

OP19

CONTENT ANALYSIS OF ADVANCE DIRECTIVES COMPLETED BY PATIENTS AS PART OF ADVANCE CARE PLANNING: INSIGHTS GAINED FROM THE ACTION TRIAL

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Background Writing an Advance Directive (AD) is often seen as a part of Advance Care Planning (ACP). ADs may include specific preferences regarding future care and treatment and information that provides a context for healthcare professionals and relatives in case they have to make decisions for the patient. The aim of this study was to get insight into the content of ADs as completed by patients with advanced cancer who participated in ACP conversations.

Methods A content analysis and descriptive statistics were conducted to describe the content of the completed My Preferences forms, an AD used in the intervention arm of the ACTION trial, testing the effectiveness of the ACTION Respecting Choices ACP intervention.

Results In total, 33% of 439 patients who received the ACTION RC ACP intervention completed a My Preferences form. Document completion varied per country: 9.6% (United Kingdom), 21% (Denmark), 27.6% (Belgium), 43.8% (the Netherlands), 61.3% (Italy) and 64.3% (Slovenia). Content analysis showed that ‘maintaining normal life’ and ‘experiencing meaningful relationships’ were important for patients to live well. Fears and worries mainly concerned disease progression, pain or becoming dependent. Patients hoped for prolongation of life and to be looked after by healthcare professionals. Most patients preferred to be resuscitated and 44% of the patients expressed maximizing comfort as their goal of future care. Most patients preferred ‘home’ as final place of care.

Conclusions My Preferences forms provide some insights into patients’ perspectives and preferences. However, understanding the reasoning behind preferences requires conversations with patients.

OP20

DOCTORS’ PERSPECTIVES ON ADHERING TO ADVANCE CARE DIRECTIVES WHEN MAKING MEDICAL DECISIONS FOR PATIENTS WITH CHRONIC DISEASE: AN AUSTRALIAN INTERVIEW STUDY

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Background Advance care planning (ACP) assists people to identify their goals, values and treatment preferences for future care. Ideally documentation in an advance care directive (ACD) occurs. ACDs are used when treatment plans are developed for non-competent patients. Limited studies have explored perspectives of doctors regarding adherence to ACDs during medical decision-making for patients.

Aim To describe the perspectives and attitudes of doctors on adhering to ACDs.

Methods Doctors were recruited using convenience sampling. Face-to-face semi-structured interviews were conducted, audio-taped, transcribed and analysed using thematic analysis.

Interviews explored 3 case scenarios; doctors were asked to provide treatment plans. They were then given a values-based, followed by a treatment-based ACD. Prompting was used to understand how (if at all) the ACD influences treatment, and reasoning for decisions.

Results 21 doctors; median: 10 years experience; were included. Interviews lasted 10–60 minutes. Most doctors reported experience with ACP and ACDs. 3 major themes were identified: aligning with patient preferences (alleviating burden of decision-making, returning to baseline health, clarifying with others), questioning validity (distrusting patients’ decision-making ability, navigating unrealistic goals, reaching ceiling of care) and navigating decisional conflict (prioritising best interest of the patient and overcoming family opposition).

Conclusion ACDs provide doctors with opportunities to align patient preferences with treatment; however, doctors sometimes question the validity of ACDs and experience decisional conflict when attempting to adhere to ACDs in practice, especially when family members oppose the plan. These results will assist development of clinical education programs, and resources supporting completion of more specific ACDs.

OP21

PREVALENCE OF ADVANCE CARE PLANNING DOCUMENTATION AND SELF-REPORTED UPTAKE IN ONCOLOGY PATIENTS: FINDINGS FROM A NATIONAL AUSTRALIAN SURVEY

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Background Absence of data on Advanced Care Directive (ACD) completion makes evaluation of Advance Care Planning (ACP) implementation challenging. This study reports the prevalence, accessibility and characteristics of ACDs for people with cancer aged ³ 65 years from Australian hospital, primary care and aged care facilities.

Methods Prospective cross-jurisdictional study consisting of health record audit and self-report survey.

Result 51 sites and 2285 participants were included; 458 of whom had cancer. Of these, 27% had an ACD located in their record; 3% statutory stated preferences for care, 10% appointed substitute decision-maker, and 19% were non-statutory document. Most (83%) treatment plans were consistent with ACD preferences. More participants with cancer were receiving palliative care (11%) compared to the overall sample (4%). 97 participants with cancer completed the survey, 58% reported they had completed ACP documentation; 30% indicated trusting their children to make medical decisions; 26% trusted their partners, and 19% their doctors.

Conclusion(s) This study is the first to examine ACP documentation prevalence in an Australian cancer population, at the point of care, and across jurisdictions. Whilst 27% of participants had an ACD located during the audit, more people self-reported having completed ACP documentation,