

PP24.002

UNDERSTANDING MORAL DISTRESS AND ADAPTIVE RESPONSES OF HEALTHCARE PROFESSIONALS IN ADVANCE CARE PLANNING

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Background Advance Care Planning (ACP) allows for communication of patient's preferred care plans in the future with family members and healthcare professionals (HCPs) in the event if patient falls seriously ill. Oftentimes, HCPs and ACP facilitators may face moral distress in honouring and facilitating the ACP. The aims of this current study are to examine factors of moral distress and ethical conundrums faced, differentiate those who cope well with moral distress, their coping strategies, and derive information usable for developing future training programmes.

Methods This abstract will present the findings of the qualitative phase of a two phase mixed-methods study. In-depth interviews using the phenomenological approach will be conducted with a sample of ACP facilitators and frontline healthcare providers (n=30). Views on moral distress faced and their coping strategies, as well as their recommendations for future ACP-related moral distress will be explored. Framework analysis will be used to interpret the results and these findings will likely help to calibrate the questions for the survey in the subsequent phase.

Results We expect to identify common scenarios that might cause moral distress during ACP. These include (i) family making choices that are not in the patient's best interests, (ii) proceeding with expressed preferences knowing that it is difficult to honour and (iii) making decision based on ACP documentation that lack clarity. Findings will highlight the coping strategies, problem solving techniques, sources of resilience and support, as well as training needs of ACP facilitators.

Conclusion This study hopes to unveil factors of moral distress and ethical conundrums during the process of ACP implementation, coping strategies, and to derive potential recommendations in ameliorating such distress as well as gaps in knowledge and systems. The findings will hopefully help in the development of future training programmes and policies to aid ACP implementation.

PP26: Health Literacy and ACP

PP26.001

DEVELOPMENT OF A WEBSITE USING A CO-DESIGN APPROACH TO PROMOTE UPTAKE OF ADVANCE CARE PLANNING

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Background In Alberta, the advance care planning (ACP) digital space would benefit from improvement in ease of navigation, simplified messaging, and use of lay language. Current literature supports encouraging individuals to begin ACP early in their life. There are opportunities to encourage this by bundling ACP with other life planning activities, such as financial and estate planning. Our objective was to develop an innovative and comprehensive Alberta-specific website that houses ACP and related life planning content and resources for the public.

Methods The principles of co-design guided the development and implementation of our website. To develop ACP content, we assembled a multidisciplinary working group consisting of members of the public; professionals from the healthcare, legal, and financial sectors; policymakers; researchers; and representatives of community organizations. The structure of the website was co-designed by software developers, a marketing strategist, a communication advisor, and a graphic designer. Usability testing was conducted by a public panel of 13 individuals, representing end-users of diverse age, gender, race/ethnicity, and lived experience with ACP. Content analysis was used to thematize the feedback.

Results CompassionateAlberta.ca was launched on October 1, 2022 to equip and empower the public to plan for their future care and take care of one another through aging, illness, and death. Topic areas of the website include health, financial and estate planning, accompanied by a curated list of resources relevant to Albertans. Storytelling was used throughout the website to reflect diverse situations where life planning is important. Usability testing resulted in a series of recommendation to improve understandability, navigation, actionability and inclusive language.

Conclusion CompassionateAlberta.ca and the accompanying resources were co-designed to be a primary digital space for Albertans to access advance care planning and related content. Next steps include developing creative content and implementing this website broadly in collaboration with local community organizations.

E Poster Abstracts

EP01.001

A CASE REPORT: MY FIRST JOURNEY OF TELE-ACP WITH A PATIENT AND FAMILY DURING THE ERA OF COVID-19 PANDEMIC

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Background Advance Care Planning (ACP) is an ongoing discussion between patients, their Nominated Healthcare Spokespersons (NHS), and the health care team about future care preferences. This discussion is important as most of us have never planned or talked about our wishes before crisis happens. Covid-19 has led the whole world into a crisis and immense human fear. To combat with public fear of being infected with COVID, Tele-ACP was implemented to supplement face-to-face discussion.

Method A Case report is presented to share my experience of doing the first Tele-ACP during COVID pandemic in a restructured hospital.

The referral was about exploring Preferred Plan of Care (PPC) with a patient who was newly diagnosed with stage 4 Gastric Cancer.

Result The Tele-ACP was completed successfully after a lengthy discussion with turmoil of emotions. I felt excited, satisfied, and fulfilling despite my fear of uncertainty due to no precedent experience and technical challenges. The patient and family were happy that they openly discussed and shared so many topics which were sensitive, serious, and a taboo to the family. The patient teared but felt relieved after expressing his personal values, concerns, healthcare preferences, and end-of-life wishes. The family teared too but realized the importance of knowing and honouring patient's wishes and preferences. They expressed feeling much more closely united as a family after this conversation.

Additionally, I also learnt how to navigate on the Tele-ACP platform, such as dealing with technical problems, helping participants who were not technical savvy, and how to communicate therapeutically without direct interaction. Tele-ACP was timesaving with less hassles for family to travel between the hospital and home.

Conclusion Tele-ACP is one of the trending online platforms. Moving forward in the post pandemic, it is sustainable and beneficial to all patients and their family/caregivers.

EP01.002 ADVANCE CARE PLANNING DISCUSSION AND DOCUMENTATION AMONG THE DUTCH GENERAL PUBLIC OVER THE PAST 5 YEARS: A MIXED METHODS STUDY

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Background Advance care planning (ACP) is increasingly advocated to perform patient-centered end-of-life care. We investigated whether the extent to which people in the Netherlands discuss or document their end-of-life preferences has changed over the past 5 years.

Methods A mixed methods study among a random sample of 1456 Dutch citizens between June and October 2022 (N=1097, response 75%). A cross-sectional survey included statements on whether participants had thought about a number of issues relating to the end of life, had ever talked with a doctor about these issues, and had documented their wishes regarding medical treatments at the end of life. The statements were similar to those used in a survey that was performed in 2016. In subsequent qualitative interviews (N=15) we explored the experiences of citizens with ACP. Descriptive statistics were used to analyze questionnaire data and thematic analysis for the interviews.

Results In 2022, 66% of the respondents stated that they had ever thought about issues relating to the end of their life, such as who should decide about their medical treatment when they can no longer do so themselves. In 2016 this percentage was 70%. The percentage of respondents who had spoken to a doctor about these topics was lower (13% in 2022, 12% in 2016), and only 17% (in 2022) of the respondents stated that they had documented their wishes and expectations regarding medical treatments they (did not) want to receive at the end of their lives. Interviewed citizens gave a

number of reasons for not thinking or talking about those issues. for example: they had not yet have to deal with illness or it should be left to fate.

Conclusion Despite increased attention for ACP, the proportion of Dutch citizens who have discussed ACP with their doctor or documented their wishes remains limited.

EP01.003 EQUITY ISSUES IN ADVANCE CARE PLANNING

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Background The critical intersections of structural inequities and vulnerabilities of marginalized populations, particularly those engaging the social gradient of vulnerable groups or minority communities, are revealed in analysis of the Advance Care Planning within the Equity lens.

Proposals for behavioural interventions in professional competencies including communication approaches for improving opportunities for ACP, focused largely on medical contexts often fail to address the root cause of the challenges of the ACP particularly as evidenced in misalignment of the ACP norms and protocol with values, trust and expectations of outcomes of population subgroups of the elderly, the homeless or members of diverse BIPOC (Black-Indigenous-Persons of Colour) communities in pluralist western societies.

Method The typical ACP approaches are analysed in terms of their key principles within the Equity lens to explore the complexities of the DEI (Diversity, Equity and Inclusion) dimensions of common misperceptions of the ACP (1) engaging the role of patients and (2) the misalignment of the ethical, legal and educational contexts of the ACP norms with quality care metrics.

Results Approaches such as Partnering with Patients, and Communities provide valuable insights for ACP reform measures enhancing stakeholder knowledge about the medical protocol and expectations of the ACP. Yet the normative assumptions, seemingly oblivious of the disparate impact of the upstream factors of the Social determinants of health and illness, often fail to address the 'whole person' identities of diverse patients or intersections of multi-sector contexts of health system transformation.

Conclusions The Poster suggests that within the Equity lens, acknowledgement of cultural variations in ACP as distinct frames of reference, present important opportunities for revisiting the traditional paradigm of the ACP and initiate sustainable transformative change.

EP01.004 ADVANCE CARE PLANNING IN BRITISH COLUMBIA: 2012–2020

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Background Many initiatives to promote ACP have been occurring in British Columbia (BC) over the last decade, however the impact of these activities on public awareness and engagement is unclear. To longitudinally investigate ACP awareness and engagement, we conducted polls with the BC public in 2016 and 2020 and re-interrogated previously published poll from 2012.