### Advance Care Planning "live well and die well, in the place of their choosing"

Yunjia Tian, M2

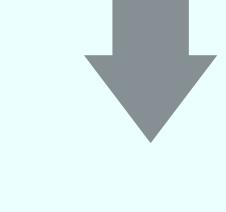
### Content

- What is Advance Care Planning?
- Why do we need Advance Care Planning?
- Advance Care Planning and its adaptability to culture
- How does Advance Care Planning relate to my research?

### What is Advance Care Planning?

Ongoing discussing and preparing future medical plans

Health Professionals



End-of-life care & wishes about care and treatment over the course of life

what quality of life means to each individual

Government



**Medical facilities** 

# ABLE TO SPEAK FOR YOU IF YOU CAN'T SPEAK FOR YOURSELF STEP 5: RECORD TEP 3 DECIDE **N** ABOUT DIFFERENT MEDICAL PROCEDURES AND WHAT THEY CAN & CAN'T DO

https://www.youtube.com/watch?v=Z8l8npWtnUl



### **CARE PLANNING**

**Preparation for Communication and Medical Decision Making** 

What does QUALITY OF LIFE mean to the person?

 $\leftrightarrow$ 

Readiness, decision-control preferences, prognostic awareness, trade-offs

### Family/Friend/Community Social Norms and Support

### LIFE COURSE



HEALTHY ADULTS and/or CHRONIC ILLNESS

(e.g. diabetes treatment, elective surgery)



SERIOUS ILLNESS

(e.g. early stage/chronic cancer, frailty, organ failure)

### **EXAMPLE DECISIONS**

### **IN-THE-MOMENT DECISIONS**

e.g. "Will this chemotherapy help me get the quality of life I want?"

e.g. "Will hospitalization for my heart failure help me return home and live the life I want?"

### **ADVANCE DECISIONS**

e.g. "What if my condition worsens? What would be important to me and who will speak for me?"

### **DECISION-MAKING SETTINGS**

Community Outpatient Acute Care Long-term Care



END OF LIFE

(e.g. end-stage cancer, frailty, and organ failure)

### **IN-THE-MOMENT DECISIONS**

e.g. "Will this medical procedure help me get the quality of life I want?"

e.g. "Where do I prefer to be at the end of life? Do I have the support I need?"

### **ADVANCE DECISIONS**

e.g. "What if my symptoms worsen. Do I want to come back to the hospital?"

> Community Outpatient Acute Care Long-term Care Hospice

### **IN-THE-MOMENT DECISIONS**

e.g. "Will this diabetes medication help me get the quality of life I want?"

### **ADVANCE DECISIONS**

e.g. "If something were to happen to me, who would speak for me?"

> Community Outpatient

- \* Communication
- \* Medical decision making
- \* quality of life
- \* meaning and purpose of life
- \* lines between in-the-moment and advanced decisions may be fluid



## Why do we need Advance Care Planning?

- addressing a person's care wants, possible needs and providing an appointed person to execute these wishes when the person is incapable of decision-making
- explores, discusses, articulates, and documents individuals' preferences
- identify and clarify their personal values and goals about health, medical treatment and overall care wishes
- identify the care they would want, or not want, to receive in various situations.
- ensure that a person's wishes will be respected in the event that the person is unable to participate in decision-making.



## ACP and its adaptability to culture

### • Faith and religion

- faith that their health-trajectory was not in their control, allowed for optimism and positivity
- accepting the inevitability of death and staying positive
- preference to focus on the positives, rather than preparing for the worst
- family involvement and dynamics
  - initiating ACP conversations → fear of causing distress to loved ones & disturbance to daily lives
  - caring for loved ones → "fundamental family obligation"

ACP → evasion of this responsibility → avoiding doing everything they could → shame and embarrassment

Crooks, et al 2023



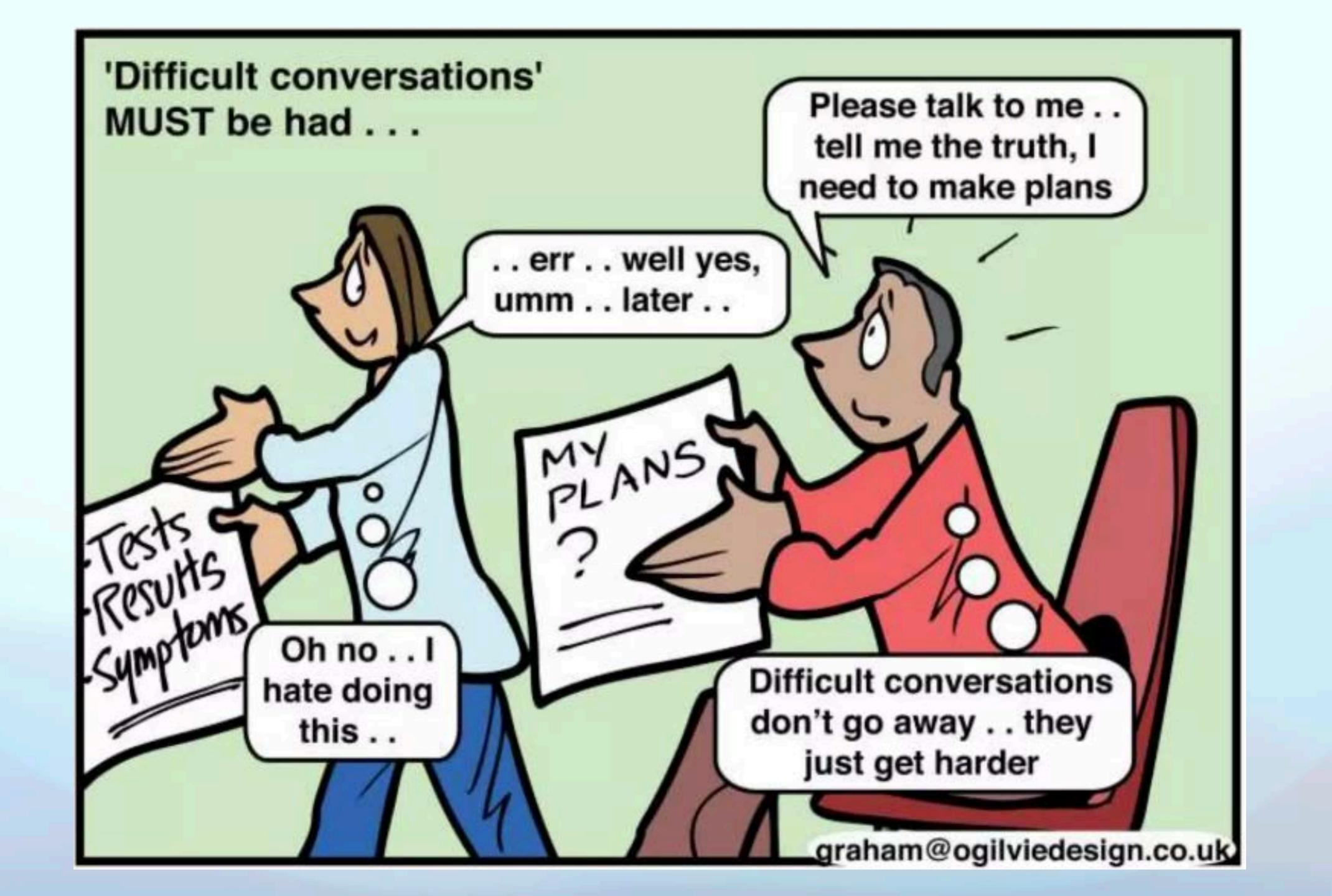
### Clinician competence and confidence

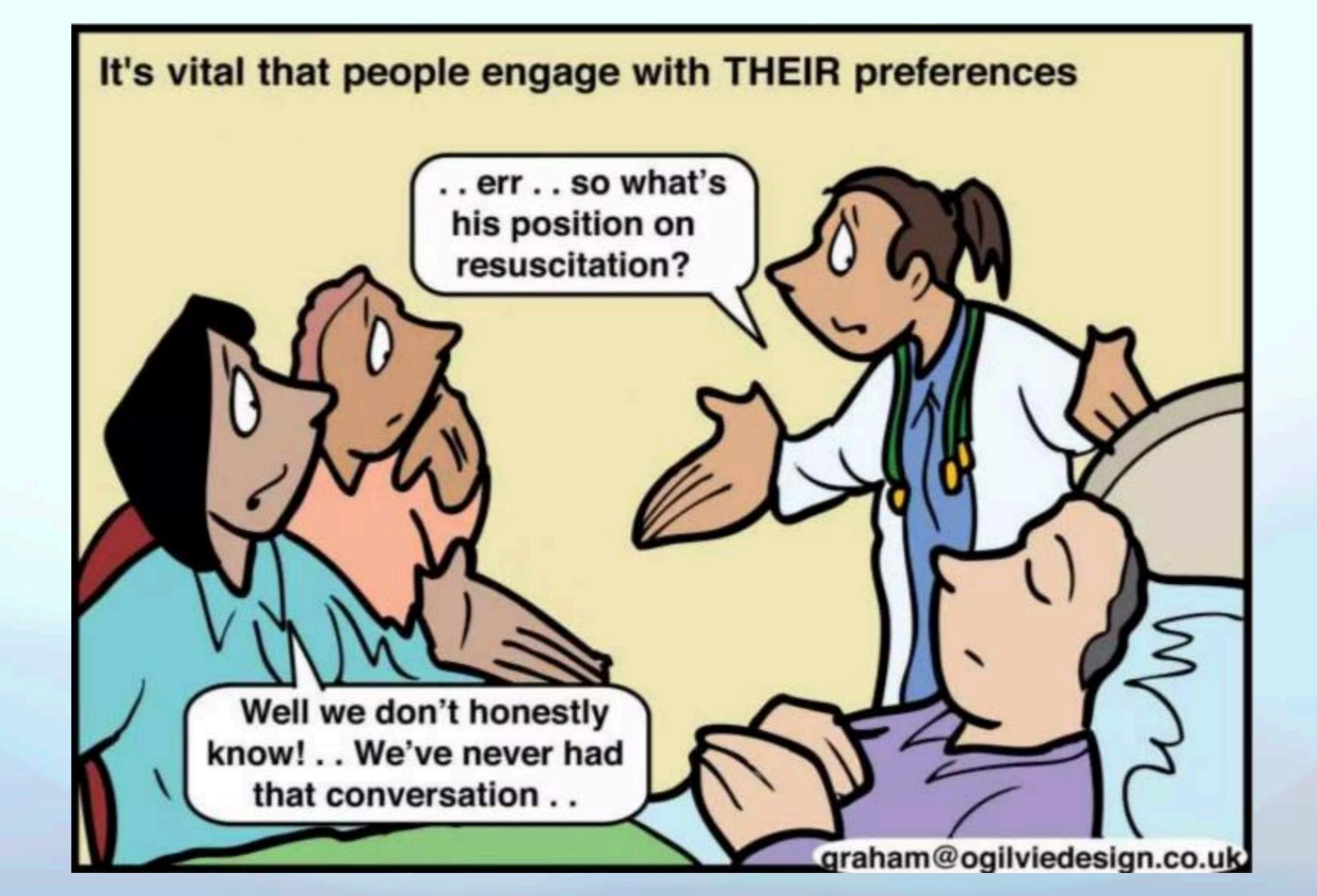
- uncertainty around prognosis
- hesitation at the timing of ACP conversations
- understanding of diverse cultural values and ideals
- influence of their own cultural background
- Insufficient institutional resources

• concern around potentially causing distress to patients via inappropriately addressing ACP

Crooks, et al 2023







## How does ACP relate with my research?

- Decision-Making in Long-Term Care Facilities.
- Build trustworthy relationships with patients and families
- Guide residents to share their thoughts and intentions in a more comfortable manner
- Aware that wishes change, particularly as health condition changes
- Understand vague language leads to misinterpretation
- Teamwork and better connecting between physicians and patients
- Overcome the fear of discussing death directly with patients and their families
- Balance between keeping professionalism and respecting individuals' values and belief

- Exploring the Impact of Workplace Learning Experience on Nurse's Competency in Supporting Elderly Residents'



## How does ACP relate with my research?

Decision-Making in Long-Term Care Facilities.

- How nurses understand their role in residents' Advance Care Planning process
- residents' end-of-life care decision-making
- How effectively can workplace learning help nurses refine and grow their professional competency through participation in Advance Care Planning?
- **H**tc

- Exploring the Impact of Workplace Learning Experience on Nurse's Competency in Supporting Elderly Residents'

• What are the challenges and barriers that hold nurses back from actively participating in

