

P-12 DEVELOPMENT OF THE PREPARATION STAR™-A TOOL TO SUPPORT HOLISTIC ASSESSMENT AND VITAL CONVERSATIONS

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Background The government is committed to increasing access to palliative care that meets best-practice guidelines advocating patient-centred and holistic support (*Our commitment to you for end of life care. The government response to the review of choice in end of life care*. Department of Health, 2016; Siouta, van Beek, Preston, Hasselaar *et al.*, 2016). The Preparation Star was developed in response to this commitment, and to calls within the palliative care sector for a tool to empower patients to talk with professionals, family or support workers about what is important for them and make plans when approaching end of life.

Aims The development of the Preparation Star addressed the need for a collaborative tool as identified above, particularly in relation to psychosocial support needs. Specific aims were to determine the outcome areas and the Journey of Change describing movement in each area, and to conduct initial validation work on the pilot version.

Methods A literature review informed the first focus group, which included professionals from two hospices and two organisations managing care homes. Scales were drafted and discussed at a second focus group and refinements made before piloting in the organisations. Patient feedback and pilot data was discussed at two final focus groups before further refinements.

Results The Preparation Star identified patients' needs, with 91% reporting significant issues in at least one area. All patients reported that completing the Preparation Star was positive and 88% felt it provided a helpful picture of their situation. It was completed most successfully in hospice outpatient facilities with those not immediately facing end of life. Internal consistency was good ($\alpha=0.79$) and there was no item redundancy.

Conclusions Initial findings suggest that the Preparation Star has good psychometric properties and is perceived as acceptable and useful. It may be best suited for use earlier in the end of life pathway. Further research is planned to conduct a full validation of the psychometric properties of this Star including factor analysis and responsiveness.

P-13 DYING THROUGH THE LOOKING GLASS-MEDIA INFLUENCES ON DEATH AND DYING

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This research contributes to the professional understanding of the contextual conditions that exist in end of life care. Using a Foucauldian lens, this research explores the apparatus and *technologies* of power at play and considers the impact of mainstream media on discursive practice in end of life care. Mass media campaigns have had a

significant impact on end of life care, developing a sense of scandal and moral panic amongst the population. This research highlights the tensions, challenges and possibilities that emerge from the intersection between media and healthcare practice.

Foucauldian discourse analysis has provided a philosophical lens through which to view this research and explore the professional contexts in which we operate. Collection and analysis of media artefacts from journalistic press in the form of broadsheet newspapers and terrestrial television (factual outputs) were undertaken. In addition, self-recorded narratives from nine healthcare professionals working in end of life care were transcribed and analysed.

The findings from this research have given rise to discourses that have been aligned to specific domains of understanding – *technologies*. *Technologies* enable us to highlight the way in which structures and functions within political and social institutions can manipulate populations or individuals, or indeed how power can shape human conduct. The *technologies* are: *technologies* of caring; *technologies* of power; *technologies* of self; and *technologies* of representation and professional apparatus.

The mainstream media influences discursive practice in end of life care; therefore, professionals need an appreciation of how they might deal with the challenges and opportunities posed. Exposing dying and the discursive formations in this research offers a novel insight into how healthcare professionals are not immune to, but are part of, the influences that mediate how care is delivered at the end of life; how, indeed the media can have such a strong influence on perceptions and understanding.

P-14 THE BEST DEATH I'VE EVER WITNESSED: EXAMINING RESPONSES TO NEW NARRATIVES AROUND END OF LIFE CHOICE

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Background Dr David Juurlink recently used Twitter (18 May 2019) to describe why one of his patients requested assistance to die under Canada's Medical Aid in Dying (MAiD) law. Dr Juurlink's tweet has over 31k retweets, 71k likes and 1.2k comments.

Aims To analyse responses to Dr Juurlink's tweet.

Methods A thematic analysis of responses to Dr Juurlink's tweet was conducted.

Results Responses were overwhelmingly positive.

Expressing gratitude:

'...Thank you for being open-minded and respectful of her and her families wishes. Thank you for easing her pain ... thank you to MAiD who gave her dignity and autonomy on her last journey.'

Sharing experiences:

'Thank you for sharing... I painfully watched my mother take a week to pass away when the end was inevitable. It will haunt me for the rest of my life.'

Segueing into broader end-of-life issues:

'...your patient was able to bring her life to a close in comfort and with dignity not only because of MAiD, but also her willingness to openly discuss her mortality and wishes with both her MDs and her family ...'