

025 PERSON-CENTRED CARE: BARRIERS AND ENABLERS FOR ITS IMPLEMENTATION IN CHILE

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Introduction In Chile there is a public health agenda that highlights PCC as one of the pillars of comprehensive care, which appears as an expectation and a need when considering the epidemiological change affecting the country. This online study emphasised the views of stakeholders at the first level of health care to describe the concept of person-centered care (PCC) and the barriers and facilitators for its implementation in Chile.

Methods A qualitative design study on a convenience sample was conducted. People over 18 years of age, managers, decision-makers, health professionals, and academics linked to the topic and/or critical community actors (patient organizations) participated. Semi-structured interviews were conducted online, following a guideline developed through the literature review and the researchers' consensus. All interviews were audio-recorded and transcribed verbatim. The information was analyzed following the Grounded Theory method.

Results The participants converged on a series of distinctive characteristics of the PCC, such as elements specific to the health professional, the patient and the therapeutic relationship established between them. In addition, professional training in the area (specifically relational elements), structural elements (such as achievement indicators), and patient preparation are identified as PCC's main barriers and facilitators.

Discussion The results of this research show that the relationship must move towards patient participation in their health care and the promotion of their autonomy, both central elements of patient' empowerment.

Conclusion This is the first study in Chile that identifies these conceptual and operational elements of the PCC. In the current regulatory framework of the country, it constitutes a contribution to advance towards the implementation of the PCC that is transversal to the different levels of health care.

026 WHEN AUTONOMY MEETS JUSTICE: THE BARRIERS TO IMPLEMENTING SHARED DECISION-MAKING IN BREAST CANCER CARE

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Introduction A national law has recently regulated cancer care in Chile. The document highlights the importance of delivering patient-centred care and involving patients in all decisions related to their health. One of the central rights supported by Chilean law is to ensure that patients access timely health-care. This is particularly relevant for breast cancer (BC), as women have guaranteed access to treatment from diagnosis to end of life. Therefore, it is necessary to explore the participation of the women in decision-making regarding their treatment for BC.

Methods A qualitative study was conducted. Eighteen health professionals (medical oncologists, radiologists, and surgeons) who were members of tumour boards at three hospitals participated. Individual in-depth interviews were conducted. Open and axial coding was done. Ethical approval was granted at each hospital.

Results Participants recognised the importance of women's participation in treatment. However, public policy forces them to follow a strict protocol that defines the medicines according to the disease's stage and the tumour's type. Patient participation is limited to accepting the treatment that the GES covers; otherwise, they can access healthcare with private providers, assuming out-of-pocket costs.

Discussion BC could be a devastating event for women, considering the treatment, prognosis, and affected quality of life. Although the current public policy seeks to promote patient-centred care, this tensioned two ethical principles: justice and autonomy.

Conclusion By ensuring coverage and access to care, the right to participation, considered a central element of the right to health, is violated, ignoring women's autonomy in decisions related to their care and their rights and duties regarding the actions associated to their health care. In this sense, the active participation of women is restricted to a minority group with the economic capacity to cover the costs of care outside the state guarantee, which widens the gap in health inequities.

027 WHAT IS THE ROLE OF PATIENTS IN BREAST CANCER TUMOR BOARDS? AN ETHNOGRAPHIC STUDY IN THREE CHILEAN HOSPITALS

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Introduction Chile has well-established early detection programs and has ensured free access to treatment for breast cancer (BC). The specific clinical guidelines identify tumor boards (TB) as a mandatory body that provides binding treatment decisions. Parallel, the new Cancer Law recognizes the importance of putting patients at the center and encourages them to participate in health care actively. However, more information is needed about the opportunity for patient involvement during BC care.

Methods This is the first phase of an ongoing three-year mixed-method study. For six months, non-participant observation occurred in three hospitals that provide BC treatment in Santiago: one public, one private, and one not-for-profit. The fieldwork comprised attendance at weekly meetings, looking for the negotiations, tensions, and forms of knowledge that lead to specific treatment decisions. After each session, the researchers wrote notes to describe the observation. Data were analyzed using thematic analysis.

Results 40 TB meetings (approximately 120 hours) were observed among the three hospitals. Preliminary results show that there is scarce room for patient involvement within TB for BC treatment, with the predominance of biomedical approach to case analysis. The 'body' of the patient and her