Conclusion Overall, patients appreciate honest, personalized and attentive communication on a limited life expectancy enabling reflections and communications about ACP.

Methods A multicenter cluster randomized-controlled trial (RCT) in patients with advanced COPD was performed. The intervention group received an 1.5-hours structured nurse-led ACP-session. Outcomes were: quality of patient-physician end-of-life care communication, prevalence of ACP-discussions six months after baseline, and symptoms of anxiety and depression in patients and loved ones.

Results 165 patients were enrolled (89 intervention: mean age 65.7 (9.2) years; 49.4% male; 76 control: mean age 69.5 (9.0) years; 57.9% male). The improvement of quality of patient-physician end-of-life care communication was significantly higher in the intervention group compared to the control group (<.001). The ACP-intervention was significantly associated with the occurrence of an ACP-discussion with physicians within 6 months (p=.003). At follow-up, symptoms of anxiety were significantly lower in loved ones in the intervention group compared to the control group (p=.02). Symptoms of anxiety in patients, and symptoms of depression in both patients and loved ones were comparable at follow-up (p>.05).

Conclusion One nurse-led ACP-intervention session improves patient-physician end-of-life care communication without causing psychosocial distress in both patients and loved ones.

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