23 WHAT CAN BE LEARNED FROM ETHNOGRAPHIC RESEARCH ON TRUST BETWEEN PHYSICIANS AND PARENTS AND BETWEEN PHYSICIANS AND CHILDREN WITH CANCER

I Manor Binyamini. *Faculty of Medicine, Technion, Israel*

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Despite theoretical and empirical support for the importance of trust in the physician-patient relationship, there are few studies focusing on the construction of trust among physicians, parents, and children.

The purpose of the proposed lecture is to introduce verbal and nonverbal behaviors, that may shape and establish trust between physicians and parents, and between physicians and children with cancer.

An ethnographic study, examining the work of all physicians in one oncology ward, in a hospital, and a sample of 27 parents and 27 children with lymphoblastic leukemia. Triangulation was conducted in the study: 1) Observations in various discourse arenas, documenting a year of the physicians' work. 2) Semi-structured interviews with all doctors, children and parents 3) Collection of documents. Data analysis included: exact transcriptions of all research materials as well as content analysis.

Findings All parents and children, the conditions for establishing trust with a physician were: the duration of their acquaintance with that physician, frequency of the child's treatments, that physician being the child's regular doctor, and the physician's attitude toward the child and the parent. In addition, the study findings revealed two common themes for parents and children that form trust between physician-parent, and physician-child, these two main themes are: physician's attitude and professionalism. The proposed lecture will focus on the first theme – the physician-parent and physician-child relationships, this theme includes four categories that shape trust, which were reported, with high frequency, by parents and children, and these are: patience, humanity, sharing information and respect, in each of the categories, both verbal and nonverbal characteristics behaviors were found, which I will present in the lecture. The findings of this study could have important implications for physician training, and the quality of care that physicians provide.

24 (MIS)TRUST IN 'TRIANGLES OF CARE': INFORMAL CARERS AND ANTIPSYCHOTIC MEDICATION REDUCTION

¹N Morant, ²A Lewins, ¹S Orlando, ³J Stansfeld, ¹J Moncrieff. ¹University College London, UK; ²UCL Great Ormond Street Institute of Child Health, UK; ³North East London NHS Foundation Trust, UK

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Background Antipsychotic medication is a mainstay of treatment for people diagnosed with psychosis in the UK and elsewhere. There are numerous co-existing 'truths' about antipsychotic medication that reflect different stakeholder perspectives. These include the role of medication in symptom management, its contribution to preventing or reducing relapses, experiences of debilitating negative effects, and potentially serious health complications. Family or informal carers may subscribe to any of these views of medication that may or may not concur with those of others within individual

'triangles of care' (between informal carers, service users and mental health practitioners/prescribers).

Aims and Methods We interviewed samples of family and informal carers about their views on the antipsychotic medication prescribed to the person they care for, and in particular about potentially reducing or stopping this medication. Some of these interviews took place within the RADAR trial on clinically supported antipsychotic reduction/discontinuation.

Results Carers' views about antipsychotics were complex and ambivalent, and demonstrated varying levels of trust in medication, often as a provider of fragile and precious stability (despite acknowledgement of its adverse affects), but also in either enabling or hindering the person's well-being, agency and social functioning. Similarly, carers' trust in prescribers and the mental health system varied. Some felt their expertise in picking up early signs of relapse, and their detailed knowledge of the person were overlooked in care decisions and planning. Carers commonly described their constant vigilance in monitoring service users' medication-taking, and behaviours and moods for signs of deteriorating mental health.

Conclusions Findings highlight the dynamics of trust within triangles of care. They allow consideration of how the various truths of stakeholder perspectives and agendas might be better acknowledged and combined in discussions and decisions about medication, and how trust might be developed or enhanced.

25 EXPLORING CULTURAL SAFETY AND ETHICAL SPACE IN UNDERSTANDING HEALTH CARE ACCESS AMONG MAASAI IN NORTHERN TANZANIA

¹T Mtuy, ²J Mepukori, ¹J Seeley, ¹M Burton, ¹S Lees. ¹London School of Hygiene and Tropical Medicine, UK; ²ECLAT Development Foundation, Tanzania

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The history of the Maasai, a pastoralist tribe in Northern Tanzania, in the last century has led to marginalization, cultural discrimination and political subjugation. Such tension and resentment make delivery of health care increasingly challenging. Structural drivers of disease have both increased marginalized populations' risk of disease and response to health policies and programs. Cultural safety and ethical space provide a lens into social, political and historical influences on access to care. Considering an unequal distribution of resources and power, these frameworks help understand the realities of historically marginalized populations such as the Maasai, and responses to health services.

This study, situated in a larger ethnographic study conducted September 2016 to December 2017 in Maasai communities in Northern Tanzania, examined health care access through cultural safety and ethical space. We used participant observations in various health care settings and interviews to form the basis of the data analysed. Thematic analysis was used to understand barriers and facilitators to health care access.

Despite trust in biomedicine, Maasai have a strong desire for health services with particular characteristics. Quality of care, including facilities and diagnostics available and utilized was important. A sense of fairness was a determinant in respecting services including 'first come first serve' system and transparency when unable to treat a condition. Trust in health services was also influenced by personal interactions with