identified to act as a point of contact should the participant lose capacity to consent to further assessments. Once recruited to the study the researcher ensured regular contact with both participant and consultee throughout their inpatient stay.

**Results** A total of 101 people have participated in these studies over a 2-year period. The high recruitment rate (83%, n=101/121) demonstrates a willingness of the hospice to take part in end of life research; this is consistent with previous work about palliative care research participation. Feedback has been positive with patients, caregivers and staff through the entire research process.

**Conclusions** The advance consent process is an effective way to facilitate research participation at the end of life. People with palliative care needs want to participate in studies which include assessments in the dying phase of their illness. Caregivers have shown great desire to support research. Researchers should consider the potential to use the advance consent process to improve research participation for people who are dying.

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**96 UNDERSTANDING THE MEANING ATTRIBUTED BY JORDANIAN PARENTS OF CHILDREN WITH CANCER TO THEIR ILLNESS: A PHENOMENOLOGICAL STUDY**

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Background Jordanian culture is a variant of Arab-Islamic culture that comprises two intertwined strands: the interpretation of Islamic religion and vernacular Arab culture. Few studies have been conducted in the Middle East to explain the way culture shapes and reflects parents’ lived experiences and interactions with their children, particularly concerning the meaning and philosophy of disease.

**Methods** The aim of this study was to explore the lived experiences of Jordanian parents of children with cancer. The study investigated the cultural meaning of illness and how it affected parents’ lived experiences of their children’s illness. The study adopted a hermeneutic phenomenological approach informed by the philosophy of Martin Heidegger and used semi-structured interviews. The study was conducted in one paediatric oncology unit in one Jordanian hospital.

**Results** Twenty-five interviews were collected from 24 mothers and one father. During the interviews, the parents expressed that their spiritual beliefs helped them accept their child’s disease. Showing patience towards the suffering of their children was perceived as an important value the parents tried to stick to despite the deep suffering the children were experiencing. All the parents demonstrated a thankful approach as they perceived that everything that happens to their child is according to destiny. The beliefs the parents held about their child’s illness were perceived to positively affect the way they interacted with them. This was especially so in sensitive situations, such as their reactions to initial diagnoses and receiving bad news.

**Conclusion** The findings of this study will inform the education of health professionals and increase their understanding of the beliefs and practices demonstrated by the study’s participants and their integration into supportive patient plans.

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**97 HOW DO PHYSICIANS IN SOUTH INDIA RECOGNISE, ASSESS AND MANAGE CHRONIC BREATHLESSNESS AND IS CHRONIC BREATHLESSNESS CONSIDERED A SYNDROME OR DIAGNOSIS?**

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**Background** Chronic breathlessness syndrome has been recently defined to help clinicians actively seek and patients legitimately present with persistent breathlessness, and to drive service development and research. There are many evidence-based interventions emerging. However, the naming and defining process did not include views from low to middle-income countries, where chronic breathlessness is a significant issue.