activities. Further, levels of public trust are affected by spill-over effects from high or low levels of public trust in other parts of the government system. Last, many actors inside and outside the healthcare system influence public trust.

Conclusion Future research needs to translate this conceptual framework into policy guidelines, as well as to validate the conceptual framework for healthcare systems other than the British NHS.

2 CONCEPTUALISING TRUST IN VIDEO CONSULTATIONS

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Background Trust is recognised as an essential component of the patient-clinician relationship and high-quality care. With the turn to video consultations, patients and clinicians have raised concerns that it is harder to build and maintain trust. However, there is no research on how trust influences, and is influenced by, the video-mediated context.

Methods To investigate how trust matters for video consultations, we conducted a qualitative, in-depth study of the clinician-patient interaction in 37 video-recorded video consultations, drawn from 4 clinical settings (heart failure, diabetes, antenatal diabetes and cancer). We made detailed transcriptions and used Conversation Analysis to do a fine-grained analysis of the interaction, guided by the question 'how does trust play out in the video-mediated consultation and how does technology influence this?' Analysis of data occurred in parallel with development of theory.

Findings Our data support a new theorisation of trust in the video consultation, which can be conceptualised on three levels. First, trust *in the technology itself*: that it will function as expected (e.g., that both parties will be able to see and hear each other adequately). Second, trust that the *other party will be able to use technology effectively* to achieve the goals of the consultation (e.g., that the patient will be able to perform an examination). And third, the traditional *trust of the therapeutic alliance* (in which patients and clinicians build and maintain a working relationship), which may be supported or impeded by technology.

Discussion If video consultations are to become the 'new normal' for healthcare encounters, it is crucial that patients and clinicians are able to a) trust the technology, b) trust one another's capability to use the technology, and c) use the technology to build and maintain a therapeutic relationship. Further research should explore how to optimise these different kinds of trust.

3 TRUTH AND TRUST IN CONSENT TO SURGERY

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10.1136/bmjopen-2021-QHRN.41

Truth and trust are at the centre of valid consent to surgery, with honest accounts and agreements by patients and surgeons. Yet social scientists' study of consent is complicated by their uneasy relationships with truth. Ethnographies can involve researchers' deceptions. Positivist truth claims rest on the findings being precisely replicable, which is not possible with unpredictable free agents in complex social contexts. Interpretivists' views of contingent truths can be relativist.

Critical realism helps to resolve these problems by combining the strengths of positivism and interpretivism within a larger framework. Like positivism, critical realism accepts that there is true reality, independent of our fallible thinking about it. Critical realists agree with interpretivists that there can be countless interpretations of reality, but not that these alter or construct reality itself. Critical realism understands everything at three levels.

The *empirical* level involves our experiencing, thinking and talking about reality. People may misinform, deliberately or in ignorance, leading to scepticism about whether truth exists.

The *actual* level involves existing things, people and events, offering stronger grounds for establishing truths. Yet appearances can be deceptive.

The third level is of *real* causal mechanisms, usually unseen by normal vision and only known in their effects, gravity for instance. Doctors' diagnoses rely beyond symptoms on causes, such as viruses or heart lesions. Social causal mechanisms include class, gender, (in)justice and trust.

Our research about consent, in two London children's heart surgery centres, illustrates the value of examining these three levels. Families and practitioners all held slightly differing viewpoints (the empirical level of interpretivism). These differing views all related to children's heart lesions and planned surgery (the actual positivist level). Valid consent also involves unseen voluntariness, courage and trust (the real causal motivating level). The three interacting levels are central to consent to surgery, and to social research.

Day 2: Friday 19th March – 14.50-15.50

4 THE BUILDING OF EPISTEMIC TRUST: AN ADOPTIVE FAMILY'S EXPERIENCE OF MENTALIZATION BASED-THERAPY

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Background Recently, theorists have posited the development of epistemic trust - the trust in others as reliable sources of information - as an essential aspect of the therapeutic relationship and a mechanism of therapeutic change. Epistemic trust is likely to be disrupted in adoptive children and families and Mentalization Based Treatment (MBT) aims to explicitly promote its development.

Aim This study aims to investigate how epistemic mistrust is addressed and how epistemic trust is established within the MBT framework.

Methods This single-case, exploratory study reports data from in-depth interviews with one adoptive family, which were analyzed qualitatively using Interpretative Phenomenological Analysis.

Results Two superordinate themes are reported: *pre-therapy factors contributing to epistemic mistrust* and *factors contributing to the development of epistemic trust*. The findings highlight two critical elements in establishing epistemic trust: the use of certain clinical skills that help build a secure base within therapy and the possibility of trust being transferred from and to other professionals/systems beyond therapy.