

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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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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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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