Introduction: End-of-life (EoL) care is a major component in the management of patients with advanced COPD. Patient-physician communication is essential in this process. Aim: To evaluate the practice of Portuguese Pulmonologists in EoL communication and palliative care in COPD. Methods: An online survey was sent to physicians affiliated to the Portuguese Pneumology Society. Results: We obtained 136 answers from 464 eligible participants (29.3%). About half of the physicians reported that they have rarely introduced EoL discussions with their COPD patients (48.5%). Most had never/rarely suggested decision-making on the use of invasive mechanical ventilation (68.4%). Discussions were described as occurring mostly during/after a major exacerbation (53.7%). Only 37.5% of participants reported treating dyspnoea with opioids frequently/always. Only 9.6% stated that they never/rarely treated anxiety/depression. Most participants perceive the discussion of EoL issues as being difficult/very difficult (89.0%). The reasons most frequently given were feeling that patients were not prepared for this discussion (70.0%), fear of taking away a patient’s hope (58.0%) and lack of training (51.0%). Conclusion: Patient and medical staff EoL communication in COPD is still not good enough. Training in this area and the creation of formal protocols to initiate EoL have been identified as major factors for improvement.

Keywords
COPD, Palliative care, End-of-life, Communication.