difficult,⁶ making it hard for clinicians, patients and families, to alter mindset from one of 'cure' to one of comfort, bringing different challenges to these discussions.

Aim Assess the quality and content of end of life conversations in a London Critical Care Unit (CCU).

Methods The notes of 15 patients who had recently died on the CCU were reviewed by two clinicians (DB and JA). Content analysis approaches used for documentary review were used. Emergent themes were identified from the data and discussed between reviewers. A data extraction form was then developed by modifying the UCLH 'Excellence at End of Life Framework' to ensure consistency between reviewers. Extracted data were then synthesized to answer the research questions.

Results Conversations in critical care occur, but normally happen with family because the patient lacks capacity. The reasons for lack of capacity are rarely documented, but can be deduced from surrounding documentation (e.g. patient is sedated). The conversations cover the 'key points' for decision making and it is possible to understand what has/is happening. An area which is often missed is the spiritual and psychosocial support for patients and families.

Conclusions The prognostic uncertainty of treatment in critical care often delays diagnosis of 'dying' to a point when it is too late for patients to communicate their wishes. In our cohort, this resulted in the majority of conversations happening with family. Spiritual and psychosocial support was frequently missed in these conversations. This omission might be due to a heavily 'technological culture' prevalent in critical care.

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P11 PERCEIVING THE DIVERSION POTENTIAL OF THE BUPRENORPHINE/NALOXONE COMBINATION IN TAIWAN

Jia-Shin Chen. *Institute of Science, Technology, and Society, National Yang-Ming University, Taipei City, Taiwan*

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Background The buprenorphine/naloxone combination was first introduced in Taiwan in 2005 and has since been widely used in clinical settings to treat opioid dependence. This medication can be prescribed by any physician with a valid license. The other treatment option is methadone, but its use is strictly supervised by psychiatrists only and distributed through government-certified hospitals. Considering the relatively loose architecture (a concept of sociologist Shobita Parthasarathy) of the buprenorphine/naloxone combination, diversion has become a potential public-health concern.

Objectives This study aims to examine the diversion potential of the buprenorphine/naloxone combination from the perspective of healthcare providers and situate this medication's

perceived potential in an architecture of pharmaceutical governance taking form out of institutional, professional, and social conditions.

Methods Data are collected by reviewing relevant archives encompassing academic journals, newspapers, official and professional documents, and statistical reports. Additionally, in-depth interviews were conducted with 20 professionals who were involved in the distribution and management of the buprenorphine/naloxone combination.

Results The architecture of buprenorphine/naloxone governance is best characterised as a sociomaterial assemblage taking shape in a historical process. On the social side are ingrained discrimination against people who use drugs, slow acceptance of addiction as a medical illness, exclusion of addiction from the coverage of national health insurance, competition of imported medicine and local generics, and professionalisation of addiction medicine. On the material side are the pharmacological properties of buprenorphine and naloxone, as well as the drug design that renders the combination safe and convenient. All of these factors combine to make the buprenorphine/naloxone tablet liable to diversion.

Conclusions The notion of architecture as a sociomaterial assemblage is a useful theoretical tool to understand how a substance prevails in its societal environment and interacts with it.

P12 SOCIAL AND CULTURAL CONSIDERATIONS IN ADHD DIAGNOSIS: A CROSS-CULTURAL DISCOURSE ANALYSIS

Cemre Gunes Sengul. *Ecole Normale Supérieure de Lyon, Lyon, France*

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Attention Deficit and Hyperactivity Disorder (ADHD) is described as a neurodevelopment disorder with a highly inheritable genetic origin according to standard terminology. Since 1960s the biomedical perspective of ADHD as a self-evident scientific reality, which apparently dominates the field, by sociologists, psychologists, neurobiologists, psychiatrists, and paediatricians. The globalisation of diagnostic and pharmacological treatment become widespread throughout the world by the domination of the biomedical approach. In this study, I intend to scrutinise different manifestations of ADHD's adoption in various countries via a comparative discourse analysis. This paper presents my research in order to explore how the diagnostic category of ADHD is socially and culturally established, and how it is maintained.

A cross-cultural research between France and Turkey, including semi-structured interviews with psychiatrists will be the main part of the research. France, where the psychoanalytic tradition is deeply rooted, however at the same time the effect of DSM and biomedical approach gradually increase, and Turkey, where the psychological circles act in line with the APA's approach, were selected data gathering.

Anticipated results from the ongoing procedure are; the theoretical orientation of medical education in the country where psychiatrists originated, affects their thoughts and practices about ADHD, therefore the social and cultural factors of their countries have the capacity to influence their diagnostic and treatment decision.

Consequently, the research aims to contribute to the discussion of the multidimensional understanding of ADHD phenomenon in order to move it further biological reductionism.