development of supportive ACP-structures in the field of nursing homes (NH). In the region Würzburg (130.000 inhabitants, Bavaria) there is no ACP-program provided. Major purpose of the project is the conceptualization, implementation and evaluation of an effective, target group-specific concept. Within the project needs of nursing home residents (NHR) concerning the process of ACP are reconstructed, barriers of sustainable implementation of ACP are identified.

Methods The study includes problem-centered interviews with NHR (n=24). Maintopics of the interviews: requirements regarding to EoL, communication about needs at EoL, documentation of advance planning, decision-making/-behavior concerning EoLC. Data are analyzed by content analysis.

Results NHR have a lack of knowledge relating to scope, reach and potential objects of advance planning for EoL(C) even they have already prepared an advance directive or a power of attorny. Often there is no differentiated reflection of own needs even they remark the wish of self-reflection concerning preferences for their EoL. NHR express the wish to compare notes with non-professionals and at eye level, trustful dialogue partners on EoL-topics and decision-making (informal dialogue). Otherwise, the recording of decisions and responsibilities regarding to the EoL takes place within the family-network and in the dialogue with health professionals (formal dialogue).

Conclusion A viable ACP-concept has to close the gap between informal and formal dialogues by creating trustful dialogue spaces and identifying trustful dialogue-partners.

P35 EXPERIENCES WITH APPROACHES TO ADVANCE CARE PLANNING WITH OLDER PEOPLE: A QUALITATIVE STUDY AMONG DUTCH GENERAL PRACTITIONERS

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Background Advance care planning (ACP) is still used with only a minority of older patients due to a lack of knowledge regarding appropriate approaches to ACP with older people. General practitioners (GPs) may play a key role in ACP with older people. We explored their experiences with different approaches to ACP with older patients in daily practice.

Methods A qualitative study among a purposive sample of 19 Dutch GPs based on semi-structured interviews.

Results Approaches to ACP with older patients can be divided into two categories: systematic and ad-hoc. Systematic approaches consisted of discussing a fixed combination of topics during group information meetings, intakes, comprehensive geriatric assessments, and periodic assessments with community-dwelling older patients who are frail, cognitively impaired, or aged >75, and with older patients living in residential care homes. Meetings were aimed at making agreements in anticipation of future care, at providing information and at encouraging older people to take further steps in ACP. With ad-hoc approaches, respondents discussed only one or two topics related to the near future with deteriorating patients or when patients or family-initiated ACP. Systematic and ad-hoc approaches were used simultaneously or sequentially. Due to a lack of time and knowledge respondents seemed to underuse many occasions and topics.

Conclusions Awareness of appropriate systematic and ad-hoc approaches to ACP, and the focus on providing information and encouraging older people to take further steps in ACP can support GPs and improve older patients' access to ACP.

P36 DEVELOPMENT OF THE STADPLAN INTERVENTION ON ADVANCE CARE PLANNING IN CARE DEPENDENT COMMUNITY-DWELLING OLDER PERSONS IN GERMANY

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Background The STADPLAN project is a multicentre, cluster-randomised controlled trial on advance care planning (ACP) in older people receiving professional home care. The aim of the intervention is to encourage patients to deal with the topic of ACP in a structured way, to nominate a surrogate decision maker and to regularly discuss own preferences and wishes with this person.

Methods Following the MRC framework for complex interventions, we systematically adapted the intervention components of existing ACP programmes to the needs of community nursing care in Germany. The design of the modelled multicomponent intervention was guided by the Behaviour Change Wheel method. Experts reviewed and discussed the proposed intervention programme.

Results The complex intervention addresses patients aged ≥ 65 years, nursing professionals and general practitioners comprising:

1. A minimum of two guideline–based conversations led by qualified nurses to be offered to dyads of patients and relatives.
2. A two–day training course including practical exercises to prepare nurses for the conversations.
3. Written information about ACP provided to patients, aiming to encourage patients to reflect on and write down own wishes and health care preferences in various situations. The information offers further local counselling options for the preparation of ACP documents.
4. Participants' general practitioners will receive concise written information about the study.

Conclusion The acceptance, feasibility, and comprehensibility of the complex intervention are currently piloted in four home care services including 120 patients. Results are expected in early 2019 and will be used to optimise the intervention before the efficacy trial.

P37 DIFFERENCES IN THE PERCEPTIONS OF END-OF-LIFE CARE PREFERENCES BETWEEN NON-DYAD PATIENTS AND PROXIES IN AN ASIAN CONTEXT

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Background In Singapore, Advanced Care Planning (ACP) for patients who lack mental capacity is often conducted with the patient's family or proxy. The mismatch of perspectives

between patients and proxies has been known in the West and this study investigated how perspectives differ in an Asian context.

Methods Twenty ACP discussion sheets completed with the patients, with or without a proxy decision maker and 20 ACP discussion sheets completed only with proxy, without the patient, were chosen at random for analysis. Thematic analysis was used to identify salient themes from both sets of discussion sheets and compared to understand the differences between decisions made by patients and proxies.

Results While overarching ideas on suffering and living well remain largely similar between the groups, there were marked differences in the area of medical interventions, place of care and religion. More proxies wanted comfort measures only for their loved ones, while patients tended to opt for additional interventions, such as intravenous medications or antibiotics. Similarly, while proxies preferred a trial of treatment at home or in a hospice before transferring to hospital, more patients wanted to be transferred to hospital immediately upon illness onset. Many patients mentioned religious beliefs as of importance whereas this was less mentioned by proxies.

Conclusions There are differences between the perspectives of patients and proxy decision makers in making ACPs. Future investigation should look at ways to align the proxy's perspectives with that of the patient especially in dyad pairs including means to reduce differences during ACP facilitation.

P38 INTEGRATIVE LITERATURE-REVIEW ON SHARED DECISION-MAKING, ADVANCE CARE PLANNING, INCLUDING VALUES AND PREFERENCES OF ELDERLY PATIENTS WITH SYMPTOMATIC AORTIC VALVE STENOSIS

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Background Only very few studies have been published on Shared Decision-Making (SDM) and Advance Care Planning (ACP) including high risk patients with aortic valve stenosis addressing transcatheter aortic valve replacement (TAVR), surgical valve replacement (SAVR) and palliative care as treatment options. Therefore, the aim of this study is to strengthen the basis for further investigations on this increasingly important theme.

Methods We currently perform a computerized integrated literature review of MedLine (PubMed), EMBASE and Cochrane databases, including among others the MeSH terms *aged*, *frail*, *aortic valve stenosis*, *advance care planning*, and sensitive search filters on health outcomes such as patient values and health care related quality of life. Qualitative and quantitative studies are both included. For quality evaluation we will use the method of systematic review developed by Hawker et al. (2002) and based on the Critical Appraisal Program (CASP) tool for qualitative research. Since a great variability of the study types can be expected, they will be systemized using thematic analysis approach.

Results We will present the ethical and practical relevance of this specific topic with regard to Advance Care Planning and Shared Decision-Making and present first results of our integrated literature review.

P39 COLLUSION, ADVANCE CARE PLANNING AND THERAPEUTIC PRIVILEGE – PATERNALISM VIA THE BACK DOOR?

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Collusion in the healthcare setting occurs when a patient's loved ones seek healthcare professionals' cooperation in hiding or moderating the disclosure of a serious illness from the patient with capacity to make their own healthcare decisions. Collusion more commonly occurs in patients who are older, perceived as vulnerable and in need of protection from the harsh truth. When collusion occurs, the patient is excluded from the decision-making process, their autonomy is suspended, and advance care planning is not even an option. Collusion may be justifiable if the doctor exercises therapeutic privilege and withholds diagnostic and/or prognostic information from the patient because of concerns that the patient may be seriously harmed physically or psychologically, if informed. The highest court in Singapore in the recent case of *Hii Chi Kok v Lucien London Ooi* expanded the concept of therapeutic privilege. The court endorsed the view that therapeutic privilege should not be abused by doctors to prevent patients with mental capacity from deciding for themselves just because the doctors think their choice is not in their best interests. However, it seemed to leave the door open for the possibility of triggering the therapeutic privilege if the patient is impaired in their decision-making capabilities, although still possessing mental capacity, and refuses low-risk beneficial treatment because they misunderstand the rationale treatment for it, even with appropriate assistance. Are there limits to an individual refusing beneficial treatment? Is this compatible with respecting an individual's right to make an unwise decision? Where should the line be drawn?

P41 EFFECTIVENESS OF ACP TO IMPROVE PATIENT-CENTRED CARE: STUDY PROTOCOL OF A CLUSTER-RANDOMISED INTERVENTION TRIAL FOCUSSING ON NURSING HOME RESIDENTS (BEVOR-STUDY)

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Background Advance Care Planning (ACP) has been shown to increase prevalence of advance directives in German nursing homes (n/h) and therefore been introduced by recent legislation for n/h residents covered by sickness funds. However, clinical benefits and costs of ACP for n/h residents have not been studied in German speaking countries yet.

Methods cRCT in 4 study centres, each comprising 11 n/h (3.520 n/h residents altogether). 22 n/h will be randomised to the ACP intervention, the other half continue with usual care. The complex ACP intervention consists of comprehensive