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SHARED DECISION-MAKING AND ADVANCE CARE PLANNING IN PATIENTS WITH AORTIC STENOSIS: PATIENT EVALUATION OF AN INTEGRATIVE DECISION AID

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Background Shared decision making (SDM) and advance care planning (ACP) are two patient-centered concepts that support patients, their relatives and healthcare professionals engage in a decision-making process in which patient autonomy is best put into practice. Combining the two complex interventions into one process may support patients with moderate and high treatment complication risks make better-informed choices. We therefore developed a novel integrative decision aid to support patients with aortic stenosis make better informed medical choices regarding their immediate and future care. The aim of this study is to assess the quality of the decision aid by patients.

Methods In this study, we included all patients that underwent a transcatheter aortic valve implantation (TAVI) intervention between January and September 2022 who agreed to a semi-structured telephone interview.

Results Of 130 patients that underwent TAVI, only eight agreed to participate in the study. They all assessed the decision aid positively with respect to layout, use of language and comprehension. Most participants assessed the use of statistical risk comparison of the three main treatment options (TAVI, surgical aortic valve replacement or palliative care) as 'too open' and 'brutally direct'.

We also collected the feedback of eleven patients that refused to participate in the study. They stated poor comprehension and length of the decision aid (32 pages) as reason for non-participation.

Conclusion For higher acceptability of decision aids for TAVI patients, a better contextualization and explanation of data on risk and complications and addressing loved ones in the decision aid besides patients is necessary. Shortening the length of the decision aid might also improve the acceptability and use of the decision aid by patients themselves.

PP05.005

SHARED DECISION-MAKING AND ADVANCE CARE PLANNING IN PATIENTS WITH AORTIC STENOSIS: STATUS QUO AND INTEGRATION IN A DECISION AID

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Background Shared decision making (SDM) and advance care planning (ACP) are two patient-centered concepts that support patients, their relatives and clinicians to engage in a decision-making process in which patient autonomy is better respected.

Integrating the two complex interventions into one may support patients with moderate and high treatment complication risks to make well-informed choices. The purpose of this study was a) to determine how the two concepts are currently applied in usual care and b) to build an integrative evidence based decision aid for patients with aortic stenosis (AS).

Methods For evaluating the status quo, a mixed methods approach was applied. We performed direct observations of patient-clinician consultations and analyzed patients electronic records to determine how SDM and ACP is being applied in current decision-making process. The data were analyzed using thematic analysis with focus on ACP and SDM elements. We further developed a decision aid according to the Decision Aid Factory approach.

Results 15 consultations were observed and 22 randomly selected patient records (from 299) were analyzed until saturation of topics occurred. It revealed that clinicians documented single SDM and ACP elements. Yet no integral process of 'full ACP or SDM procedure' was observed. The procedure in case of complications was often prescribed by clinicians due to urgency, instead of engaging in an ACP process with the patient. We used the results, supported by input from expert panels and patient representatives to develop a comprehensive decision aid, separated in three parts: overview, detailed information and graphical comparison of three most common treatment options: transcatheter aortic valve implantation (TAVI), surgical aortic valve replacement (SAVR) or palliative care.

Conclusions Meaningful integration of SDM and ACP into a decision aid may help patients make better medical choices regarding their immediate and advance care planning.

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ROLE OF ADVANCE CARE PLANNING IN KNOWLEDGE OF PARTNER'S PREFERENCES FOR END-OF-LIFE ASPECTS

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Background Surrogate medical decision-making at the end of life is common and the patient's partner is often the person who must make these critical decisions. The challenge of surrogate medical decision-making is to make decisions that best fit the patient's wishes. This study investigates subjective and objective knowledge of partner's preferences for the end of life, as well as the contribution of partner's advance care planning (ACP) to this knowledge in a nationally representative sample of older adult (58+) couples living in Switzerland (N=592).

Methods Subjective knowledge is based on self-rated awareness of partner's EOL preferences for the end of life. Objective knowledge is assessed by two standardized scores that are the sum of correct responses on partner preferences regarding eleven EOL care aspects and three medical treatments. The contribution of EOL discussion and ACP to subjective and objective knowledge of partner's preferences for the end of life is examined using regression models.

Results The vast majority of respondents thought they knew their partner's wishes for end of life (subjective knowledge). The proportion of wrong predictions of partner's preferences for the eleven EOL care aspects (objective knowledge) varied