Results Five themes were identified as barriers to effective ACP utilization: complexity surrounding family power, informed consent and discussion, cultural influence, longer life versus better life, and absence of frameworks and guidelines. The first three themes were further subdivided into subthemes: imbalance in family power and family guilt, inadequate information for decision-making and no one talk about it, and traditional ways of thinking and taboo surrounding talking about death, respectively.

Conclusion The identified issues surrounding the current ACP practice in Japan were interconnected and reflective of the social, cultural, legal, and ethical aspects of life and care in Japan. This study highlighted the importance of respecting patients' preferences in care, which should be additionally protected by establishing clear policy and legal frameworks on ACP.

PP11.002 A SURVEY OF NEW ZEALAND HOSPITAL PRACTITIONERS: COMMON UNDERSTANDING OF CPR DEFINITIONS AND OUTCOMES

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Background Cardiopulmonary resuscitation (CPR) is defined as chest compressions and rescue breaths and is a subset of resuscitation. Championed for the treatment for out-of-hospital cardiac arrest, CPR is now commonplace for in-hospital cardiac arrest (IHCA).

Method An online survey of staff involved in resuscitation for IHCA sought demographic information, perceptions on the CPR definition, survival rates from IHCA and perceptions in clinical scenarios.

Results Of 500 complete responses, specialties with representation included emergency medicine (25%), intensive care (14%) and cardiology (12%). Ninety-seven percent of respondents believed that CPR for IHCA included defibrillation, while 57.2% believed it included comprehensive resuscitation. 65% discussed defibrillation in CPR discussions with patients. Forty-eight percent of respondents offered CPR for IHCA with underlying metastatic malignancy, despite 62.4% estimating survival at <5%. In IHCA with severe aortic stenosis, 43% of those who estimated survival to be <10% would offer CPR. In elderly myocardial infarction, 29% would offer defibrillation alone. In refractory arrhythmic IHCA, 69.2% would offer further CPR and defibrillation while 36% would stop therapy and allow natural death.

Conclusion The common use of CPR in hospital level care reflects the broader definition of resuscitation. Offering CPR in situations with recognized poor outcomes was commonplace. Evidently for cardiology patients a more nuanced process is required. Recapturing the definition of CPR for clinicians and patients as only chest compressions and rescue breaths may allow clinicians to offer some forms of resuscitation as part of restorative treatment without CPR and facilitate the withholding CPR when potentially futile.

PP11.003 ARE WELL PATIENTS SUPPORTED TO MAKE TREATMENT DECISIONS AROUND GOALS OF CARE IN ADVANCE CARE PLANS?

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10.1136/spcare-2023-ACP.80

Background Advance care planning helps us understand what matters to a person and can be used as a mechanism to encourage advanced treatment decision making and capture advance directives(AD), but is potentially more complex for well patients for whom deterioration and serious illness are difficult to anticipate.

Methods retrospective, aggregated non-identifiable quantitative data from complete electronic advance care plans from the South Island of New Zealand was analysed using the construction of chi-squared and simple descriptive approach.

Results Data from 7148 ACP plans were analysed, 1722 were excluded due to draft/deleted status, 5184(96%) of plans included preferences around resuscitation, patients completing 1883(35%) plans reported that they were well at the time of the completion. Advance treatment decisions in the event of serious illness were compared between 'well' versus 'not-well' patients. 286(15%) of well versus 420(13%) of not -well patients indicated preference request to receive all treatments that the healthcare team think is appropriate to their situation. 427(23%) of well versus 753(23%) not-well patients indicated only to receive treatments directed at quality of life. 877 (47%) of well versus 1710(52%) of not-well patients indicated to only receive treatments that focus on comfort and dignity rather than treatments to prolong life, 293(16%) of well patients were unable to make a decision or offered AD versus 418(16%) of not-well patients, Chi squared test was performed to examine the relationship between wellness and treatment preferences, the relation between these variables was significant, $X2(3, N = 5184)=19.27, p=0.00024$ suggesting that wellness did impact on decision making.

Conclusion Wellness impacts decision making around treatment preferences, however nearly half of well patients selected to receive only treatments directed at comfort in the setting of serious illness. Further research is needed into the drivers for goals of care decisions for well patients in advance care planning.

PP11.004 SUPPORTED DECISION-MAKING WILL REQUIRE MORE SUPPORT FOR CONVERSATIONS IN NEW ZEALAND/AOTEAROA

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10.1136/spcare-2023-ACP.81

Background The Law Commission of Aotearoa/New Zealand has just announced a review into the laws on adult decision-making capacity including potential alignment with the UN Convention of the Rights of Persons with Disabilities. New

Zealand's current legislation, the Protection of Personal and Property Rights Act 1988 applies a substituted decision-making framework where another person is appointed to make the decision for them. This is at the expense of a supported decision-making framework. This is acknowledged to have an impact on advance care planning. Understanding how people use advance care plans (ACP plans) to make decisions ahead of an emerging crisis may help us understand education requirements of people contemplating advance care planning in the future and help inform the review.

Methods Retrospective, aggregated non identifiable quantitative data from complete electronic advance care plans from the South Island of New Zealand (1.1 million) was analysed using a simple descriptive approach.

Results Data from 7148 ACP plans we analysed, 1722 were excluded due to draft/deleted status, 5426 (76%) of plans were included. 5184(96%) included advance preferences around goals of care, 3901 (72%) listed a legal substitute decision maker, 1213 (22%) nominated people they wanted to involved in decision making, and 1178 (22%) supported substituted decision makers being allowed to inform decisions even if it is not agreed in the plan. 4221(78%) indicated what mattered to them, 2805 (52%) indicated what suffering meant, 2370 (43%) indicated worries, 3735(69%) indicated priorities if time was limited. 4260 (79%) indicated limitations to treatment around resuscitation.

Conclusion Most people completing advance care plans nominate legal substitute decision makers and indicate advance preferences for goals of care. Fewer provide the breadth and depth of information that would assist effective supported decision making, so the Law Commission Review is likely to significantly impact the framework of ACP plans.

PP12: ACP in Oncology

PP12.001 CURRENT STATE AND NURSES' PRACTICAL KNOWLEDGE ON ADVANCE CARE PLANNING FOR PATIENTS WITH HEMATOLOGIC MALIGNANCIES IN JAPAN: A QUALITATIVE INTERVIEW

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10.1136/spcare-2023-ACP.82

Aim To explore the current state of nurses' practical knowledge on advance care planning (ACP) for patients with hematologic malignancies (HMs).

Method We conducted qualitative semi-structured interviews with nurses who are, or had been, working with patients with HMs. Data were analyzed using content analysis.

Results A total of 10 nurses were interviewed. Four major themes were extracted, 'Difficulties in exploring patient's value through their behavior'; 'Building a multidisciplinary team that can cooperate while engaging the patient's decision-making'; 'Implementation of shared decision-making by bridging the gap between patients, families, and healthcare professionals' and 'Continuous conversations focusing on the planning for current care'. Lack of time due to continuous aggressive treatments and difficulties in understanding the pathology of HMs were identified as the main obstacles affecting ACP. The nurses reported the importance of building rapport with patients through daily care, bridging the gap between patients, their families, and healthcare professionals to find a middle ground, cooperation within a multidisciplinary team, and conversations about current values and preferences.

Conclusion The difficulties in ACP are related to the unique characteristics of HMs. Therefore, a strategic approach for nurses based on these characteristics, and the nurses' practical knowledge, is needed.

PP12.002 WHY IS ADVANCE CARE PLANNING UNDERUSED IN ONCOLOGY SETTINGS? IDENTIFYING BENEFITS, BARRIERS, ENABLERS, AND INTERVENTIONS TO IMPROVE UPTAKE

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10.1136/spcare-2023-ACP.83

Background Advance care planning (ACP) is the process of discussing and recording personal values, beliefs and preferences, to guide clinical decision-making in the event that person lose capacity to make or communicate their treatment decisions. Despite recommendations from guidelines, rates of documentation for people with cancer are considerably low.

Aim To systematically clarify and consolidate the evidence base of ACP in cancer care by exploring how it is defined; identifying benefits, and known barriers and enablers across patient, clinical and healthcare services levels; as well as interventions that improve advance care planning and are their effectiveness.

Methods A systematic overview of reviews was conducted and was prospectively registered on PROSPERO. PubMed, Medline, PsycInfo, CINAHL, and EMBASE were searched for review related to ACP in cancer. Content analysis and narrative synthesis were used for data analysis. The Theoretical Domains Framework (TDF) was used to code barriers and enablers of ACP as well as the implied barriers targeted by each of the interventions.

Results Twenty-nine reviews met the inclusion criteria. There was a lack of consistency in relation to definitions. Many proposed benefits did not actualize into empirically identified benefits. Interventions tended to target a different population and barriers, than the ones where the majority of evidence identified as a problem.

Conclusion To improve ACP uptake in oncology settings; the definition should include key categories that clarify the utility and benefits. Interventions need to target healthcare providers and empirically identified barriers to be most effective in improving uptake.

PP27.003 EXPLORING THE HEALTHCARE PROVIDERS' ATTITUDE AND UNDERSTANDING ON ADVANCE CARE PLANNING FOR CANCER PATIENTS IN TAIWAN: A QUALITATIVE SECONDARY ANALYSIS

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