PO-0948 EVOLVING ETHICS SUPPORT TO A CHILDREN'S HOSPITAL

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Background and aims Increasing interventions for children with complex problems are leading to moral dilemmas for both professionals and families. We reviewed support to a children's hospital from a bespoke Clinical Ethics Committee (CEC): 20 voluntary members, 1 part-time administrator. (Funded GOSH Children's Charity) Membership: ethics/law, lay/parents, nurses, paediatricians, anaesthetists, surgeons, social care, psychologists, patient advocacy and managers.

Aim Describe activity and case review change from full CEC <6 weeks wait to Rapid Responses (RR) -1-5 days.

Methods Retrospective CEC database and minutes review March 2013-14 and same 2009-10.

Results Cases: 2013-14: 14 cases - 1 full CEC and 13 RR, 3 included external hospitals - 1 via videoconference. Parents attended 12. Themes: withdrawal life-sustaining therapy: 3; limitation life-sustaining therapy e.g. ECMO: 5; innovative therapies: 4; capacity/consent: 1, complex dilemma 1. 2009-10: 7 cases - 5 cases CEC, 2 RR. Parents 2. Themes: LLST 3, innovative 2, WLST 2. 3 meetings general ethical aspects of therapy - enzyme replacement provision, arteriolysis/thrombolysis for limb salvage and mitochondrial ethical pathway.

Education: 1PhD, 2 BSc and 8 SSC medical students - leading to 8 presented abstracts and 2 publications. Lecture series for hospital/other staff. Paediatric Ethics Meeting 'Making Tomorrow People'; 2 CEC education 'away days.' (Judiciary and academic philosophers).

Media: Participation national (BBC) TV and radio ethics programmes and print media.

Conclusions Ethics support to a variety of specialist teams and families is increasing. Support now provided for other hospitals with local reviews or videoconference support. Increasingly prevalent urgent ethics issues have lead to RR being preferred.

PO-0949 BUYING METHYLPHENIDATE ONLINE

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Background As prescribers of methylphenidate for children with ADHD, we have been interested in following the debate about its use to improve academic performance in healthy students, including medical students. Many are buying psychostimulants online - students should be made aware of potential hazards.

Method We performed a literature review and consulted colleagues in the legal profession, police and pharmacy to clarify implications.

Results

- Buying methylphenidate (controlled drug), without a prescription, is illegal in the UK even if purchased abroad and imported.
- Drugs purchased online may not be what they claim to be.
- Will not receive recommended medical monitoring or follow-up.
- General Medical Council has clear guidance on self-prescribing - 'Wherever possible you must avoid prescribing for yourself or anyone with whom you have a close personal

relationship. Controlled medicines present particular dangers, occasionally associated with drug misuse, addiction and misconduct. You must not prescribe a controlled medicine for yourself or someone close to you unless: no other person with the legal right to prescribe is available to assess and prescribe without a delay which would put your, or the patient's, life or health at risk or cause unacceptable pain or distress, and the treatment is immediately necessary to save a life; avoid serious deterioration in health, or alleviate otherwise uncontrollable pain or distress'.

Conclusion Students may not be aware of GMC guidance or may not equate it buying medication online. Students need to be made aware of the risks so they do not inadvertently compromise their health or future careers.

PO-0950 COMPLEMENTARY AND ALTERNATIVE MEDICINE IN CHILDREN: A CROSS SECTIONAL SURVEY OF THE PARENTAL PERCEPTION

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Background and aims The use of Complementary and Alternative Medicine (CAM) has increased over the recent years.

The use of CAM in children is strongly associated with the parent use of CAM and with parent's perception of disease control in their children. The parent's perception regarding the use of CAM among their children was studied.

Methods A cross sectional study was carried out over 12 months, among parents attending Parent-Teachers meeting in selected schools in Ajman, UAE. A self administered validated, pilot tested questionnaire was used as a tool. Descriptive and inferential statistics performed using SPSS-20 and p value <0.05 considered significant.

Results A total of 136 parents participated, females [67%], age below 40 years [54%], Non-Arabs [65%], holding Diploma/Bachelor or higher degree [76%], and having ≤2 children [61%]. About 54% of parents used CAM for their children. Concerning safety of using CAM in children, 79.3% of parents believed it was safe (89% of CAM user Vs 28.5% of CAM non-user, p < 0.001). 51.7% of the respondents considered use of CAM along with conventional medicine to be safe in children (56.2% of CAM user Vs 28.5% of CAM non-user, p = 0.06). Most frequent source of information regarding CAM for both CAM user and CAM non-user parents was family. The most frequent reason for not using CAM was the belief that modern medicine is more effective.

Conclusions The perception of parents regarding CAM use in children differed between parents who used CAM in their children compared to those who did not.

PO-0951 INFORMATION MANAGEMENT AT JAPAN PAEDIATRIC SOCIETY SUBCOMMITTEES - A SURVEY OF INFORMATION MANAGEMENT AT THE TIME OF ADMISSION

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Background The Japan Paediatric Society is currently surveying information management strategies at other societies in order to gain insight for the future development of their own information management strategy. To this end, we conducted a survey of personal information management strategies upon admission to subcommittees of the Japan Paediatric Society as a pilot study.

Objective The present study aimed to clarify the state of personal information management upon admission to Japan Paediatric Society subcommittees in order to determine information management strategies in the future.

Methods The contract terms for physicians upon admission to Japan Paediatric Society subcommittees were examined based on subcommittee websites.

Results Of the 23 subcommittees, 21 had websites, and one did not have a working URL to the website (as of April 4, 2014). Moreover, one subcommittee did not have information pertaining to admission on its website. Accordingly, we surveyed the 19 subcommittees which had websites that could be analysed. Information provided by the subcommittee websites included the following: basic information regarding how personal information is handled, 3; recommendation required, 5; name, 19 (*furigana*, 16; English 6), gender, 15; birthdate, 17; home address, 19; home phone (fax), 19; e-mail address, 18; workplace, 19; work address, 19; work phone number, 19; specialty, 10; and highest academic degree, 5.

Conclusion From the perspective of information management, the Japan Paediatric Society must maintain close collaboration with the various subcommittees in the future.

PO-0952 NEONATAL RESUSCITATION OPTION IN ISLAM

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Background A Do Not Resuscitate (DNR) order would be similar to many of the decisions a physician faces daily if it did not call for ethical and legal considerations. To comply with the intent of the order, a physician must be certain that further resuscitation is futile and is a waste of resources.

Method We offer both ways of DNR for parent of 25 cases in the last 12 months (10 cases were extrem preterm 23 weeks with bilateral IVH grad 4, and 4 cases were trisomy 18 with congenital anomalise, and 7 cases with sever form of multiple conginetal, 4 cases of inoperable complex congenital heart disease).

Results After we explain to the parents about the prognosis of those cases, 12 of them agreed to not be aggressive in the resuscitation if the condition of the patient deteriorated, and 2 of them agreed to withdraw the therapy.

Conclusion The majority of scholars said that the treatment of patients is desirable (not a must) where there is a hope of recovery, and DNR order is Permitted (mobah) in cases of a high degree of certainty that resuscitation is futile to the Patient, but does not mean to stop the fundamental support like antibiotic, feeding, and IV fluid. The treatment is mandatory (sever pain-treatment is successful-infectious diseases that will spread to others) While the intentional interference of the doctor by giving the patient medication to hasten the death in some cases which is called Euthanasia It is absolutely forbidden in Islam.

PO-0953 WITHDRAWN

PO-0954 CLICK! ENGAGING CHILDREN IN RESEARCH ABOUT THEIR LIVES: EXPERIENCES OF USING PHOTO-ELICITATION FROM ENGLAND, AUSTRALIA AND NEW ZEALAND

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Background and aims Engaging children in research about their lives is an essential component of providing excellent health care services. Utilising participatory, visual/arts-based approaches such as photo-elicitation (PE) can extend opportunities for children to reflect on and talk about their lives. This paper aims to explore the use of, benefits and issues associated with using PE with children.

Methods PE is a participatory, qualitative method that does not rely on high levels of verbal or written literacy and which creates equitable conditions for children's engagement in research. Within a broad brief, children are asked to take topic-related photos. Apart from safety/privacy related guidance about where it might not be appropriate to take photographs, the children are free to take any image that has meaning to them. The children then select the images they wish to discuss and the researcher literally has to 'follow' the children's data and adopt a flexible approach to the conversational interview.

Results Reflecting on our experience with PE we note how the quality of discussion is enhanced and intriguing and unexpected insights into children's lives are revealed. What children choose to photograph or omit can create interesting tensions; these and other lessons will be shared along with exemplar photographs and stories.

Conclusions Although PE provides considerable opportunities and benefits, it is challenging research to be part of and requires skilled researchers to ensure children are safe during research engagement and that the data provides a robust depth of insight into their lives.

PO-0955 CLOSING THE LOOP – SUCCESSFUL IMPLEMENTATION OF AUDIT RECOMMENDATIONS IN A REGIONAL DIABETES CENTRE

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Background A previous audit was performed in 2011 by the Paediatric Diabetes department in Sligo Regional Hospital which examined practices, results and key care processes at annual review and compared them to International Standards (1,2). This resulted in several recommendations aimed to improve metabolic control within the cohort.

Objectives The objectives of this audit were to compare HbA1c levels in 2013 to those in 2011 and to International Standards (3,4,5), to investigate if the previous recommendations had been implemented and to investigate the proportion of patients with secondary complications.

Methods All paediatric patients with diabetes who had an annual review scheduled during 2013 in our centre were