extremely obese should enquire about mental health, parenting, development and psychosocial factors, and make appropriate referrals. Childhood obesity often indicates family distress and unmet need including important child mental health difficulties.

**G495**

**INNOVATIVE TREATMENTS FOR CHILDREN: A SINGLE CENTRE REVIEW OF CLINICAL ETHICS COMMITTEE DISCUSSIONS**  
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**Aims** Lord Saatchi’s proposed Medical Innovation Bill (MIB) has received widespread media and public interest. The Bill aims to encourage doctors to try novel treatments for those reaching the limit of standard therapy, promising protection from sanctions e.g. prosecution.

Innovative therapies (IT) are a relatively common undertaking in the rare and occasionally unique diseases encountered in children’s hospitals, children are not discussed in the proposed Bill.

Brierley and Larcher proposed an ethical framework to review IT in children and we describe cases reviewed by our Clinical Ethics Committee (CEC) since introducing this approach.

**Methods** Tertiary paediatric hospital CEC transcripts regarding IT proposals 2011–14 reviewed.

**Discussion** In four years the CEC reviewed 13 IT cases, 6 were urgent and reviewed by rapid response committee. Proposals were presented by 11 different paediatric specialties - 9 single patient specific, 4 relevant to multiple patients.

The CEC consisted of at least one medical, one lay member and a member with a higher degree in medical ethics. A legal adviser attended 7 meetings and a member of the hospital spiritual team.

**Conclusion** Muslims come from many theological and legal backgrounds. Some view that unlawful material for consumption is unlawful for use in medicine, such as pork-derived gelatine. Many medicines contain such gelatine, e.g. Heparin, HepSaline flushes and Duoderm. When conflicts arise, the following can help as per the Hanafi legal school:

- Explore parents concerns, explain the situation sensitively. Involve chaplains and Muslim scholars.
- Consider an alternative if available, e.g. Mepitel for Duoderm.
- If no alternative is available or sufficiently effective then one can use the product, as long as it is needed, known to be effective (based on at least high likelihood) and that this has been established by a qualified doctor who appreciates the ethical framework of Islamic law.
- Provide information as many Muslims lack knowledge of the facility present in Islamic law, e.g. a religious edict (fatwa) such as that written by Al-Azhar University for use of Duoderm or articles from reliable Islamic authorities; seekersguidance.org.

It is important for clergy and professionals to learn about Islamic medicolegal ethics.

**G496**

**CARING FOR BODY AND SOUL – NAVIGATING RELIGIOUS OBJECTIONS BY MUSLIM PARENTS**

Aim We present a 6 day old boy who suffered femoral arterial thrombosis. Parents are Muslim and disagree with the use of Heparin, as it contains pork-derived gelatine. We explore medico-religious conflict between Muslim parents and health-care professionals and how to navigate them.

**Methods** Male, born 38+2 weeks, NVD, 4.63 kg. Antenatal scans and serology were normal, despite maternal gestational DM (Insulin controlled). He was diagnosed with pulmonary hypertension and HOCM requiring mechanical ventilation for 5 days. Umbilical artery catheterisation inserted on D1, removed on D6 leading to femoral artery thrombosis.

Whilst awaiting emergency transfer to a surgical centre, Heparin was required but parents objected on religious grounds.

**Results** In the absence of suitable alternatives, we explored parent’s ideas, concerns and expectations. Explaining the gravity of the situation, they still objected. Measures such as contralateral limb warming, volume expansion and GTN patches were insufficient. Seeking court approval to override the objection was under exploration and if the condition deteriorated Heparin was to be used without parental consent based on ‘best interest’. Parents agreed to Heparin before this occurred. Surgery was averted and the clot resolved with Heparin infusion alone.

**Conclusion** It is important for clergy and professionals to learn about Islamic medicolegal ethics.

**G497(P)**

**HUMAN PAPILLOMA VIRUS VACCINATION COVERAGE RATES IN 'LOOKED AFTER' YOUNG WOMEN – ANOTHER MARKER OF HEALTH DISADVANTAGE?**

**Aims** Vaccination of young women against human papilloma virus (HPV) has important health benefits, not least in reducing lifetime cervical cancer risk. Young women who are ‘looked after’ are a vulnerable group, known to face disadvantage in several areas, including in relation to their health. Are we able to achieve HPV coverage rates in this group comparable to the general population in order to safeguard their future health? We set out to study this in our own Health Board area.
Method We studied young women aged 12–18 years, ‘looked after’ by three Local Authorities co-terminous with our Health Board’s geographical area, who by virtue of their age should have received a 3 dose HPV vaccination course. We compared vaccination coverage in this group, using their recorded vaccination status on the All Wales Child Health Database, with a cohort of young women who were not ‘looked after’, and who had completed academic year 9 and were resident in the same Health Board area, using NPHS Wales ‘COVER’ data. We statistically analysed differences observed. We established that ethical approval was not required to undertake this study.

Results Of 2555 young women who had completed year 9 and who were not ‘looked after’, 2308 had completed a 3 dose HPV vaccination course (90.3%). Of the 157 eligible young women ‘looked after’, 131 had received a comparable 3 dose vaccination course (83.4%). The difference was statistically significant ($X^2 = 7.763, p = 0.005$).

Conclusion Our study of young women who should have completed a 3 dose HPV vaccination course highlights that those ‘looked after’ were significantly less likely to be vaccinated. We have identified yet another area of health disadvantage for this group which could have important consequences for their future health. Action is required to address this and our own recommendations will be discussed, in addition to what we see as the possible reasons for this difference. We suggest that HPV vaccination coverage rates in young women ‘looked after’ should be reviewed across the United Kingdom by those health professionals who work with this vulnerable group.

### Are We Failing Our Children and Our Future?

**Introducing Medical Students to Child Health Inequalities**

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**Background and aims** Huge inequalities exist in child health globally. Current under five mortality rates vary significantly between countries from 2.3 per 1000 live births in Singapore to 152.5 per 1000 live births in Guinea-Bissau. In the UK, children from poorer socio-economic backgrounds are more likely to be born small, die during their first year of life and die from an accident in childhood. We aimed to develop and evaluate a student-selected component (SSC) introducing medical students to inequalities in child health.

**Methods** The student-selected component (SSC) ran one afternoon a week for eight weeks. Students participated in four interactive workshops on topics around child inequality and attended a relevant paediatric clinic or service. Students completed a self-directed project exploring an area of possible inequality for children, produced a poster and gave a short presentation at the end of the SSC, which was assessed. We evaluated the SSC by e-mailing a structured questionnaire to all participants and analysed responses thematically.

**Results** Twelve second year students undertook the SSC. All 12 completed the post-programme questionnaire. Medical students gained the following from participating in the SSC:

1. An increased understanding of the inequalities that exist in child health. "I was quite shocked at how large the differences were especially within the UK.
2. Research and presentation skills.
3. An awareness of the need for effective interventions to reduce inequality and improve children’s health. “It’s not just a matter of throwing money towards services for children but preventing the inequalities from happening in the first place.”
4. An increased motivation to see the situation improve. “This has fired me up to want to do something about this in the future.”

Seven out of 12 students (58%) reported that doing the SSC had either confirmed or increased their desire to pursue paediatrics as a career. Three further students reported they had wanted to do paediatrics before doing the SSC.

**Conclusions** Introducing medical students to child health inequalities early on in their undergraduate training can have significant benefits, particularly in helping students to understand the broader social determinants of health, and encouraging more medical students to take up careers in child health.