

However, it is not clear how this might apply in the context of those dying in critical care. We conducted a national survey targeting critical care staff to investigate experiences and attitudes towards transferring critical care patients home to die (HtD).

Aims and Methods An online survey was developed informed by the literature and analysis of six focus groups with Health Care Professionals (HCPs) to assess (1) experience and (2) views. The lead consultant and lead nurse of 409 critical care units in the UK were invited, by e-mail, to take part.

Results A total of 180 HCPs completed the online survey (response rate 24%). Experience with transferring HtD was reported by 36%. The majority agreed that transferring patients HtD is a good idea in principle (89%) and that transfer is important in terms of preferred place of death (PPD) (82%). 36% agreed that it would be unethical to prolong a patient's life to facilitate a transfer and 13% agreed that a transfer was not worth the risk of dying in the ambulance. Statistically significant differences for some views were found for physicians and nurses, and for those with and without experience of transferring HtD.

Conclusions This study is the first to explore views of health care professionals about transferring patients from critical care HtD. Respondents' views were generally positive, particularly about honouring PPD but reservations were expressed in terms of ethical concerns and the risk of dying on route.

OP 04 **A NATIONAL SURVEY EXPLORING VIEWS AND EXPERIENCE OF HEALTH PROFESSIONALS ABOUT TRANSFERRING PATIENTS FROM CRITICAL CARE HOME TO DIE**

A S E Darlington,* T Long-Sutehall, J Addington-Hall, A Richardson, M A Coombs
Faculty of Health Sciences, University of Southampton, Southampton, UK

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Introduction Progress has been made towards enabling patients to die in their preferred place of care.

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