Background  The disciplines of palliative care and archaeology have rarely had the means or incentive to engage. This research introduces a new project which initiates dialogue between the study of the ancient and the contemporary. The project is in its exploratory stages and participation in PCC will inform future research direction. Archaeological evidence provides new information which challenges culturally-constructed notions of acceptable mourning behaviour, providing new insights into grief and mourning, and the anticipation of death and loss. For instance, Neolithic case studies include the phenomena of plastered skulls (the recreation of faces of the deceased onto crania, using clay or plaster), a practice which, rather than being abhorrent or disrespectful, suggests deep-rooted reactions to death, dying, and a need to keep the dead physically and emotionally close.

Aims  To bring archaeological case studies into the Palliative Care profession to:
- Provide evidence for the longevity and deep-rooted experiences of grief and loss (including Continuing Bonds)
- Provide a tool for facilitating discussion around death and mortality using a removed yet compelling data set (currently problematic with contemporary attitudes and near-taboo status of death)

Methods  The archaeological analysis is qualitative and has taken a case-study, contextual approach. In addition, data from excavation sites has been analysed to determine age, sex, cause of death, use, display, decoration, damage, repair and location.

Presenting archaeological data at PCC is a preliminary stage of the project, inviting responses from PCC delegates which will inform future research direction and collaboration.

Results  Archaeological research demonstrates strong evidence of Continuing Bonds in archaeological contexts, yet this is rarely communicated outside of archaeological discourse. Engagement through PCC will provide further incentive for collaborative research between Humanities and Health Care professionals in exploring the potential role of the past in informing contemporary practice around death, dying and end of life care.