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Building Bridges

Hospice Palliative Care Beyond Borders

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Advance care planning conversations between frail older Chinese patients and nurse care planning facilitators: A qualitative content analysis

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Background Advance care planning (ACP) discussions among the patients, their family, and healthcare providers can enable a shared understanding on patient's end-of-life (EOL) care preferences. Discussion about death-related issues however has been thought to be taboo among Chinese people. The Chinese is the largest population in the world, however, information regarding ACP conversations in this group is scant. **Objectives** This study aimed to analyze the content of the face-to-face ACP discussions between frail older Chinese patients and trained facilitators. **Methods** Eligible patients were recruited from a medical ward of a public hospital in Hong Kong for a randomized controlled trial of the effectiveness of a nurse-led ACP. Patients in the intervention group completed one or two ACP discussions with a nurse with training in ACP using a standardized topic guide. Four major domains were covered in the ACP discussion, including (1) view on current health status, (2) current wish and value, (3) view about EOL treatments and (4) advance directives (AD) and aftermath arrangement. ACP sessions were audio-recorded, transcribed verbatim and analysed for qualitative content analysis. **Results** A total of 29 patients completed the ACP discussions, with 17 had completed 2 sessions and 12 had completed 1 session, resulting in 46 ACP sessions for transcription and analysis. 17 patients had the ACP discussions in the presence of their carers. Three main themes were identified for the patients: (1) perceived health with 2 subthemes poor health and wish to stay healthy, (2) view about death with 3 subthemes let it be, worried to become a burden and too early to talk death issues, and (3) preparation for EOL treatment decision with 2 subthemes negative comments on EOL care and surrogates decision. For the carers, 2 main themes were identified: (1) more concern about the current treatment for the patient and (2) inactive participation in ACP. In addition, some of the patients and the carers also had misconception about ACP and AD. **Conclusions** Our results show that the extent to which patients want to engage in ACP is varied. Most of the patients want either the doctors or their family to make the treatment decision for them when they approach EOL but the carers were not well prepared for the ACP discussions highlights the importance to support carers in ACP discussions and acting as substituted decision makers for the patient. **Funding:** RGC, HKSAR, China (PolyU14162617H).