

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

Advanced Care Planning (ACP) is observed, inadequate ACP support is provided to ICU patients. Variation of implementation across different countries is documented and needs to be understood.

Methods Qualitative, semi-structured, in-depth interviews with 30 health care professionals (ICU consultants/nurses, Palliative Care clinicians and academics) from both UK (15) and Japan (15). The data was analyzed using thematic analysis and qualitative comparative analysis, as ACP can be context specific.

Results Withdrawal and/or withholding of treatment were perceived to be the key clinical decisions, relevant to ACP discussions and advanced directive documentation. Different perspectives on those practices, different clinical protocols and legal frameworks were found to influence the framework of ACP implementation for ICU patients. Differences in communication styles between clinicians, patients and families have also informed different preferences. UK clinicians considered withdrawal of treatment within 72 hours after patient ICU admission, whereas Japanese colleagues favored less withdrawal of treatment options. Patient-centered vs family-centered decision-making cultures in the two countries, seem to suggest that UK clinicians consider advanced directives documents more favorably than their Japanese counterparts. The legal status of advanced directives in the UK only, might also explain this discrepancy. Nevertheless, preferences with regards to Do-not-attempt-to resuscitate (DNAR) decisions seem to be more agreeable by both countries.

Conclusions Several parameters related culture perspectives on end-of-life care, communication practices, alongside legal frameworks and clinical protocols influence the form and applicability of ACP in the ICU context. Development of ACP should take into considerations those context specific values and preferences when initiating ACP in ICU within different countries. Integrating Palliative care in ICU, might support the appropriate ways of ACP implementation.

Poster Abstracts

PP01: ACP and Culture

PP01.001 ADVANCE CARE PLANNING AMONG OLDER ADULTS WITH A TURKISH BACKGROUND AND PALLIATIVE CARE NEEDS: A QUALITATIVE INTERVIEW STUDY

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10.1136/spcare-2023-ACP.41

Background Advance care planning (ACP) is rare among older adults with a migration background because of social, cultural, and religious reasons. This study aimed to explore ACP-related knowledge and perspectives among older adults with a Turkish background and palliative care needs living in Belgium.

Methods Semi-structured interviews were conducted in Turkish. Data were analyzed using a combination of inductive and deductive thematic analysis techniques. General practitioners in Brussels and Antwerp recruited participants.

Results All 15 interviewees (average age: 79 years) lacked awareness and detailed information about ACP. While some had discussed certain end-of-life preferences with family members such as the preferred location of care and burial place, many have not felt the need to discuss future care preferences. Expressed reasons for this were mainly their trust in God and in their family to take care of them and take decisions. However, some of our respondents viewed ACP discussions as useful, mainly because of thus relieving the burden on families and being able to answer 'what if' questions ahead of time. The self-identified barriers to ACP were fear of making the wrong decision, a 'live in the moment' attitude, and difficulties in talking about death. The mentioned facilitators were obtaining sufficient information about ACP and recent illnesses or a death in the family.

Conclusion Healthcare providers should provide tailored information about ACP to Turkish-origin adults with palliative care needs. ACP discussions should also explore the individual's health-related knowledge and personal values, paying attention to social and religious cues.

PP01.002 PSYCHOMETRIC EVALUATION OF THE KOREAN VERSION OF ADVANCE CARE PLANNING ENGAGEMENT SURVEY

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10.1136/spcare-2023-ACP.42

Background To better assess the outcomes of advance care planning (ACP) as an ongoing process, it is necessary to use a validated and reliable measure reflecting the full range of processes involved in ACP. Thus, we examined the psychometric properties of the Korean version of the ACP Planning Engagement Survey developed by Sudore and colleagues.

Methods We selected 22 items from an original 85-item instrument, which was made based on the relevant Korean law and was to avoid the redundancy of action items. The ACP Engagement Survey was translated into Korean, back-translated, and culturally adapted, and a psychometric evaluation of the final version was conducted. Pearson's Correlation coefficient between the ACP Engagement Survey score and knowledge score of advance directive was analyzed to assess their relationship. Factor analysis was conducted to identify the structure of the Korean version of the ACP Engagement Survey. for assessing internal consistency, Cronbach's alpha was calculated.

Results A total of 235 older adults (mean age of 71.1) were included in the analysis. The criterion validity of the Korean version of the ACP Engagement Survey was supported by a significant correlation with the knowledge score of advance directives ($r = 0.26, p < .001$). The total number of items was reduced to 12 and the factor structure of the 12-item model was the same 3-factor structure as the original version (readiness, contemplation, and self-efficacy). The final Korean version of the ACP Engagement Survey showed acceptable Cronbach's alphas ($\alpha = .93$). for each domain, the α values were .93 for readiness, .85 for contemplation, and .87 for self-efficacy.

Conclusion Findings provided preliminary evidence of the reliability and validity of the Korean version of the ACP