

BOS1c.002 THE TRIPARTITE DYNAMISM IN ADVANCE CARE PLANNING: FROM ATTITUDE TO INITIATION

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Background Despite the general supportive attitude towards advance care planning (ACP) in the community, deferring discussion remains common in real situations. Little has been known about the mechanism that constitutes the transition from attitude to the action of ACP initiation. This study aims to explore the core elements in the tripartite (patient, caregiver, and health care professional) that affect this transition.

Method Participants were recruited in trios. Patients diagnosed with life-limiting or life-threatening illness, their caregiver, and their health care worker (HCW) were recruited through purposive sampling from hospitals, aged homes, and the community centres. A semi-structured triadic interview was conducted to explore the core elements and their mechanism in affecting one's action to initiate ACP. Data were also collected from a pre-interview questionnaire. The interviews were audio-taped. Verbatim were transcribed and coded by NVivo 1.7. Multi-perspective analysis was performed on the overlap, contrast, and inflection elements in the data.

Results Twelve triadic interviews were conducted to discuss their perception of crucial elements in the three parties which facilitate the transition to ACP initiation. Among the trios, 6 physicians, 2 nurses and 1 social worker involved, and caregivers were either spouses or children. The 'Presence of caregiver' and 'familiarized personnel' were the overlap elements shared by patient and HCW. HCW attentiveness was an element shared by patient and caregiver. Contrast elements were found in patient autonomy and family decision making, patient's competency and presence of severe symptoms. The presence of avoiding signs of a party would deflect other parties' action, persistence and amiable attitude can deflect other parties from reluctant to receptive to ACP.

Conclusion The study is the first of its kind, offering insights from a tripartite perspective. Specific core elements of ACP initiation were proposed for further testing of their generalizability.

BOS1c.003 IMPORTANCE OF HEALTH LITERACY AND KNOWLEDGE REGARDING ADVANCE CARE PLANNING AMONG OLDER ADULTS IN SWITZERLAND

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Background Individuals' attitudes toward advance care planning (ACP) can be influenced by their health literacy and knowledge of the topic. Health literacy skills influence how people perceive their health difficulties, communicate with

healthcare providers, and make medical decisions. Knowledge regarding end-of-life medical situations is likely to shape individuals' decisions to engage in ACP. This study investigates the associations between individuals' health literacy and knowledge of ACP and their attitudes toward end-of-life care planning among a representative sample of adults aged 58+ in Switzerland.

Method We used data from 1,369 respondents from wave 8 (2019/2020) of the Survey on Health, Ageing, and Retirement in Europe. Subjective ACP health literacy was measured with questions on the competencies in understanding medical interventions, finding information, communicating, and making decisions about end-of-life care options. Respondents' knowledge was assessed using test-based questions on 11 end-of-life medical situations. Engagement in end-of-life care planning was measured by having advance directives (ADs) and/or having designated a healthcare proxy and approving to have ADs in the future. Associations were estimated using separate probit regressions, controlling for social, health, and regional characteristics.

Results We found that respondents with higher ACP health literacy tended to have higher end-of-life knowledge. Individuals with higher ACP health literacy were also more likely to approve and have ADs. Individuals with higher knowledge scores were more likely to have completed ADs. Finally, when we simultaneously included both variables in the model, only the positive association of ACP health literacy with approval and completion of ADs remained statistically significant.

Conclusions Our findings show that ACP health literacy seems to play a preponderant role in ADs approval and completion. Thus, encouraging the writing of ADs should not be based exclusively on informing individuals but should focus on strengthening their competencies to complete ADs by providing them with adequate support.

BOS1c.004 RE-THINKING ADVANCE CARE PLANNING WITH A LIFE JOURNEY AND ASSET-BASED APPROACH

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Background While advance care planning (ACP) policy implementation in the healthcare sector has had a moderate impact, we postulate greater uptake if a life journey and asset-based approach is taken to embed ACP into the social fabric. Within an individual's life journey, milestone events and routine touchpoints (e.g., driver's license, first home, retirement) serve as opportunities for ACP messaging. Coupling ACP with other planning activities may increase the likelihood of completing ACP. By using an asset-based approach we frame health, finances, and estates as important individual assets to plan for and protect.

Methods Members of the public; professionals from the healthcare, legal, financial, and social services sectors; policy-makers; researchers; and representatives of community organizations collaborated through a working group and advisory committee. A structured analysis on the assets an individual possesses, opportunities for planning that occur within the life journey, and essential Alberta-specific documentation and processes for life planning were considered. The feedback gathered