

- paramedic training package, delivered by Consultant Anaesthetist
- randomization scratchcards.

To date we have recruited nineteen paramedics; ten are fully trained and recruiting patients, the remainder are being trained. Fifty-four patients have been randomized and thirty-five have consented to follow-up. Thirteen 1-month and five 6-month follow-up questionnaires have been received.

CONCLUSIONS:

This study will enable us to recommend whether to undertake a definitive multi-centre randomized controlled trial of FICB by paramedics for hip fracture to determine if the procedure is effective for patients and worthwhile for the National Health Service.

REFERENCES:

1. Bulger JK, Brown A, Evans BA, et al. Rapid Analgesia for Prehospital Hip Disruption (RAPID): Protocol for feasibility study of randomised controlled trial. *Pilot Feasibility Stud.* 2017 Jan 23;3:8. doi: 10.1186/s40814-016-0115-6. eCollection 2017.

PP155 The Impact Of Lawsuits In The Brazilian Public Health System

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INTRODUCTION:

The increase of litigation in Brazil on the right to health, and the Brazilian Public Health System (SUS) targets of litigation, are phenomena that generate discussions both in the judiciary, and among researchers and managers of health. The lawsuits are based on the integrality that includes the right to any health technology. Our aim was to gather information on the use of scientific evidence by judges and other law

professionals to support their decisions in lawsuits involving health care in Brazil.

METHODS:

A narrative review by literature search using key terms of legalization in specific databases was conducted.

RESULTS:

Twenty-five studies showed litigation matters relating to health care which were focused on legal claims about drugs. In general, law operators used the scientific evidences in a limited way when making decisions, by considering the medical report and medication label indications and disregarding therapeutic alternatives contemplated in the SUS list. The access to health technologies, by litigation, reveals that the gap between scientific knowledge and legal practice are similar to those found between science and decision-making in the formulation and implementation of health policies. The Health Technology Assessment studies have high potential for use by the judiciary as a reference source to support technical and scientific decisions in lawsuits on health care.

CONCLUSIONS:

For the judiciary to ensure not only access to health technologies, but also the efficacy and safety of technologies to system users, their decisions must be substantiated by scientific evidence. The National Committee for Health Technology Incorporation (CONITEC) in SUS has established actions in conjunction with law operators and society, such as a communication using e-mail, aiding the decision for the injunction and elaboration of technical reports and a policy brief, with the intention that the decisions are taken with the greatest possible knowledge about technologies provided by SUS, and based on scientific evidence.
