

31 **EXAMINING ADVANCE CARE DIRECTIVE (ACD) LAW AND POLICY FRAMEWORK FUNCTIONALITY IN THE CONTEXT OF NURSES AND AMBULANCE OFFICES/ PARAMEDICS ADHERENCE TO ACD CPR REFUSALS**

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**Background** Australian States and Territories are called to align ACD legislation with common law principles. However, little is known about the functionality of different ACD frameworks when Nurses or Ambulance Officers/Paramedics attend a situation when an ACD CPR refusal might apply.

**Aim** To construct a working picture of the different ACD legislative and policy frameworks currently operating in Australia and other countries under Westminster systems.

**Methods** An ACD law, policy and outcome table was constructed summarising each jurisdictions' ACD operational parameters, who is authorised to implement ACD, and any ACD adherence research.

**Results** ACD operation parameters varied from: requiring a medical condition to which the refusal related; only applying in the terminal phase, to any period of incapacity nominated by the person as under common law. Policy examples under prescriptive law usually authorised all health professionals could implement ACD. Under permissive law, even with policy support, a preference for community 'Not-For-CPR' medical orders was evident. There was

little empirical research about ACD adherence in the context under examination.

**Discussion** Legislative and policy framework affects ACD scope and delivery. Most with broad ACD application parameters also used community 'Not-For-CPR' orders, reverting to medical oversight. Others appeared effective in delivery but excluded some people from making ACD.

**Conclusion** The table illustrated a large variation between jurisdictions and that research is needed to determine whether there is a relationship between adherence to ACD CPR refusals and the type of ACD framework. This knowledge could help optimise ACD adherence and application across all settings.