Communicating uncertainty can impact the success of relational trust in medical interactions. But, research on the communication of diagnostic uncertainty is sparse.

Objective To explore links between communication of uncertainty in diagnostic statements and trust in doctor-patient interactions.

Methods Combining interdisciplinary insights from medicine and applied linguistics, we analysed a corpus of 16 transcribed, video-recorded role-plays recorded during a practice high-stakes exam for international medical graduates (n=16) to gain medical accreditation in Australia. Fifty percent of doctors communicated the correct diagnosis. Analysis of the entire interaction traced discourse features associated with building relational trust. Informed by literature, we identified all diagnostic statements and analysed deductively for type of statement, ranging from plain assertions, to providing evidence to generalisations, and to identify implicit and explicit discourse feature associated with expressing uncertainty.

Results Preliminary results showed that in role-play interactions with incorrect diagnosis clinicians drew more heavily on evidence in their diagnostic statements than in interactions with correct diagnoses. This suggests that clinicians might seek to build trust by supporting uncertain diagnosis with evidence.

Conclusion There is a complex interplay between a clinician's accuracy of diagnosis, their use of implicit vs. explicit expressions of uncertainty (e.g. modal verbs vs. 'I don't know') and the creation of trust. We are currently exploring this complex relationship to understand how trust can be enhanced.

10 'IT'S ABOUT PUTTING ON DISPLAY A SHOW, BUT ACTUALLY ALL THE DECISIONS ARE BEING MADE BACKSTAGE': PUBLIC INVOLVEMENT IN DECISIONS TO CHANGE HEALTH SERVICES AT A LARGE-SCALE

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As proposals for large-scale change (LSC) to health services are associated by the public with making cuts and downgrading services, public involvement – a dominant motif in national healthcare policy – is thought as a way to legitimise plans and resolve tensions. Yet, little is known about how involvement is interpreted and operationalised or how it may impact LSC plans and resolve controversy.

This grounded theory study explored the social and political dynamics underpinning public involvement in two English communities facing service closures under a regional LSC programme. Document analysis, 27 interviews (with the public, campaigners, politicians, clinicians, Healthwatch, involvement practitioners and decision-makers) and over 100 observations hours were conducted to build a comprehensive model for involvement in LSC.

The resultant theory is set against the backdrop of a changing health system. Invited involvement, stemming from technocratic processes institutionalised within health services, was experienced by the public as inadequate, manipulative and having no influence on decision-making. By instrumentalising

involvement to manage opposition and constrain public deliberation, health planners created an environment of distrust, omnipresent during fieldwork. Rather than address issues of trust, health planners became 'entrenched', further fuelling opposition and self-mobilisation of the public. Hence, the public actively questioned the evidence for change, opposed LSC plans and sought alternative uninvited routes to voice their views and challenge change. While the technocratic model aimed to depoliticise LSC, uninvited actions – initiated by members of the public turned campaigners – were a means to re-politicise it. Campaigners added another layer of scrutiny on decision-makers and contributed to the delay of service closures.

Distrust in involvement is long-lasting and shapes future relationships with the public, even after controversial plans are dropped. This grounded theory study provides a more nuanced understanding of public involvement in controversial LSC and seeks to contribute to current debates.

11 BACK TO MEDICAL AUTHORITY: HOW TRUST DEFINES THE WAY OLDER PEOPLE IN SAO PAULO SEARCH FOR HEALTH INFORMATION AND CARE

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At the same time Dr Google, specialized Youtube channels and m-Health apps provide an unprecedented amount of health information, the deliberation about what content to trust challenges people's empowerment and autonomy to manage their own health. Based on a 16-months ethnography conducted in São Paulo, Brazil, we address the role trust plays in the strategies adopted by older people to consume health information and to achieve medical guidance through WhatsApp. In this work-oriented community, curating useful information is one of the activities older people do after retirement. By sharing them on their multiple WhatsApp groups, they can recover their sense of utility. Health tips and information are among the contents they share the most. As the reputation as curators is attributed to the person who shared the information first, they are in a running for novelty. As a consequence, it is common that they end up sharing fake news. They usually explain they didn't check it because they trusted the person who shared it first. One-quarter of Brazilians evaluates the veracity of content based on the same criteria. Moreover, health content usually refers to a doctor or institution, which can also gain older people's trust as they still respect medical authority. Medical authority is also what they seek for when they need assistance. However, they bypass the health system bureaucracies and ask their friends for guidance on WhatsApp. These friends (or friends of friends) are not any friend, but those who work in healthcare are. With this specificity, they can achieve guidance that is at the same time informal and professional, as these friends are medical authorities they feel they can trust. Despite all information available online, this work aims to discuss how trust, intrinsic to human relations, can be determinant to our relationship with technology, health and care.