

**P147 THE END OF LIFE CARE STRATEGY: WHERE NEXT?**Barbara Gale *St Nicholas Hospice Care, Bury St Edmunds, UK*

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**Introduction** This research used discourse analysis to examine the End of Life Care Strategy (EOLCS).

**Aim** To uncover dominant, marginal and missing discourses and discuss the implications of these. This research was based on the concept that language does not provide a neutral description of the world.

**Results** The analysis identified dominant medical discourses that included 'not talking' and defining a time called 'end of life'. Professional involvement was seen to be crucial in all aspects of end of life care, which seemed to be in line with a government's approach to influence all life processes from pregnancy, birth and death. There were no discourses identified that related to user involvement, compassion or health promotion.

Although there was great emphasis on encouraging people to state their preferences and choices it was purely in relation to their care preferences and place of death. People were described passively and there was no mention of people being encouraged to be in control of the own conditions as there is in other long term conditions. By positioning people in this way the discourses in the EOLCS may be perpetuating the idea that those at the end of their lives are different to everyone else and need to be treated differently.

**Discussion and conclusion** The research concludes and suggests that there are already alternatives to a medical discourse by using a health promotion model of palliative care. Dying happens to everyone and does not mean they need to be treated differently. Hospice should consider whether the EOLCS is truly the document that guides the way forward or not. The Demos report offers an alternative to the EOLCS and new challenges for hospices.