

Advance Care Planning: What works and can we do more?

Advance care planning is crucial in ensuring that we receive the type of healthcare we prefer when we reach our end of life. But few Australians have initiated or completed one. We look at the latest evidence and highlight what needs to be strengthened.

Advance care planning (ACP) is an important component of person-centred healthcare. It is an on-going process wherein we communicate our wishes on the type of care we want based on our values and preferences.

ACP provides us with choice and control at a time when we have lost the capacity to voice our wishes. But despite its importance, few Australians have completed ACP or an advanced care directive (ACD). Positive views toward ACP do not necessarily result in more end-of-life conversations.



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Updated Evidence Summary

Advance Care Planning in the Australian Context

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ABSTRACT

Reflection, discussion, documentation, and communication about the types of health care wanted at the end of life are core elements of advance care planning. It is inherently related to palliative care with its focus on quality of life and supporting the person's influence over decision-making at their end of life (EoL). The Australian government's ongoing commitment to a National Framework for Advance Care Directives has been confirmed through the National Palliative Care Strategy 2018.[1] The current National Palliative Care Strategy builds on and is informed by both the National Strategy of 2010 and its subsequent 2016 evaluation. In the following we highlight some of the most recent evidence and its relevance to the Australian context.

Definition

The 2018 National Palliative Care Strategy provides the following definitions:

Advance care plans (ACPs) are defined as statements defining "preferences about health and personal care and preferred health outcomes. They may be made by, with, or on the person's behalf, and are prepared from the person's perspective to guide decisions about care."

Advance care directives (ACD) are defined as "a type of written advance care plan recognised by common law or authorised by legislation that is completed and signed by a competent adult."

Latest ACP implementation Evidence

Increasing interest in advance care planning is reflected in the substantial increase in systematic reviews published on the topic over the last five years.[2,3] This is likely to be a response to population ageing and the accompanying increased number of people dying, and the increasing prevalence of life-limiting chronic illnesses is also relevant to this trend. Most studies of ACP implementation come from high-income western countries, particularly the US, Canada, Australia, and the UK[2,3] but the quality of evidence remains of concern.[3,5]

Recent review of 80 systematic reviews noted five main categories of ACP implementation; interventions providing information or educational content; use of decision aids or communication strategies; interventions specific to a subtype of ACP; specific or specialised forms of ACP; and interventions seeking to improve palliative or EOL care.[3] There is evidence supporting many of these approaches to promote increased AD completion, ACP discussions, and documentation of EOL preferences.

However, outcomes were found to vary depending on context and intervention format.[3] For example, ACP education and provision of information is associated with increased AD completion but is more effective when combining computer, video, and discussion, and when simultaneously targeting patients and providers.[3] Palliative care-based interventions are associated with improved ACP and ACD completion, greater EOL satisfaction with care, and higher proportions of Do Not Resuscitate Orders.[3] Across all approaches, ongoing opportunity for patients and family to discuss with care providers is a key element of success.[3]

Factors that have been identified as barriers to ACP implementation include[2,3,4]

- complexity of legislation (with consumer confusion raising questions about utility and finality of decisions),
- cultural factors (reluctance to engage with the topic of death, and approaches based

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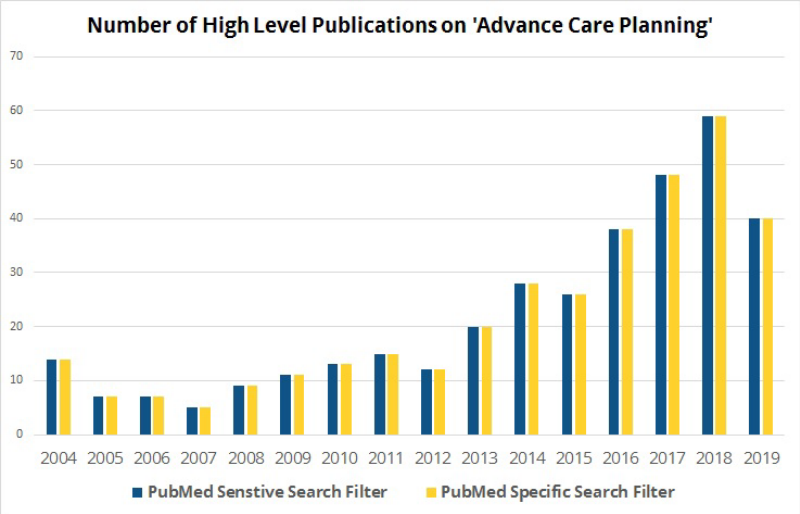
Flinders

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Barriers

Part of our work at CareSearch and palliAGED is to assess evidence to support individuals, health professionals, policymakers and communities with informed decision-making. In our brief overview of recent evidence on ACP in the Australian Context, we identified barriers to implementation:

- Cultural factors
- Attitudes to death
- Complexity of legislation
- Lack of institutional policies



Research on advance care planning has rapidly increased in the past 15 years.
CareSearch and palliAGED regularly assess the latest evidence to support decision-making.

What works for whom?

The effectiveness of ACP promotion and implementation strategies depends on the specific context and the format of intervention. While many approaches to implementing ACP have shown promise, the importance of tailoring efforts to meet the needs of different populations has also become clear.

Approaches that have shown some success include:

- providing information or educational content for patients, caregivers, or professionals;
- using decision aids or communication strategies;
- interventions targeting a subtype of ACP
- Interventions using specialised forms of ACP
- Interventions seeking to improve palliative or end-of-life care

Australian research suggests that females, persons aged 55 and over, and those who have experienced a major health scare are more likely to complete an ACD.

ACP can help patient, carers and their families as well as health professionals.



Source: Advance Care Planning Australia. What is advance care planning (208kb pdf). Heidelberg, VIC: Austin Health; 2018 Aug.

What more can we do?

To strengthen ACP promotion and implementation programs, the evidence supports:

- Whole of systems approaches that targets multiple sectors in parallel
- Culturally sensitive promotion approaches
- Addressing the complexity of current legislation
- Focusing on older people and potentially those who have experienced a major health scare

Providing ongoing opportunities for discussions among patients, families, and healthcare providers



A whole system strategic approach to ACP targets multiple sectors in parallel.

Source: Jimenez G, et al. Overview of systematic reviews of Advance Care Planning: Summary of evidence and global lessons. J Pain Symptom Manage. 2018 Sep;56(3):436-459.

How palliAGED and CareSearch can support you

palliAGED and CareSearch support individual patients, carers and families; health professionals; educators and researchers; and policymakers by:

- Providing access to the latest evidence and trustworthy resources
- Adding to the evidence base by supporting research
- Partnering with other organisations and projects
- Identifying education and learning options
- Promoting advance care planning.

Effective advance care planning begins with a conversation. Professor Jennifer Tieman, CareSearch Director, discusses why taking time to talk is important in this blog.



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