

Results A curriculum model was developed to include the following topics:

- History of dying, cultural aspects and changes in society
- Public perception of dying and whether we should talk about it
- DNACPR
- An overview of palliative care in the UK
- Ethical issues at the end of life

Accompanying resource material was developed by the Specialist Palliative Care Team in collaboration with the school.

Conclusions This important work has the potential to increase the understanding of palliative care and end of life issues amongst young people in Gateshead and in schools more widely.

11 LIFE'S HARD AND THEN YOU DIE: PHD EXPLORING END OF LIFE PRIORITIES FOR PEOPLE EXPERIENCING HOMELESSNESS WITHIN THE UNITED KINGDOM

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Background People experiencing homelessness often die young and without adequate support. In the UK, they fail to access palliative care services and their end-of-life priorities remain poorly understood. They are dying on the streets and in hostels without adequate support and, while there is ample literature surrounding the barriers to appropriate end of life care, the EoL priorities of people experiencing homelessness in the United Kingdom (UK) remain poorly understood. This study aims to bridge the gap in knowledge.

Aims To explore the end-of-life concerns, fears, preferences and priorities of a sample of people experiencing homelessness in the UK.

Methods This is an interpretive phenomenology. Data collected through semi-structured, audio-recorded, face-to-face interviews with 21 homeless participants in the UK were analysed iteratively using thematic analysis. Findings have been interpreted through the lens of Merleau-Ponty's philosophy.

Results Eight themes are reported: spiritual concerns; practical concerns; fear of needing care; fear of being forgotten; preference for dying suddenly; preference for being somewhere comfortable where people know me; prioritising autonomy and self-determination; and prioritising authenticity.

Conclusion Traditional palliative care services are possibly an unattractive resource for this population, so new approaches to care are required. Deeper understanding of the EoL concerns, fears, preferences and priorities of this marginalised population will support the development of accessible, culturally relevant, person-centred support for people experiencing homelessness with advanced ill-health in the UK. A strengths-based, trauma-informed, person-centred, collaborative 'compassionate community' approach to end of life care is recommended. Furthermore, the development of peer-support workers, trained in the principles of palliative care, should be actively encouraged and supported within the hostel as the hub of a compassionate palliative care community.

12 PROFESSIONALS', PATIENTS', AND FAMILIES' VIEWS ON THE USE OF OPIOIDS FOR BREATHLESSNESS: A RAPID SYSTEMATIC REVIEW USING THE FRAMEWORK METHOD AND PILLAR PROCESS

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Background In combination with disease-modifying therapies and non-pharmacological interventions, opioids can safely reduce breathlessness in patients with severe illness. However, implementation in clinical practice varies.

Methods Three electronic databases (MEDLINE and Embase via OVID and ASSIA via Proquest) were searched (March 2020) using a predefined search strategy. Studies were also citation chained from key papers in the field. Reviewers FR and JC double-screened titles and abstracts of papers against the a priori eligibility criteria. FR independently read and extracted data from included studies using the five-stage framework synthesis method: familiarization, framework selection, indexing, charting and mapping. FR then used the pillar process to synthesise qualitative and quantitative data in four stages: listing, matching, checking and pillar building. Reviewers FR, JC and MP critically appraised included studies using the MMAT.

Results 843 papers were identified from database searches and citation chaining after de-duplication. Following screening 22 studies were included in the synthesis. Five themes were developed which comprise of both barriers and enablers to opioid use for breathlessness: i) clinician/patient background, ii) education/knowledge/experience, iii) relationship between clinician/family, iv) clinician/patient fear of opioids and v) regulatory issues. The review highlights significant barriers and enablers to the use of opioids for the symptomatic treatment of breathlessness based on the knowledge, views and attitudes of clinicians, patients and families. The review shows clinicians' interactions with patients and their families strongly influences concordance with opioid treatment regimens for breathlessness.

Conclusions As clinicians', patients', and families' knowledge about the delicate balance between opioid benefits and risks is generally poor, education is likely to be a necessary but not sufficient factor for improving the implementation of opioids for breathlessness. Further research ought to address ways of improving clinician, patient and family therapeutic relationships and improving knowledge on opioid use for breathlessness.

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13 HOW IS PROFESSIONAL 'TRUTH-TELLING' PERCEIVED BY CARERS OF PATIENTS WITH SEVERE STROKE?

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Background Stroke is the second largest cause of death worldwide. Perceived poor communication is a major cause of