

Advance Care Planning in terminally ill and frail older persons: Acceptance of dying and balancing experiences, trust and control.

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Abstract

Objective: To get insight into the views and attitudes concerning advance care planning (ACP) in older persons near the end of their lives.

Methods: In-depth interviews were conducted in 38 elderly patients with limited prognosis recruited from a hospital, two home care services and three nursing homes in Flanders. Interviews were transcribed and submitted to thematic analysis.

Results: The majority of elderly was willing to talk about death and dying. However, in some elderly non-acceptance of their nearing death made ACP conversations impossible. Most of the elderly had already talked about their preferences, some of them had even written it down. The content of these preferences was mostly influenced by their personal experiences and fears. Most seemed less interested in planning other end-of-life situations being outside of their power of imagination. Other factors determining if patients proceed to ACP were trust in familymembers/physician and the need for control.

Conclusions and practical implications: The meaning a patient gives to ACP is influenced by the acceptance of death as a possibility, past experiences and personal fears, the need for control, and trust in the physician and/or family. Thorough communication exploring and understanding these factors is essential to assure the quality of ACP.