

care planning documents with the focus on advance health directives, the Advance Care Directive in Queensland. Accessibility, validity, and appropriateness of advance health directives was assessed. Preferred place of death was compared to actual place of death. The analysis used proportions, binomial confidence intervals and univariate logistic regression.

Results 52% of patients were male and the median age was 74 years. Most patients had a cancer diagnosis (85%). The prevalence of advance health directive completion at the time of referral was much higher than other Australian studies (27%). Referrers completed more advance health directives (27%, CI 19.8, 34.5) than community palliative care service (9%, CI 4.5, 16.1); however, had lower upload rates to the electronic medical record (42.5% vs 80%) and 29% were invalid. The strongest predictor of advance health directive completion was preparation of other advance care planning documents. Community palliative care completed more acute resuscitation plans than referrers (44% vs 25%). Completion of an acute resuscitation plan reduced advance health directive completion ($p = 0.49$). Home was the preferred place of death for 47% of patients. 64% of patients died at their preferred place of death.

Conclusion This study has a higher prevalence of all types of advance care planning compared to other Australian studies including advance health directives. The community palliative care service had a lower prevalence of advance health directives when compared to referrers. Accessibility remains low with less than half uploaded to the electronic medical record. Almost a third of advance health directive completed prior to referral uploaded to the electronic medical record were invalid highlighting the need to review these documents. The higher prevalence of acute resuscitation plan than advance health directive may be because of a lack of designated time, resources, and funding for opportune completion. A home death remains the goal for most patients.

OP-14 PERSONAL VALUES AND ITS IMPACT ON DECISION MAKING IN CANCER PATIENTS AND CAREGIVERS

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Background For many, a cancer diagnosis signals death's inevitability and elicits existential concern. In the quest for life prolongation, patients seek futile life-sustaining treatments, fail to appreciate a declining trajectory and lack the opportunity to seek information or plan meaningfully for their future. Advance care planning (ACP) is a process that supports adults at any age or stage of health to plan for future care through an understanding and sharing of personal values, life goals and preferences. An increased emphasis is now placed on exploring personal values to ensure alignment with the choices made relating to treatment and end-of-life desirables. Interventions that incorporate a values-based paradigm remain underdeveloped.

Method Using a multi-method research design, we developed a novel intervention using the video vignette technique and incorporated the dyadic approach to examine participants' perceptions, beliefs and attitudes. A randomised controlled trial formed the analytical core of this study, with a secondary

qualitative component. Cancer patient-caregiver dyads were randomised to a values-based video vignette intervention or usual care. We hypothesised that those exposed to the video intervention would be more likely to complete an ACP.

Results One hundred and thirteen cancer patient-caregiver dyads were recruited and randomised. Our findings described older participants as more likely to identify with values. Furthermore, we highlight that the mutuality of dyadic relationships in care planning may be conceptualised at three levels: communication, reciprocal influence and patient-caregiver congruence. In eliciting personal values, cancer patients concurrently postured stances of vulnerability and resilience, in keeping with conflicting emotions and experiences. Equanimity in the cancer patient was apparent with acceptance of frailty and finitude of life, sustained benevolence to others and the use of ritual at the end-of-life.

Conclusion We highlight that ACP requires contextualisation of individual situations and values and should focus on achieving meaningful outcomes beyond completing documents.

OP-15 PREVALENCE OF ENDURING POWER OF ATTORNEY AND ADVANCE HEALTH DIRECTIVE DOCUMENTS AMONG CULTURALLY AND LINGUISTICALLY DIVERSE PATIENTS RECEIVING COMMUNITY PALLIATIVE CARE: A STUDY IN QUEENSLAND'S MOST POPULATED HEALTH SERVICE

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Background Advance Care Planning (ACP) is vital to ensure patients' wishes are respected in healthcare decisions, particularly in the context of palliative care.¹ ACP improves outcomes for patients and their families.²⁻³ However, there is limited knowledge of ACP prevalence among Culturally and Linguistically Diverse (CALD) populations, especially in community palliative care settings.⁴⁻⁵

Aims The primary aim was to determine the prevalence of Enduring Power of Attorney (EPOA) and Advance Health Directive (AHD) within CALD populations versus general population receiving community specialist palliative care services (CSPCS). The secondary aims were to evaluate the prevalence of the above documents 6 months post referrals to a community specialist palliative care service and identify factors influencing completion.

Abstract OP-15 Table 1 Sample characteristics†(n=576)

Characteristic	No. (%)
Age (Years)	
<65	102 (18)
≥65	474 (82)
Median (IQR)	78 (69, 85)
Sex	
Female	265 (46)
Male	311 (54)
Mortality rate (6 months post-referral)	
Deceased	242 (42)
Alive	334 (58)