Research using video-recordings of actual consultations is increasingly providing better understandings of healthcare communication, and grounding new and effective interventions. Video-recordings provide details inaccessible through interviews and ethnographic observations. Initial work in a Health Association funded study involved consulting stakeholders and collating existing guidance to inform reasonable and ethical procedures for video-research in a hospice.

**Aims** To gather hospice patients’, their significant others’ and staffs’ perspectives on acceptable and feasible approaches to collecting video-recordings of hospice consultations for research and teaching about expert communication skills. To collaboratively produce a protocol for making and using recordings.

**Methods** Patients and family members (n=14), experienced doctors and nurses (n=9), and educators (n=5) from a large
hospice participated in audio-recorded qualitative interviews or focus groups, discussing: procedures for recruitment, consent processes, potential effects of video-recording on consultations, and use of video-clips within face-to-face teaching. Transcripts were thematically analysed, and findings triangulated with existing video-research guidance. A draft protocol for video-research in palliative care was refined through two rounds of consultation with a subsample of interviewees/focus group members.

**Results** Views about the pros and cons of the research varied. Staff were more likely to emphasise restricting research to protect vulnerable people. Patients and family members tended to: emphasise the usefulness and need for the research; say patients and their significant others should be offered opportunities to participate; and note participation could be a positive element within the difficult experience of life coming to its end. Patients expressed very definite views about whether they personally would or would not be willing to be video-recorded. Across participants there were diverse views on whether recording would affect consultation behaviours.

**Conclusions** Besides underpinning the design of our study, findings add to the knowledge available to underpin sensitive and appropriate design of palliative care research and ethical oversight thereof.