2013

Health professionals' experiences of advance care planning in palliative care service

C. Johnson
University of Wollongong

W. Silvester
Austin Health

M. Sellars
Austin Health

M. Masso
University of Wollongong, mmasso@uow.edu.au

Publication Details

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au
Health professionals' experiences of advance care planning in palliative care service

Abstract
Advance care planning (ACP) is an ongoing process to plan for medical decisions or treatment in preparation for a time when individuals may be unable to make decisions.

Keywords
care, professionals, planning, palliative, service, experiences, advance, health

Publication Details

This conference paper is available at Research Online: http://ro.uow.edu.au/ahsri/229
Health professionals' experiences of advance care planning in palliative care services

C Johnson,¹,³ W Silvester,² M Sellars,² M Masso³

¹. Cancer and Palliative Care Research and Evaluation Unit, School of Surgery, The University of Western Australia
². Respecting Patient Choices, Austin Health, Melbourne
³. The Palliative Care Outcomes Collaborative, The University of Wollongong
Background

Advance care planning (ACP) is an ongoing process to plan for medical decisions or treatment in preparation for a time when individuals may be unable to make decisions.

Aim

To explore palliative care clinicians’ perceptions and experiences of ACP.
Methods

A cross sectional survey of health professionals working in palliative care services was conducted. Two health professionals from 105 services enrolled in PCOC were invited to participate.

27 item questionnaire

Participants were invited to respond to open questions about:

- ACPs with culturally/linguistically diverse patients
- Adherence to ACPs
- The health professionals’ experiences of caring for patients who had an ACP

Thematic analysis was undertaken
Results: Participant characteristics

Response to the survey: n=90 (43%)
Open responses: n=60
Profession: Nurses-73%, Doctors -15%, Other-10%
Gender: Female-95%
Age: 70% were ≥40 years, 55% were ≥50 years
Time working in PC (mean): 12 years
Undergone ACP training: 43%
ACP discussion with patient: Yes-33%, No-10%, Missing-57%
Cared for patient with an ACP in the last 6 months: 92%
Results: Seven main themes

Patient empowerment
• ACPs gave patients control over treatment decisions

Consistency
• Everyone is “on the same page” when a well-documented ACP was available

Ease of decision making
• Families and health professionals were more confident about making treatment decisions when ACPs were in place
• End of life easier for families and staff
• Difficult if disagreement between interested parties
Results: Seven main themes

Care planning
• ACPs allowed for contingency plans to be put in place

Communication
• ACPs made communication about end of life easier
• Ongoing conversations were important to make sure ACPs are current, relevant to circumstances

Documentation and availability of ACPs
• ACPs were useful when they were comprehensive, relevant and available
• Problems when: ACPs were unavailable; ACPs were not clear or not rigorously documented; medical issues were poorly understood by patients and families
Results: Seven main themes

Adherence/application of ACPs

- Level of adherence to ACPs is variable
- Sometime adherence related to availability of a documented ACP
- ACPs or documents were not looked for
- ACPs ignored
- Circumstances outside of ACP
- Change in condition or circumstances
- Family/guardian compliance with patient wishes
- ACPS not recognised by a health service
Summary

ACPS have multiple benefits if the ACP is:

- Available;
- Well documented;
- Comprehensive; and,
- Has been discussed with health professionals and relevant family members.

I find caring for patients and their families, where an Advanced Care Plan is in place, much easier. Generally, care progresses more effectively as a pathway has been mapped out that directs decision making, informs interested parties and represents the patients desires and wishes about what will happen for them as their disease progresses.
Acknowledgements

Respecting Patient Choices
Palliative Care Outcomes Collaborative (PCOC) is funded under the National Palliative Care Program and is supported by the Australian Government Department of Health and Ageing

The Cancer and Palliative Care Research and Evaluation Unit (CaPCREU) is a collaboration between The University of Western Australia, Curtin University and Edith Cowan University and is supported by the Western Australian Government Department of Health through the WA Cancer and Palliative Care Network