Conclusions As a healthcare community we are faced with the challenges of illness, uncertainty and death every day. However we are poor at considering our future EOL care. Despite having an awareness of the importance of sharing our thoughts with our loved ones we only do this half the time. By openly talking about death and dying we encourage our community to do the same. The hope is this will allow us to do better when talking to our patients.

Ethics | posters 92 – 95

92 ETHICAL CHALLENGES OF ARTIFICIAL INTELLIGENCE TECHNOLOGY IN PALLIATIVE CARE

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Background Artificial Intelligence (AI) is an area of computer science which involves the development of intelligent machines that work and react like humans. AI has potential to improve healthcare delivery through purposeful analysis of clinical record data. Examples of AI use in palliative care includes the analysis of electronic patient record data to predict survival, classify pain severity and to identify important clinical discussions. Despite the opportunities of AI, there are a number of ethical challenges of using this technology in palliative care. Consequently, this study aimed to identify the ethical challenges of AI in palliative care.

Methods A narrative scoping review of literature was undertaken to identify the evidence of AI use in palliative care. Three real-world case studies using AI in palliative care were critiqued in depth, using the four ethical principle framework (Autonomy, Justice, Beneficence, Non-maleficence). Ethical challenges were identified and summarised into themes.

Results Very few studies have examined the use of AI in palliative care; no studies discuss the ethical challenges as the primary focus. Ethical challenges for AI in palliative care were summarised into four themes: (1) Data privacy and security; (2) Artificial stupidity; (3) Prognostication; (4) Unexpected results and bias.

Conclusions AI has potential to support delivery in palliative care; however, a number of important ethical challenges need to be considered. AI healthcare data analysis should be built around an ethical framework. This is important in palliative care as individuals may be more vulnerable compared to other specialities. Research to determine the views and opinions of a patients, caregivers and healthcare professionals is urgently needed. Our work has led to the development of recommendations for ethical AI research in palliative care, which will hopefully guide meaningful use of this technology.

93 IN YOUR OPINION WHAT ARE THE MOST IMPORTANT ETHICAL ISSUES FOR THE SPECIALTY IN THE NEXT FIVE YEARS AND HOW COULD WE ADDRESS THEM

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Introduction Just access to palliative care for people from Black, Asian and Minority Ethnic (BAME) populations has long been recognised as a prominent ethical issue in the specialty. However, changing social, political and demographic factors mean that this issue is especially significant now.

Methods This essay reviews literature and population data to explore the barriers faced by people from these groups in the UK. They are grouped into patient-level, society-level and structural barriers, with provider-level mediators.

Findings There are numerous patient-level, personal barriers in palliative care. Frequently denoted examples include cultural, religious and linguistic differences between patient and caregiver. Although the exact nature of these barriers varies between ethnic groups, their existence remains relatively unchanged over time. However, recent society-level factors – the demographic changes of an ageing, diversifying, mobile population – is magnifying their impact currently. Structural changes also lend the issue contemporary significance. Namely, the so-called ‘hostile environment’ policies of recent governments have produced new barriers to palliative care. Although palliative care is exempt from patient charging, and the policies do not specifically target BAME populations, both are still affected. Poor implementation has led to inappropriate identity challenges, hospital fees and denial of care, which has in turn worsened health-seeking behaviour and healthcare experience amongst people from BAME groups.

Suggested solutions The solutions suggested are rooted in medical education: the provider-level factors that mediate barriers to care. These include ‘structural competencies’ to encourage engagement of clinicians in political discourse, and ‘cultural competencies’ to facilitate greater understanding between clinicians and patients. Inclusion of these extra-clinical competencies into training would create a healthcare workforce that is able to commission equitably, engage with policy and care effectively.

94 ENABLING DYING PATIENTS TO TAKE PART IN RESEARCH USING ADVANCED CONSENT METHODOLOGY

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Background Palliative care research is essential to establish evidence based models of care that are required to improve outcomes for people with terminal illness. Obtaining informed consent for participation in hospice and palliative care clinical trials is an ongoing challenge faced by researchers.

Aim By consenting patients in advance, we aimed to improve research opportunities in the last week of life.

Methods Since 2017, an advanced consent methodology was used to recruit participants to two end of life care studies (UK National Institute for Health Research Portfolio study) from a specialist palliative care inpatient unit. Potential participants with capacity were given information by a researcher, which outlined the study aims and the advanced consent process. This included explanation of the end of life assessments. A ‘Personal consultee’ was