

Conclusion Age and prior serious illness experience were significantly associated with readiness to discuss EOL care with HCP and signing official papers about preferred EOL care. Advocacy programs targeting participants of different age groups and prior experience may be helpful.

BOS5b.003 **ATTITUDINAL FACTORS INVOLVED IN ADVANCE DIRECTIVE ADOPTION OVER A FOUR-YEAR PERIOD: EVIDENCE FROM A POPULATION-BASED STUDY**

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Background Advance care planning (ACP) is a process that ideally leads to the writing of advance directives (ADs). The ACP process can be explained using the TransTheoretical Model (TTM), which describes the consecutive stages of intentional change (precontemplation, contemplation, preparation, action and maintenance) that individuals follow before engaging in a target health behavior. We investigate how involvement in the different stages toward AD completion predicts actual AD adoption over a four-year period.

Method We use data from waves 6 (2015) and 8 (2019/2020) of the Swiss component of the longitudinal Survey of Health, Ageing and Retirement in Europe (SHARE). We explore the involvement of three attitudinal measures (regular thinking about end-of-life (EOL) wishes; having discussed EOL preferences; planning to make ADs in the future) in the adoption of ADs among adults ages 55 and over (n=903) using multivariable probit regressions and controlling for contextual factors.

Results Among respondents who did not have an AD at wave 6, 30% reported completing an AD at wave 8. The three attitudinal measures were positively associated with AD adoption at wave 8. Introducing all three attitudinal measures simultaneously into the regression showed that only having discussed EOL preferences and planning to make ADs in the future remain statistically significantly associated with AD adoption in wave 8.

Conclusion Consistent with the TTM, the adoption of ADs follows a process in which the motivation and readiness of individuals to engage in a new behaviour appear to be paramount.

BOS5b.004 **INFORMATION MEETINGS ABOUT END-OF-LIFE CARE TO FACILITATE ADVANCE CARE PLANNING: ONE-THIRD OF OLDER PEOPLE IS INTERESTED**

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Background Information meetings are a way to inform older people about end-of-life care, to create awareness, and to prepare for advance care planning (ACP). Research shows that information meetings stimulate engagement in ACP. This study explores whether older people are interested in information meetings, in which topics they are interested, and what factors are associated with being interested.

Methods A cross-sectional study consisted of 1242 older persons (≥ 65 years; response 93.2%) from a representative sample of the Dutch population. Older persons were asked whether they were interested in information meetings on end-of-life care (yes; no; possibly in the future) and given a list of potential topics. Logistic regression analyses for interest in information meetings (yes vs no) were done.

Results One-third of older people reported to attend an information meeting if they were invited this week (33.5%), whereas 33.3% was not interested and 33.2% was (possibly) interested in the future. Older people were mainly interested to receive information about possibilities for care at home (88.1%), symptom relief (87.7%), and advance directives (80.6%). Having a higher education level (58% vs 53%; OR 1.54), contacting their general practitioner (GP) more often (53.2% vs 41.2%; OR 1.53), self-reported knowledge of palliative care (53.6% vs 38.5%; OR 1.96), and having previously thought about end-of-life care topics (53.6% vs 38.5%; OR 1.74), were associated with being interested in attending an information meeting.

Conclusions Older people are open to information meetings when they have contact with their GP, have self-reported knowledge of palliative care, are already occupied with end-of-life topics and have a higher education level. This may be related to a higher awareness of both the need for and more readiness to engage in ACP. Extra attention should be paid to older people less interested in or hard to reach for information meetings.

BOS5c: ACP in Specialty Care Units

BOS5c.001 **PREFERENCES AND ATTITUDES TOWARDS LIFE-SUSTAINING TREATMENTS OF OLDER CHINESE PATIENTS AND THEIR FAMILY CAREGIVERS**

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Background Family plays a major role in medical decision-making in China. Little is known about whether family caregivers understand patients' preference for receiving life-sustaining treatments and are able to make decisions consistent with these when patients are incapable of making medical decisions. We aimed to compare preferences and attitudes concerning life-sustaining treatments of community-dwelling patients with chronic conditions and their family caregivers.

Methods We conducted a cross-sectional study among 150 dyads of community-dwelling patients with chronic conditions and their family caregivers from four communities in Zhengzhou. We measured preferences for five life-sustaining treatments (cardiopulmonary resuscitation, mechanical ventilation, tube feeding, hemodialysis, chemotherapy), who should decide whether to apply treatments, the timing of making decisions, and their most important consideration behind the preference.

Results For each life-sustaining treatment, family caregivers more frequently preferred the patient to receive such treatment in case the patient would be incapable of making

medical decisions than the patients themselves. There was slight to fair agreement between patients' and family caregivers' preferences for life-sustaining treatments; kappa values ranged from 0.071 for mechanical ventilation to 0.241 for chemotherapy. 29% of patients and 44% of family caregivers preferred the patient to make their own decisions about life-sustaining treatments. The most important considerations for patients and their family caregivers when deciding on life-sustaining treatments are family burden and the patient's comfort and state of consciousness.

Conclusions Family caregivers preferred life-sustaining treatments for the patient more frequently than the patients themselves. Although some patients and family caregivers believed that the family should be the decision-maker in patients' decision-making process, a meaningful number of patients and family caregivers preferred that patients make their own medical decisions.

BOS5c.002 IMPROVING AND SUSTAINING ADVANCE CARE PLANNING WITHIN ONCOLOGY SETTINGS: USING THE THEORETICAL DOMAINS FRAMEWORK TO IDENTIFY THE BARRIERS AND ENABLERS

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Background Advance care planning (ACP) is the process of individuals discussing and recording personal values, beliefs, and preferences so that, in the event they lose capacity, a person receives care consistent with their preferences. Despite Department of Health recommendations, national rates of documentation for people with cancer are only 27%, well below the target of 50%. The aim of this study was to identify barriers to ACP across the care pathway, at a world-leading comprehensive cancer centre.

Methods A mixed methods design was used to: (1) identify ACP touchpoints across the care pathway and (2) explore barriers and enablers of ACP. Twenty-two key stakeholders were recruited to the study including staff, and consumers. Two focus groups explored touchpoints and opportunities for ACP across the care pathway, to develop a process map. The 'action, actor, context, target, time' (AACTT) Framework was used to specify behaviours. Semi-structured interviews explored barriers and enablers at each touchpoint. The TDF was used to guide the interviews and analysis.

Results Process maps representing differing perspectives between consumers and hospital staff (medical, nursing, allied health, and administrative staff) identified 20 'actions' associated with ACP across the care pathway. The AACTT analysis clarified that 5 staff-roles were responsible for performing ACP-related behaviours. Barriers included perceived emotional consequences for patients and inadequate digital infrastructure for accessing ACP documentation at the point of care.

Conclusion Using a theory-based approach, barriers for ACP across the care pathway were identified. To improve ACP uptake in oncology settings, interventions should target these barriers.

BOS5c.003 FACE-RARE: A NOVEL PALLIATIVE CARE INTERVENTION FOR FAMILY CAREGIVERS OF CHILDREN LIVING WITH A RARE DISEASE

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Background Pediatric patients with rare diseases experience high mortality. Pediatric advance care planning (pACP) has been proven to improve communication and spiritual and emotional well-being. Few empirically validated interventions exist to provide psychosocial support to help parents make medical decisions for their child.

Methods Consultation with families of children with rare diseases and with the National Organization for Rare Disorders revealed that basic palliative care needs should be addressed prior to a pACP intervention. Thus, we beta tested the innovative FACE-Rare intervention with 7 families of children with ultra-rare diseases, integrating two, previously adapted for pediatrics, evidence-based interventions: Carer Support Needs Assessment Tool pediatric (Sessions 1 & 2) plus Respecting Choices (Sessions 3 & 4). Using a two-armed randomized clinical trial design we are pilot testing a further adapted 3-session FACE-Rare intervention with 30 family caregivers of children with rare diseases for acceptability, feasibility, safety, and initial efficacy on 3-month outcomes including family's appraisal of caregiving.

Results We reached out to 74 families. 47 did not respond. To date 28 family caregivers have been consented and undergone secondary screening. 23 family caregivers (19 dyads with at least one eligible caregiver) completed the baseline visit and 15 dyads completed the 3-month follow-up. Sessions were conducted using Telemedicine. Interim analysis revealed racial differences in spirituality and caregiving appraisal at baseline with non-white families reporting greater spiritual quality of life and more positive appraisals of caregiving, compared to white/Caucasian families. FACE-Rare families prioritized financial, legal, or work issues, 83%, over other palliative care needs for their child and themselves. Video clips will be presented.

Conclusions Initial findings suggest prioritizing meeting the financial, legal, and work needs of families of children with rare diseases through social work or case management services, prior to addressing traditional palliative care needs. pACP is acceptable and feasible.

BOS5c.004 IS ADVANCED CARE PLANNING APPROPRIATE FOR PATIENTS IN INTENSIVE CARE UNITS? COMPARATIVE PERSPECTIVES BETWEEN JAPAN AND UK

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Background Despite technological advances, mortality in intensive care units (ICUs) remains significant. Patients receiving critical care often experience the sudden onset of life-threatening symptoms. Although, a significant development of