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HOW RECOGNITION OF RELATIONAL KNOWING EXPANDS THE GENERAL PRACTITIONER'S ROLE IN ADVANCE CARE PLANNING

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Background The general practitioner's (GP) role in advance care planning is commonly tied to their knowledge of the patient and the family, but with limited attention to the nature of this knowing or the expectations it may give rise to (2012). GPs are often involved in advance care planning with the aim of having the patient complete formal documentation (2012). This paper proposes a broader role for the GP based on findings from a PhD study exploring older people's understandings of decision making in incompetence.

Aim To explore patient's understanding of the GP's role in decision making in incompetence.

Methods In-depth interviews with 19 people, aged ≥65 years, recruited from five general practices analysed using Giligan's (Gilligan *et al.*, 2006) listening guide.

Results Participants distinguished between their GP and other doctors. Participants described their relationship with their GP as grounds for providing the GP with a distinct role in the event of their future incompetence. Participants expected this relationship to inform the way their GP approached advance care planning.

Discussion Participants expected the GP to have a richer role reflective than they are commonly provided. Relational ethics and the concept of 'generalism' provide a theoretical basis for expanding the GP's role.

Conclusion Current characterisations of the GP's role overlook much of what they can bring to the process of advance care planning.