Conclusion ACP has benefits in improving decision making. More needs to be done to improve implementation of ACP for patients with heart failure.

OP70 **NORMATIVE PRINCIPLES OF ADVANCE CARE PLANNING: A SYSTEMATIC LITERATURE REVIEW**

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Background Since the introduction of the concept of advance care planning (ACP), many studies have been conducted exploring beneficial effects. These studies show a heterogeneity in clinical endpoints, which reflects diversity of goals connected to ACP. Clarification of underlying normative principles of ACP is crucial in understanding both motivation and hesitation to initiate ACP among health care professionals and patients. This study aims to clarify normative principles of ACP and to get insight in the range of normative principles that comprise the legitimacy of ACP.

Methods Systematic literature search in PubMed, EMBASE, PsychInfo, CINAHL and Cochrane Library, using various search terms for 'ACP' and 'ethics'. Articles on normative aspects of ACP were included, based on title and abstract. Due to the quantity of inclusions, of which many had similar content, purposive sampling was used to select articles for full text document analysis. Analysis stopped once saturation was reached. Sensitivity analysis was performed to guarantee that unfrequently mentioned goals and objections were found as well.

Results In total, 6497 unique articles were found of which 183 were included. Saturation was reached after document analysis of 55 articles (30%); this yielded 211 codes concerning normative principles of ACP. We identified 5 main normative principles for ACP: respecting individual patient autonomy, improving quality of care, strengthening relationships, improving quality of life, and reducing overtreatment.

Conclusion Defining normative principles of ACP should serve as a starting point when developing ACP interventions and selecting outcome measures to evaluate ACP interventions.

OP71 **ACP ALBERTA: COLLABORATIVE ACTION OF HEALTH CARE, LEGAL, GOVERNMENT, COMMUNITY AND ACADEMIC SECTORS TO INCREASE PARTICIPATION IN ADVANCE CARE PLANNING**

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Background In 2014, Alberta's health service providers implemented a province-wide Advance Care Planning (ACP) and Goals of Care Designation policy. Despite significant efforts, barriers to full implementation remain including lack of public comprehension across health, legal and other public systems. A World Café consultation revealed multi jurisdictional recommendations to 'normalize ACP.'

Methods Through the ACP Collaborative Research Innovation Opportunities program, we formed a collaboration with lawyers, Legal Education Society of Alberta, Canadian Bar Association, Law Society of Alberta, palliative care physicians, patient advocates, academics, provincial health care providers and other stakeholders. A community of practice propagated spontaneously. Surveys and focus groups identified barriers, knowledge and resource gaps, and novel solutions, including joint health-legal education.

Results Traditional approaches to ACP have been siloed. We expand on the innovative medico-legal framework to include other stakeholders including community agencies, faith groups, health advocacy agencies, national ACP projects, and the financial planning and insurance industries. Ongoing collaborative activities include community engagement, education, policy and practice innovation, which bundles activities relating to health care planning with those relating to personal and financial planning. Our business case addresses the identified gaps and adopts public recommendations through activities to coordinate, integrate and/or support development/implementation of a community volunteer program, an electronic registry for ACP and Goals of Care documentation, and a legal toolkit.

Conclusion In practice, ACP spans medical, legal, social and personal domains. Multi-disciplinary and multi-sector approaches are posited to improve knowledge and uptake of ACP while improving the quality of life of Albertans.

OP72 **WHO IS IN CONTROL? CULTURAL AND INSTITUTIONAL BARRIERS TO EOL DECISION IN JAPAN AND THE UNITED STATES**

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Japanese and American healthcare providers enjoy abundant medical resources at their disposal, yet both systems often fail to adequately address a patient's end-of-life (EOL) wishes for vastly different reasons.

In a society as highly structured in hierarchical and patriarchal dimensions as Japan's, a terminal patient's wishes are often superseded by the treating physician's suggestions in deference to the doctor's education and social status. In addition, a family member who has cultural authority tends to speak and make decisions on behalf of the dying person and the family.

Similarly, American healthcare providers often avoid the topic of EOL decision-making to deflect away from the realization that in spite of their formidable arsenal of available medical treatments, they are powerless to help. The American system of medical training also encourages physicians to advise their patients to fight an incurable disease to the end because the hope of prolonging life is never lost.

These cultural versus institutional factors have the same result. Oftentimes, the EOL wishes of a terminal patient is either not heard or lost at best. In either case, these factors have a major detrimental impact on the quality of a patient's end-of-life experience as their wishes fall prey to more dominant cultural or social factors. This theoretical study discusses the importance of EOL conversation in providing quality care, and discusses how the medical professions in both countries