

Aim To assess the impact of ACP on decision-making regarding: (1) Patient wishes regarding cardiopulmonary resuscitation (CPR), and life-prolonging treatment (LPT); (2) Whether they have and correctly report having a surrogate.

Methods In our previous study (*BMJ* 2010) of 154 patients allocated to ACP intervention, 125 completed ACP and 108 expressed wishes regarding CPR and LPT. At study enrolment all patients were asked whether they already had any wishes on end-of-life care including CPR and LPT, and whether they already had a surrogate.

Results

1. LPT, and CPR (%) Decisions

		Yes	Yes- D00*	No	Delegate [#]	Don't know
CPR	Pre-ACP	25	19	43	0	13
	Post-ACP	4	30	49	17	0
LPT	Pre-ACP	62	7	29	0	2
	Post-ACP	3	36	36	23	2

*depending on outcome [#] delegating decision-making to surrogate/doctor.

2. Nomination of surrogate

After ACP 58 patients had a surrogate, 18 of which were pre-existing. At enrolment only 10 of these correctly identified they had a surrogate, 6 said they did not and 2 didn't know.

Conclusion Following ACP many patients change their wishes regarding CPR, and LPT, often to less aggressive treatments and often choose to delegate decision making to others. ACP also assists patients to nominate and understand the important role of surrogates.

23 ADVANCE CARE PLANNING INFLUENCES PATIENT'S WISHES FOR FUTURE MEDICAL TREATMENTS, AND THE NOMINATION OF SURROGATES

10.1136/bmjspcare-2011-000053.23

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Background Advance care planning (ACP) assists patients to document their future medical treatment wishes and to appoint a surrogate. It is assumed that discussion with patients about their medical conditions, treatment and prognosis will influence and potentially change these decisions.