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.

Methods Qualitative descriptive study of 30 patients and 30 care partners affected by PD within a multi-site, randomized clinical trial of neuropsychiatric 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.

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.