAPC) is a multidisciplinary membership non-government organisation. The intention of the founders was that IAPC would be identified by its inclusiveness and would encompass the whole island of Ireland.

The IAPC membership reflects the entire spectrum of all those who work in or have a professional interest in the provision of palliative care. This includes doctors, nurses, social workers, chaplains and pastoral carers, pharmacists, psychologists, physiotherapists, occupational therapists, dietitians, as well as executive staff, academics and educators. Membership also includes clinicians and allied health professionals working in related areas such as geriatrics, oncology, psycho-oncology, paediatrics, and pain management.

The IAPC is organised around a number of working groups designed to create forums aimed at promoting best practice, professional development, research and learning in palliative care, education and research.

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