

Results. Our study sample included 8 participants, including 4 nephrology providers and 4 palliative care providers. We identified five themes: providers' stereotypes, patients' mistrust of providers, patients' end-of-life preferences, available community resources, and patients' family dynamics. Stereotypes were present in every theme, although most participants did not acknowledge the role that the stereotypes played in establishing trust and building therapeutic relationships conducive to end-of-life discussions.

Conclusion(s). Providers who serve American Indian patients with kidney disease should consider training in trauma-informed care and cultural sensitivity. Stereotypes of American Indian patients may impact providers' ability to build trust, a key component of end-of-life conversations, and contribute to misperceptions related to family dynamics, end-of-life preferences, and available community resources.

Impact. Our findings illustrate the need to develop and test culturally appropriate approaches to palliative care for American Indian patients. Future research efforts should adopt a community-based approach that engages tribal members and incorporates traditional approaches, cultural sensitivity training, and education about the role of provider stereotypes and implicit biases. Efforts to increase palliative care access to American Indians should be expanded to other specialties such as oncology, pulmonology, and cardiology.

Manifestations of Opioid Stigma in Patients with Advanced Cancer (RP316)

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Outcomes.

1. Conceptualize stigma surrounding prescription opioids by using the Opioid Stigma Framework
2. Describe manifestations of opioid stigma in patients with advanced cancer
3. Describe potential management approaches to mitigate the impact of opioid stigma in patients with advanced cancer

Importance. Patients with advanced cancer are routinely prescribed opioids for pain management. However, high-profile efforts to address the opioid epidemic contribute to a widespread negative view of opioids. As a consequence, emerging evidence suggests that stigma surrounding prescription opioids, or opioid stigma, may complicate cancer pain management. However, little is known about how opioid stigma manifests in the experiences of patients with advanced cancer.

Objective(s). Explore manifestations of opioid stigma in patients with advanced cancer.

Method(s). Our study took a qualitative description approach. Qualitative interviews were conducted between 02/2020 and 05/2021. Participants were patients with advanced cancer and pain, prescribed or recommended opioids for their pain, identified by their oncologist; and patient-identified support people (family member or friend). Interviews were coded by two experienced qualitative analysts, using a codebook developed inductively from the content of the interviews, and content and thematic analyses were conducted.

Results. A total of 20 patients and 11 support people participated. Three themes emerged. First, participants described direct experiences with opioid stigma and opioid-related discrimination in healthcare settings, generally in settings outside of their oncology clinic (e.g., pain clinics, pharmacies). Second, participants endorsed concerns about opioid stigma impacting patient care in the future. Finally, patients displayed opioid-restricting attitudes and behaviors that may reflect internalized stigma and fear of addiction.

Conclusion(s). These results suggest that opioid stigma is a central challenge for patients with advanced cancer. Participants described specific, addressable manifestations of opioid stigma, including internalized and anticipated stigma and experiences of discrimination. Interventions to address opioid stigma at the clinician/systems level and mitigate the consequences of opioid stigma for patients with advanced cancer are needed to improve cancer pain treatment.

A Validated Spiritual Screening Tool for Serious Illness: The PC-Spirit (RP317)

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Outcomes.

1. Understand the importance of spiritual screening
2. See evidence of the PC-Spirit internal and external validity
3. Discuss the usefulness of implementing the PC-Spirit in clinical practice

Importance. Spiritual and existential beliefs, for those religious and not, are associated with improved quality of life, reduced suffering, and preferences for care. Yet tools that systematically assess need; link those needs with intervention, treatment recommendations, and outcomes; and communicate needs with other