Abstract

PERSPECTIVES OF FAMILY MEMBERS ON PLANNING END-OF-LIFE CARE IN THE OLDER PALLIATIVE PATIENT
Ineke van Eechoud1, Ruth Piers1, Sigrid Van Camp1, Mieke Grypdonck2, Myriam Deveugele3, Natacha Verbeke4, Nele Van Den Noortgate1
1 Department of Geriatrics Ghent University Hospital, Ghent, Belgium, 2 Department of Social Health and Nursing Sciences, Ghent University, Ghent, Belgium, 3 Department of General practice and primary health care, Ghent University, Ghent, Belgium, 4 Department of Medical Oncology Ghent University Hospital, Ghent, Belgium

Aims
Advance Care Planning (ACP) is the process by which patients together with their physician and loved ones establish preferences for future care. This study aimed to get insight into the views and attitudes of family members concerning ACP of older persons near the end of their lives.

Methods
Semi-structured, in-depth interviews were conducted with 20 family members of elderly patients with a limited prognosis. Interviews were transcribed and submitted to thematic analysis.

Results
Up until now the analysis shows that the family member’s position in the ACP process of their loved one is a continuation of their role in the existing relation. For instance family members who are used to give the patient the freedom to make his/her own choices will do so in end-of-life issues too. Other factors influencing the position of a family member are: their own opinion about the benefit of ACP, trust in healthcare providers, acceptance of the nearing death of the patient and the burden of initiating conversations about death and dying (both for themselves as for the patient).
The role a family member prefers to have in the process of ACP doesn’t always correspond to the way the patient involves the family member. In case of tensions there appears to be an important role to play for the physician.

Conclusions
The position of family members regarding ACP of the patient appears to be strongly embedded in their relationship patterns. Their vision on ACP, trust in healthcare providers, acceptance of the nearing death of the patient and burden of initiating ACP are other factors of influence. Healthcare providers should carefully explore these factors and respect the long-lasting family dynamics in order to assure the quality of ACP.

This study was funded by a grant from the Belgian Federal Public Service of Health (NKP_24).