

**Conclusion** The majority of physicians indicate that they can adequately estimate a patient's limited life expectancy and that they tend to discuss patients' wishes if they have a poor prognosis. Information transfer concerning patients' wishes for treatment and care can be improved.

OP64

#### EXAMINING PATIENT-REPORTED BARRIERS TO TALKING ABOUT ADVANCE CARE PLANNING (ACP) WITH FAMILY PHYSICIANS: A MULTI-SITE SURVEY

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**Background** Advance care planning (ACP) can improve satisfaction with end-of-life care among patients and families and reduce unwanted treatments. Primary care is an ideal setting in which to facilitate ACP. This study analyzed the reasons why patients find it difficult to discuss ACP with their family physicians.

**Methods** A self-completed, validated questionnaire about four ACP engagement behaviours and barriers was administered to patients aged 50 and older in 20 family practices in Canada. The questionnaire included an open-ended question about what makes it difficult to talk about ACP with the family physician. Four authors analysed the open-ended comments using thematic content analysis.

**Results** 810 patients (mean age=66, 55.6% female) participated. Of the 53% (n=428) of patients who had talked to someone about end-of-life medical treatments, only 18% (n=75) had talked with their family physician. Patients identified the following barriers to ACP conversations: 1) They feel too young, healthy and well; 2) They abdicate responsibility to their physician; 3) They worry about a negative impact of ACP on the physician relationship; 4) Inadequate time during appointments; 5) They feel ACP is emotionally difficult to discuss with their physician.

**Conclusions** Our findings suggest that patients need help preparing for ACP conversations, both to change the perception that ACP conversations only occur at the end-of-life and to normalize these discussions between patients and physicians. There is an opportunity for family physicians, who have long-standing relationships and frequent visits with patients, to have ACP conversations.

OP65

#### FRAMING ADVANCE CARE PLANNING IN PARKINSON'S DISEASE: PATIENT AND CARE PARTNER PERSPECTIVES

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**Background** Advance care planning (ACP) is a new core quality measure in caring for individuals with Parkinson's disease (PD) and there are no best practice standards for how to incorporate the ACP process into PD care. This study describes patient and care partner perspectives on ACP to inform a patient and care partner-centered framework for clinical care.

**Methods** Qualitative descriptive study of 30 patients and 30 care partners affected by PD within a multi-site, randomized clinical trial of neuropalliative care compared to standard care. Participants were individually interviewed about perspectives on ACP, including prior and current experiences, barriers to ACP, and suggestions for integration into care. Interviews were analyzed using theme analysis to identify key themes.

**Results** Four themes illustrate how ACP is perceived and integrated into clinical care: 1) variation in personal definitions of ACP in the context of PD; 2) barriers to engaging in ACP with PD; 3) role of care partners as active participants in ACP; and 4) influence of a palliative care approach on ACP. Taken together, the themes support clinician initiation of ACP discussions and interdisciplinary approaches to help patients and care partners overcome barriers to ACP.

**Conclusions** ACP in PD may be influenced by patient and care partner perceptions and misperceptions, symptoms of PD (e.g. apathy, cognitive dysfunction, disease severity), and models of clinical care. Optimal engagement of PD patients and care partners in ACP should proactively address misperceptions of ACP and utilize clinic teams and workflow routines to incorporate ACP into regular care.

OP66

#### HOW DO PATIENTS WITH LIFE LIMITING DISEASES EXPERIENCE PATIENT-PHYSICIAN COMMUNICATION ABOUT LIFE EXPECTANCY? – AN INTERVIEW STUDY

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**Background** The Dutch Framework for Palliative Care advises physicians to timely start advance care planning (ACP) in patients with life limiting diseases. Such communication requires disclosure and discussion of patients' limited life expectancy. We explored patients' experiences with such discussions.

**Methods** Medical specialists from three different hospitals included patients with incurable cancer or late-stage chronic obstructive pulmonary disease (COPD), with whom they had spoken about their limited life expectancy. All 14 patients (7 cancer and 7 COPD) had a semi-structured interview with one researcher about their experiences on those conversations. The interviews were audiotaped, transcribed, coded, and analysed by two researchers.

**Results** All patients were aware of their limited life expectancy. They were often shocked when their physician had indicated prognosis rather concrete. However, such indications also enabled them to reflect certain treatments and led to conversations about ACP sometimes. Most patients agreed that the physician should initiate conversations about life expectancy, but that the patient should have control of the continuation of that topic. Some patients with COPD who disagreed with this also believed that the pulmonologist lacked the ability to indicate their life expectancy. Factors that facilitated agreeable conversations for the patients were: clear explanations and messages about the disease, prognosis and treatment options, feeling of being heard, sufficient time, and adequate preparation by the physician, an open attitude, and sensitive non-verbal communication.