

Background Taiwan enacted Patient Right to Autonomy Act in 2019, making advance care planning (ACP) a legally-binding nature. Healthcare providers' attitude and belief on end-of-life issues discussion for cancer patients would influence their ACP delivery. However, many healthcare providers are confused about the relevant policy and regulation, resulting in poor service uptake in practice. We aim to explore the healthcare providers' attitude and understanding on ACP for cancer patients in Northern Taiwan.

Methods Qualitative secondary analysis is adopted as study design. We applied thematic analysis and dual coding for fifteen narratives derived from a qualitative primary study regarding palliative care decision-making among advanced cancer patients, their families and healthcare staff. We included perspectives from four physicians, four nurses, three case managers, one medical social worker, one psychologist, one chaplain and one volunteer at a hospice and palliative care unit in a tertiary hospital.

Result Medical professionals reported two dilemmas that they are currently facing: (1) They found that patients generally did not understand ACP, causing them often encounter difficulties in discussions and spend extra time explaining; (2) Some medical personnel mentioned that the division of labor in the medical team was not clear as the doctors had different preference and understanding on treatment, which caused other members felt confused and challenging to cooperate.

Conclusion We learn that different attitude of medical personnel would make great influence to patients' care, in particular regarding end-of-life care decision-making. Therefore, we suggest: (1) The media or advertisements can be used to promote ACP to general public; (2) Devise a detailed procedure for the decision process, and establish regulations for relevant participants. These should be considered while developing a hospital-based ACP program for cancer patients and their family caregivers.

PP13: ACP in Dementia

PP13.001

CHANGES IN PROGNOSTIC BELIEFS OF PATIENTS WITH METASTATIC CANCER AND THEIR ASSOCIATION WITH CHANGING HEALTH STATUS

¹Isabella Gupta, ^{1,2,3,4}Eric Finkelstein, ^{1,2,3}Semra Ozdemir, ^{1,2}Chetna Malhotra*. ¹Lien Centre for Palliative Care, Duke-NUS Medical School, Singapore; ²Health Services and Systems Research, Duke-NUS Medical School, Singapore; ³Saw Swee Hock School of Public Health, National University of Singapore, Singapore; ⁴Duke Global Health Institute, Duke University, Durham, USA

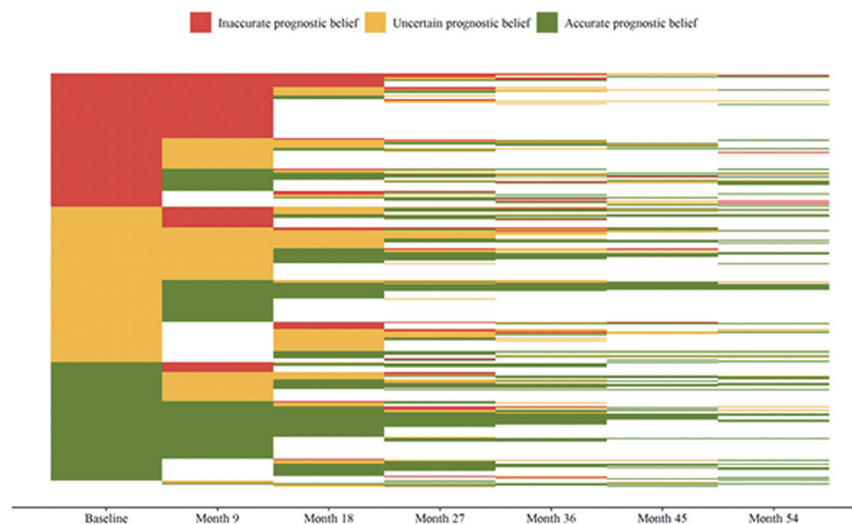
10.1136/spcare-2023-ACP.85

Background Patients' prognostic beliefs are known to influence treatment decisions and care received at the end of life. However, the evolution of these beliefs over an extended period of time in patients with metastatic cancer is understudied. We assessed longitudinal changes in prognostic beliefs and investigated their association with patients' changing health status.

Methods We surveyed a cohort of 600 patients with solid metastatic cancer every 9 months for up to 54 months. At each time-point, we assessed whether patients believed their current treatments would cure them (responses classified as accurate, inaccurate, or uncertain belief) and tested the association between their responses and 1) symptom burden and 2) recent health shock (unplanned hospital admission).

Results Only 29% of patients had accurate prognostic belief at baseline and 24% of patients changed from having accurate to uncertain/inaccurate belief at some point during follow-up. Patients' prognostic beliefs changed up to 6 times, and on average, at each time-point, 21% of patients changed to an uncertain or inaccurate belief, and 20% changed to an accurate belief. Patients who experienced greater symptom burden were less likely to report inaccurate (Relative Risk Ratio (RRR) = 0.87, 95% CI = [0.84, 0.90]) or uncertain belief

Transitions in prognostic belief over time



Note: Transitions presented only for patients who report prognostic belief at least twice (n=338)

Abstract PP13.001 Figure 1

(RRR = 0.90 [0.87, 0.92]), while those with a recent health shock were more likely to report inaccurate (RRR=2.83 [1.56, 5.13]) or uncertain belief (RRR=2.42 [1.39, 4.22]), compared to accurate belief. Increase in symptom burden was associated with change towards accurate belief (RRR = 1.77 [1.34, 2.33]), as opposed to no change.

Conclusions Patients' prognostic beliefs are unstable, change from accurate to inaccurate/uncertain, and vice-versa, and are associated with their changing health status. Findings underscore the need to understand prognostic belief as a dynamically evolving construct and imply that conversations about goals of care must occur regularly to factor in these changes.

PP13.002 CAREGIVERS' END-OF-LIFE CARE GOALS FOR PERSONS WITH SEVERE DEMENTIA CHANGE OVER TIME

Chetna Malhotra*, Ishwarya Balasubramanian. *Duke-NUS Medical School, Singapore, Singapore*

10.1136/spcare-2023-ACP.86

Background End-of-life (EOL) care decisions for persons with severe dementia (PWSs) are guided by their family caregivers' goals and preferences. It is not known if the caregivers' EOL care goals for PWSs change over time. We assessed caregivers' EOL care goal for PWSs, extent to which these change over time and the factors influencing them.

Methods In a prospective cohort of 215 primary informal caregivers of community-dwelling PWSs in Singapore, we surveyed caregivers every four months over a period of 16 months. We assessed the proportion of caregivers whose EOL care goal for PWS changed between two consecutive time points. Multivariable regression models assessed factors associated with caregivers' EOL care goals for PWS (maximal, moderate, minimal life extension); and change in EOL care goal from previous time point.

Results 21% of the caregivers had a goal of maximal life extension for their PWS, and 59% changed their EOL care goal at least once over a period of 16 months. Caregivers of PWSs with lower quality of life (RR: 1.15, CI: 1.06, 1.24), who were less optimistic about PWSs' remaining life expectancy (RR: 10.34, CI:2.14, 49.9) and who had an advance

care planning discussion (RR:3.52, CI: 1.11, 11.18) were more likely to have a goal of minimal life extension for PWS. Caregivers with higher anticipatory grief (RR: 0.96, CI: 0.93,1) were more likely to have a goal of maximal life extension. Change in PWSs' quality of life and change in caregivers' anticipatory grief were associated with change in caregivers' EOL care goals.

Conclusions Results highlight that caregivers' EOL care goals for PWSs change over time, and that this change is associated with both PWS and caregiver related factors. Findings have implications regarding how health care providers can best engage caregivers to make informed decisions for PWS's EOL care.

PP13.003 CONCORDANCE OF THE PATIENTS' PREFERENCES AND THE ACTUAL OUTCOMES IN ELDERLY WITH LATE-STAGE DEMENTIA IN KARUNRUK ADVANCE DEMENTIA CARE PROGRAM

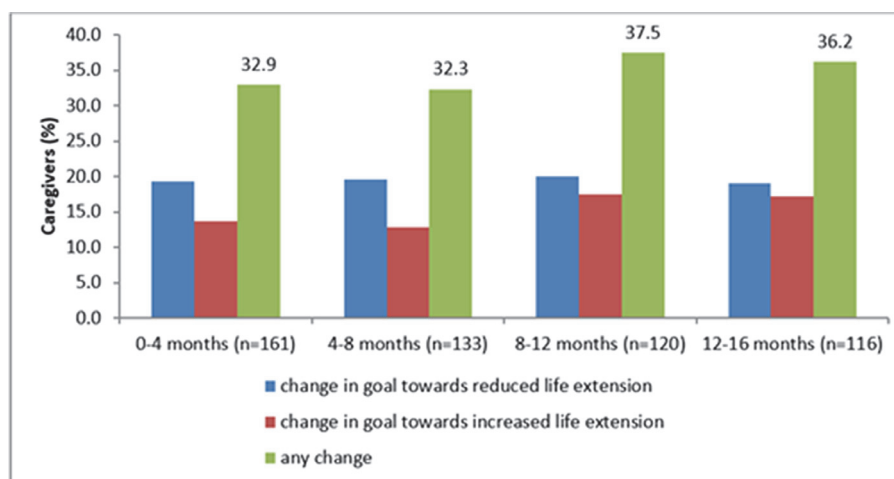
Teerasak Ngamsit*, Rattanaporn Siriket, Rattanawadi Buabanbut, Parichart Piasupun, Sriwieng Pairojkul. *Karunruk Palliative Care Center, Srinagarind Hospital, faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand*

10.1136/spcare-2023-ACP.87

Background Dementia is fatal disease and becomes burden due to increased elderly population. Karunruk Palliative Care Center (KPC) has established a care program for late-stage dementia. Family education on disease trajectory and established advance care plan (ACP), which inform about the preferences on place of care and death and medical treatment. The program provides routine home visit by multidisciplinary palliative care team, 24-hour emergency call and direct admission to palliative unit.

Methods Profiles of 65 patients recruited from October 1, 2020 to September 30, 2022 were: 84.6% were > 80 years, 76.93% were in FAST stage > 7c, and 43.07% retained NG feeding/PEG. Data were analyzed to obtain the concordance between the patients' preferences and the actual outcomes.

Results Only 7/65 (10.76%) had an ACP before referral. All patients in our program had an ACP. Place of death of 30 patients who died were 43.33% at home, 43.33% at Palliative unit, 10.0% at medical ward, and 3.34% at nursing home.



Abstract PP13.002 Figure 1 Proportion of caregivers who changed end-of-life care goal for persons with severe dementia from previous time point