

INTRODUCTION : As the number of beds identified as palliative care is limited, and with increasing active queues, the palliative care mobile team has been developing for more than 10 years, a care for patients in palliative care by Day Hospital. But, today, this is not sufficient, and to ensure greater equity for all these patients, we proposed to Palliative Care Patients a monthly follow-up by teleconsultation after an initial evaluation in a palliative care day hospital. The study lasted from January 2022 to december 2023, and included 36 patients.

OBJECTIVES OF THE STUDY :

- Feasibility of teleconsultations for palliative care patients
- Clinical benefits
- Reduction in the need for emergency hospitalisation
- Acceptability to patients and carers
- Definition of profile of patients for teleconsultations is beneficial

INCLUSION CRITERIA

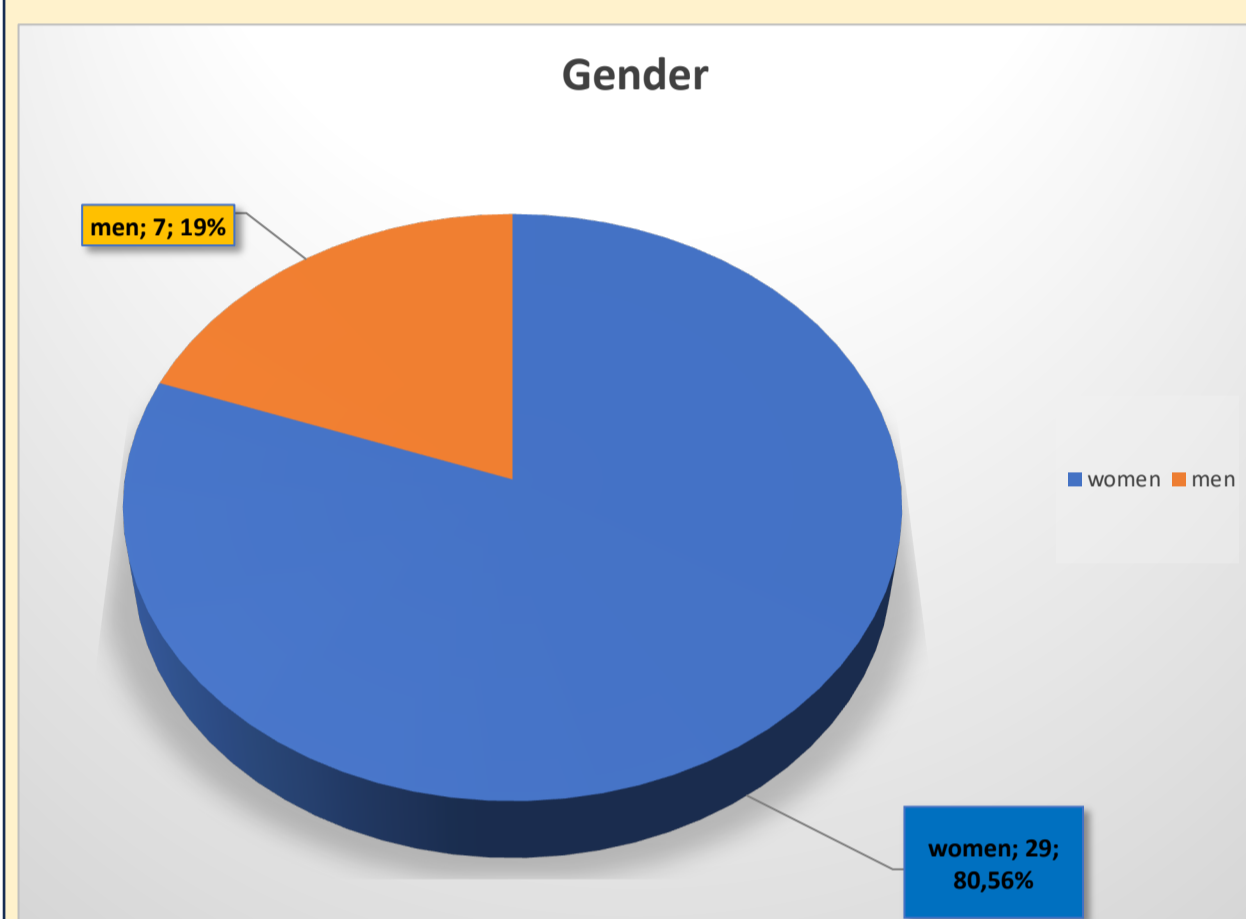
- Patients never referred to palliative care physicians prior to inclusion
- Patients with a life expectancy > 3 months
- Patients with a smart phone or computer + internet

PROTOCOL

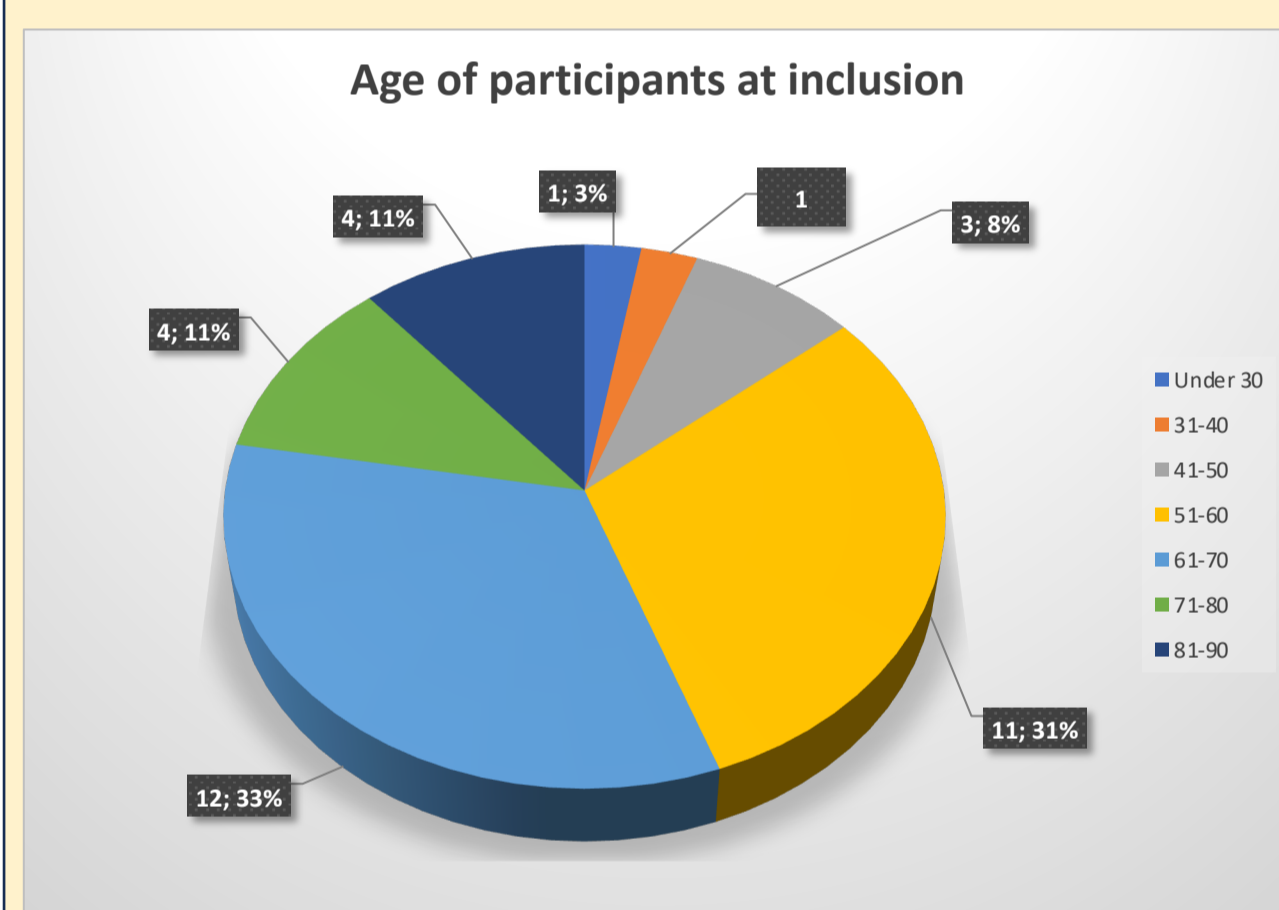
- Day=0
 - 1st consultation palliative care day service
 - Overall clinical examination
 - Establishment of treatment plan
 - Follow-up schedule
 - Inclusion in the trial, scheduling of appointments
 - Survey: sociology/demographics and evaluation of patients'perceptions of teleconsultations
- 1st month
 - Teleconsultation
- 2nd month
 - Teleconsultation
- 3rd month
 - 2nd consultation in day hospital
 - Semi-directed interview on the course of the teleconsultations
 - Possibility of continuing monitoring by teleconsultation after 3 months of clinical trials.

1- DATA COLLECTED AT INCLUSION (36 PATIENTS)

1. A. PRESENTATION OF THE PATIENT COHORT



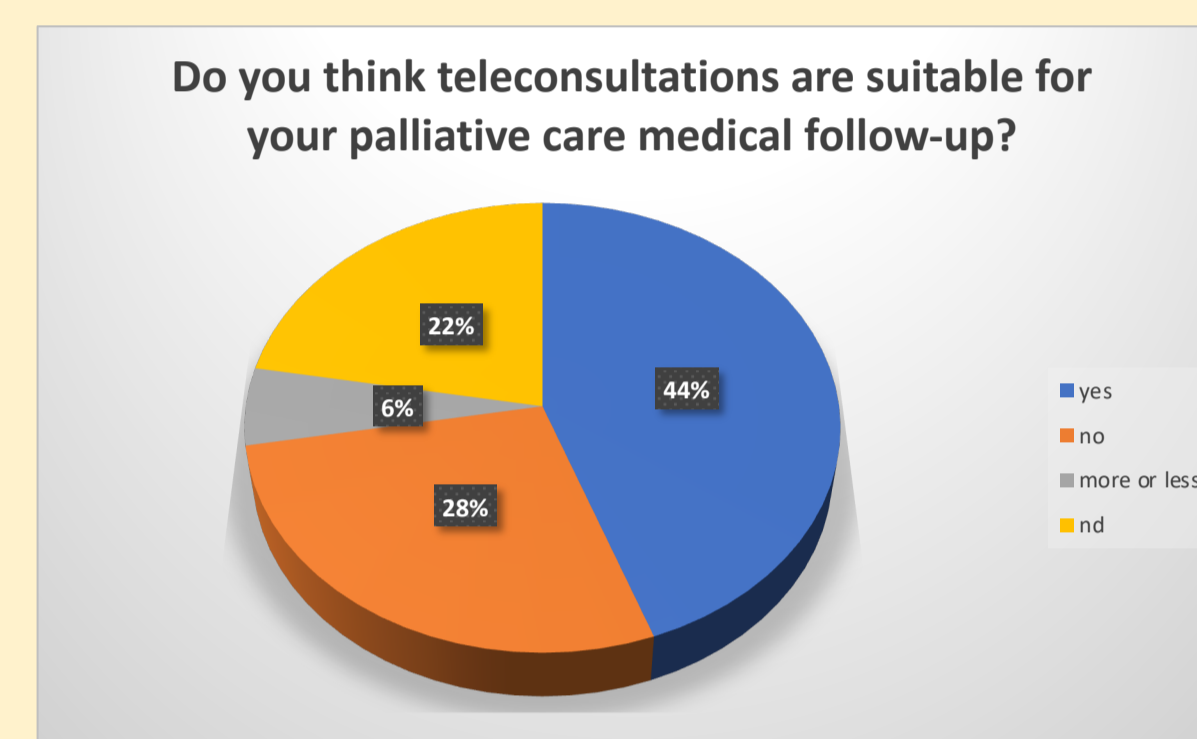
Good acceptability: 100% of patients to whom it was proposed accepted



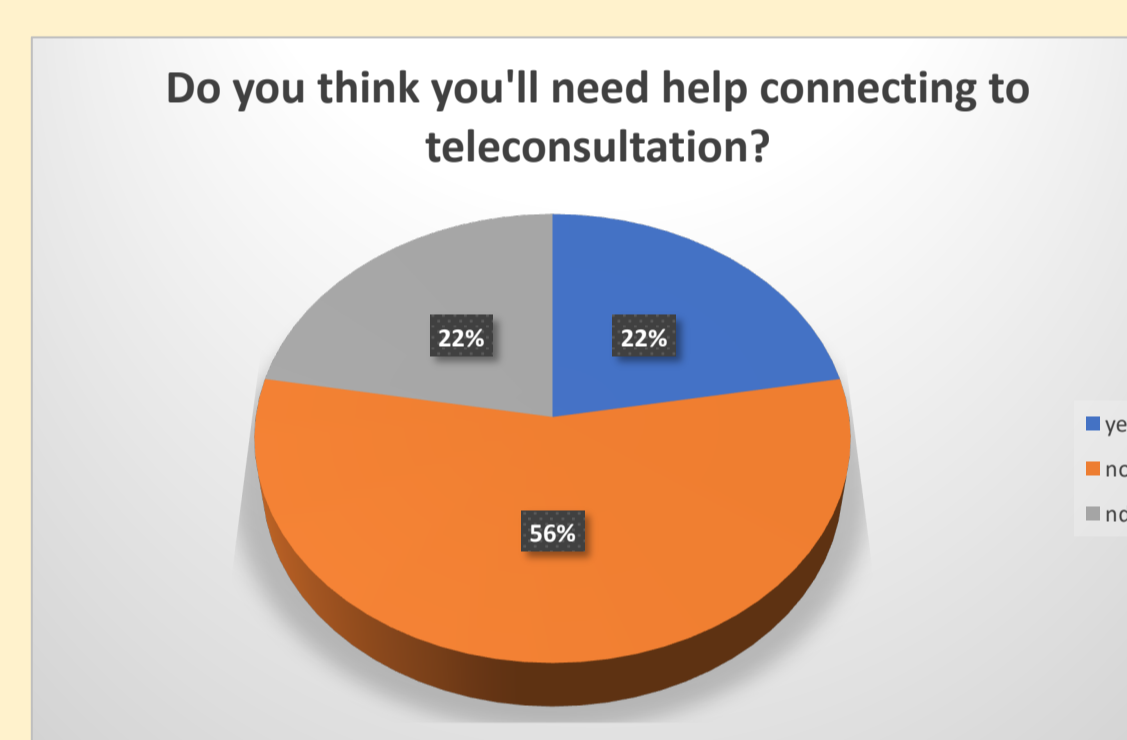
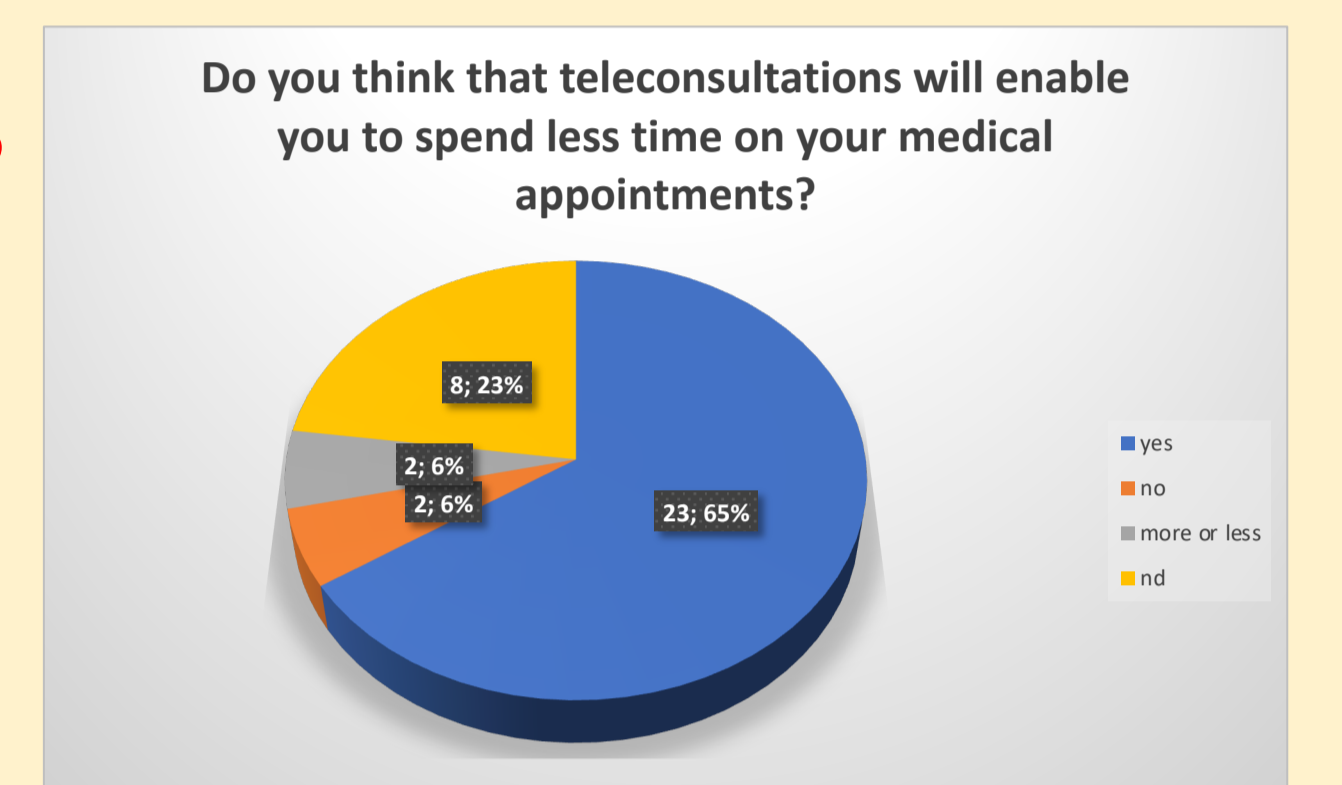
CONCLUSION OF INTERVIEWS PRIOR THE TELECONSULTATIONS

- No correlation between gender, place of residence, level of education or profession and favorable opinion of teleconsultations
- Slight correlation with patient age
- Very limited interest in the issue of data protection

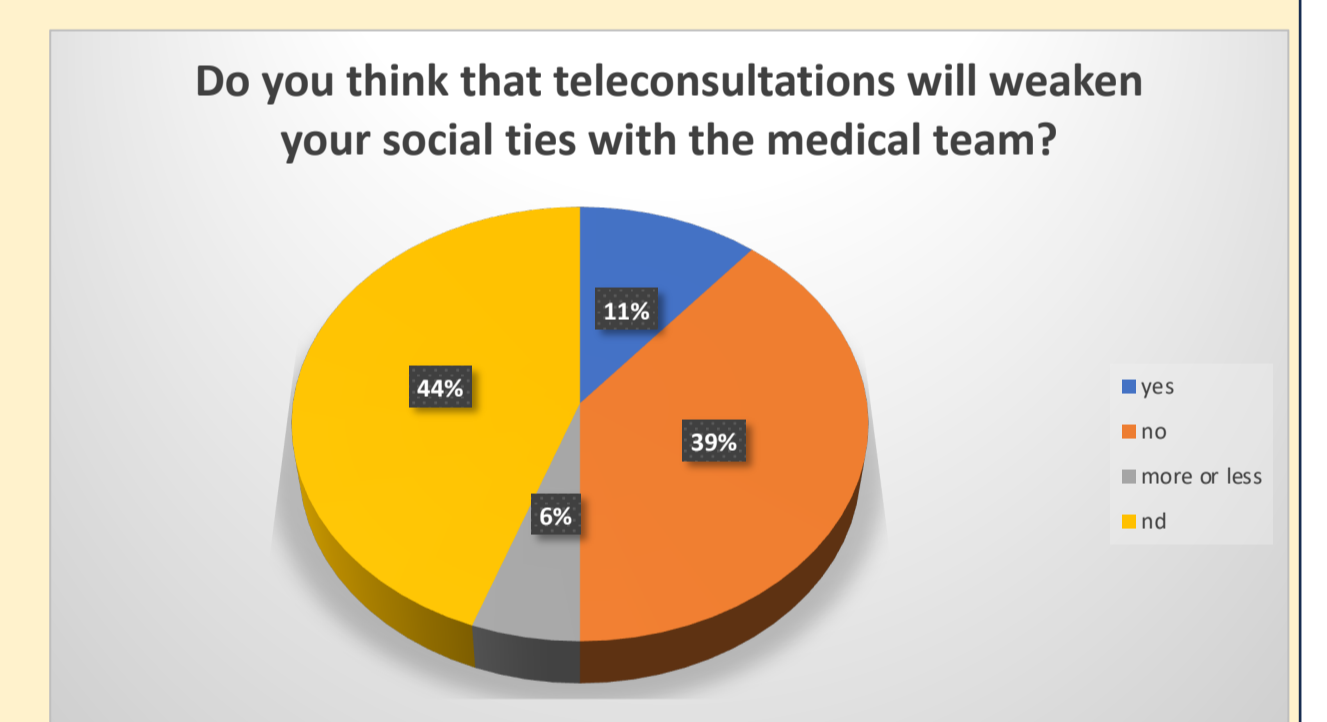
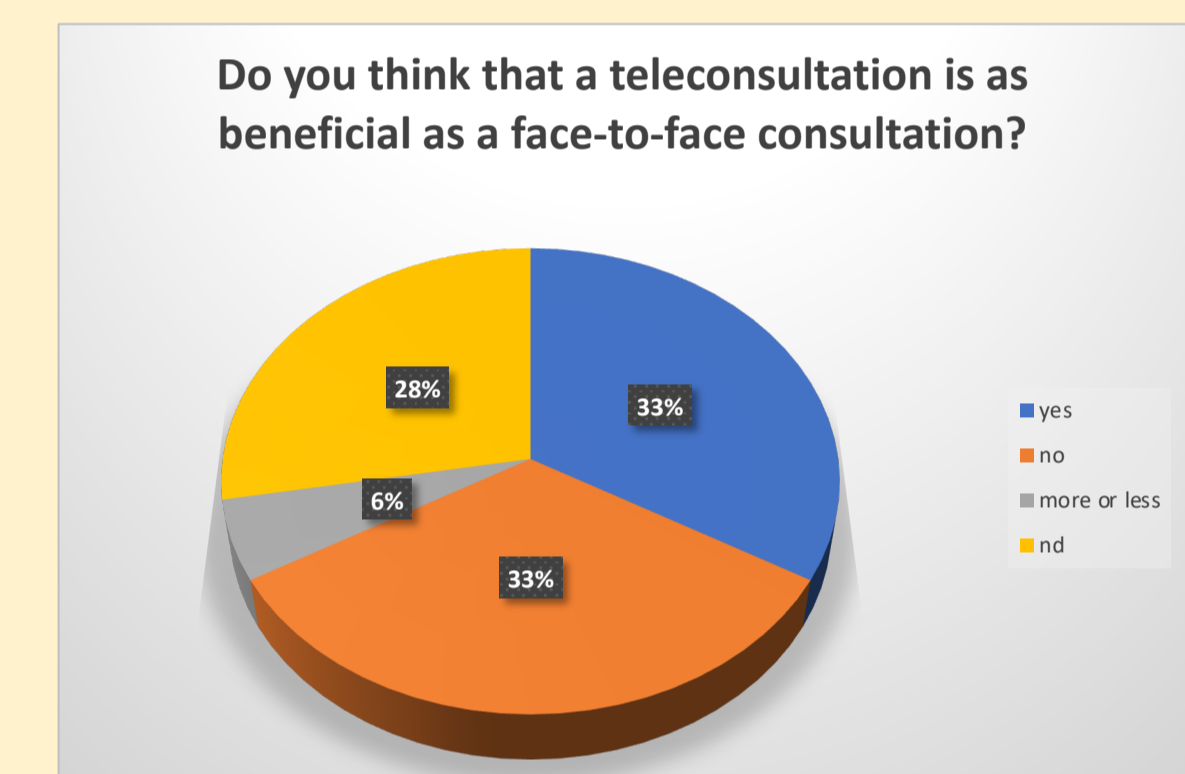
1. B. RESULTS OF INCLUSION INTERVIEWS



**No particular fears
No adverse preconceptions**

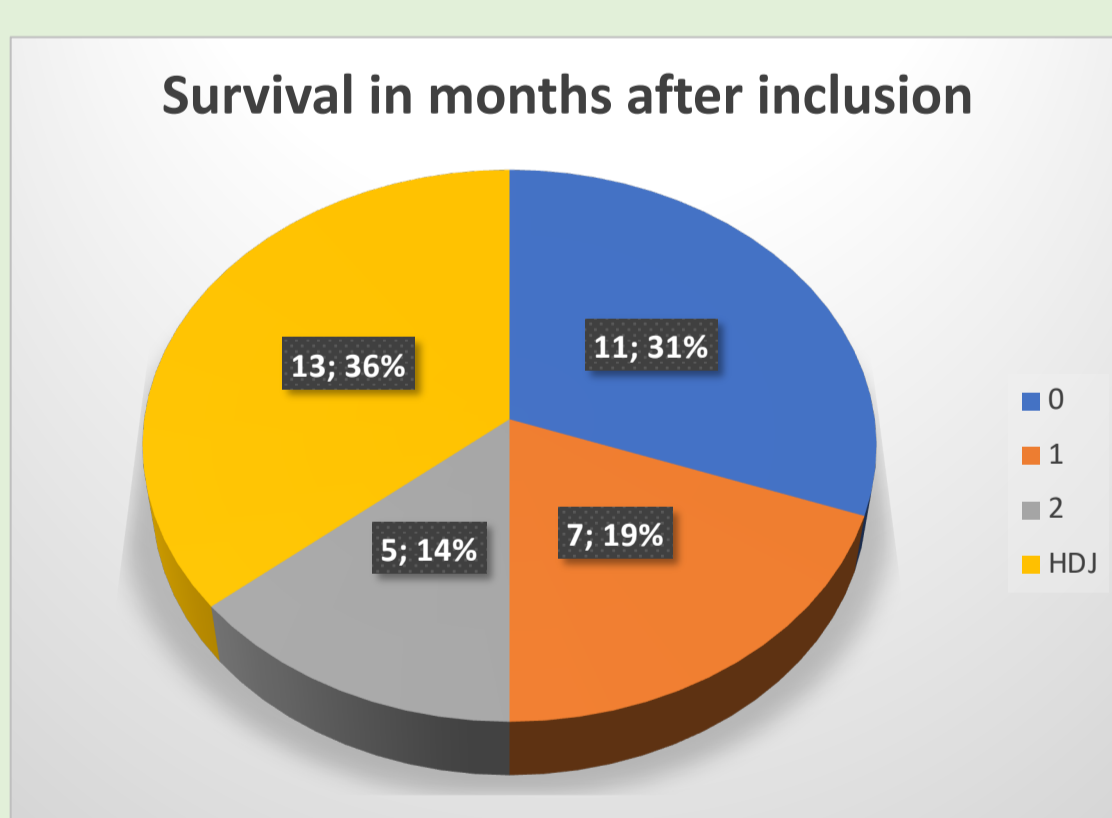


Care for caregivers patients expressed a desire to disturb them as little as possible



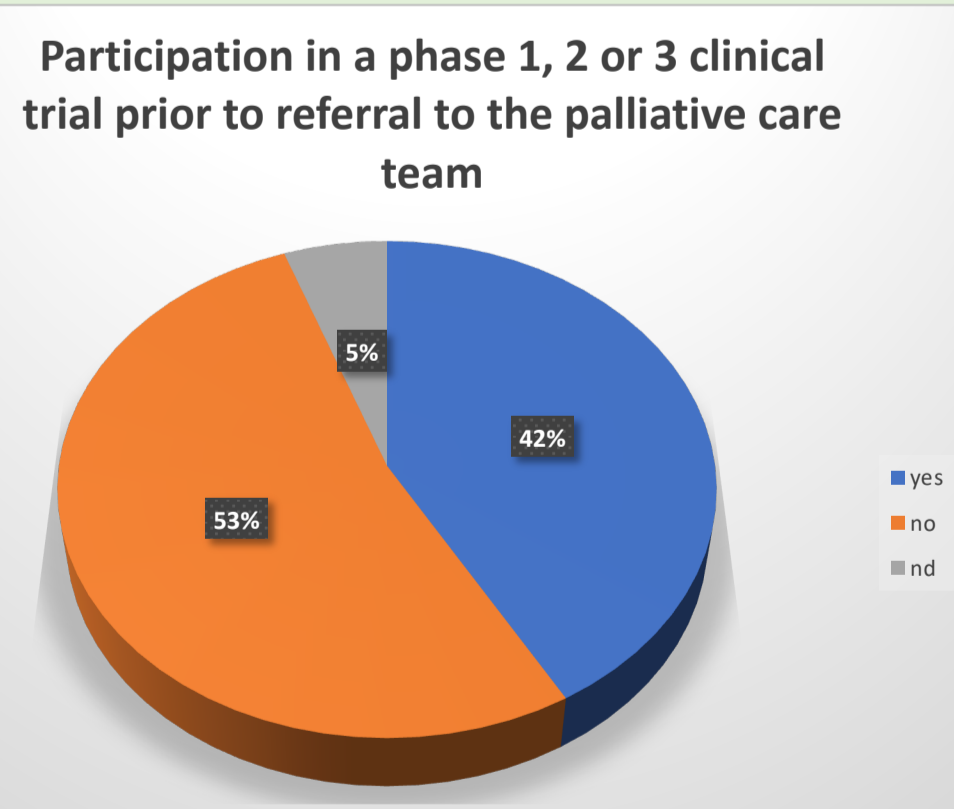
2. DATA COLLECTED AT 3 MONTHS

2. A. CONTACT WITH MOBILE TEAM PALLIATIVE CARE TOO LATE



64% of patients do not survive 3 months after inclusion in the study

No correlation between age, place of residence, occupation, prior participation in a clinical trial and 3 month survival



2. B. TELECONSULTATION PROCEDURE

Teleconsultations lasted between 20 and 35mn
Prescriptions sent by email or to the pharmacy

2. C. FREE EXPRESSION OF THE 8 PATIENTS INTERVIEWED ABOUT THE TELECONSULTATION PROCESS.

Importance of the face to face consultation :

"It's good to see your doctor's face, his expressions..." You talk as if it were "in real life".

Easy to show difficulties:

" She said to me during the consultation, "Are you in pain at the moment? So I got up, we got up together and I said "there it is"

Teleconsultations to replace face-to-face consultations
"After that, I'm saying that it shouldn't be for everything and it shouldn't be systematic, I think it's good that the patient has the choice between teleconsultation and a face-to-face appointment, depending on what's going on "

Less fatigue

"In fact, I think teleconsultation allows people to be freer, because you can postpone your appointment and you don't have to travel"

A relationship of trust

"It allowed me to be closer to her. Because I'm telling you, I had the impression that she was there just for me, and personally, I didn't care about the hospital environment "

CONCLUSION

- No major difficulties,
- Very few delays
- Very good connection
- Patients mostly alone during connection
- No real difficulties for elderly patients or those not used to screens

IN SUMMARY:

Telemedicine in palliative care allows the follow-up of a greater number of patients, and better equity
However, patients are referred to the mobile palliative care team too late
This reinforces the need not to reduce palliative care at the end of life but offer early care
But this would require a change in mentality