

Current Practices in Advance Care Planning: Implications for Oncology Nurses

Abigail Cohen, RN, ANP-BC, OCN[®], and Anita Nirenberg, DNSc, RN, PNP, BC, AOCNP[®]

Discussions regarding advance care planning (ACP) among patients with cancer and their physicians largely are not happening. Many patients with cancer, even those at the end of life (EOL), have not established an advance directive (AD). Lack of EOL discussions and receipt of aggressive care at the EOL have resulted in poor health outcomes for patients. In contrast, EOL discussions and early palliative care resulted in positive health outcomes for patients with cancer. The purpose of this review is to determine the current practices of ACP between healthcare providers and their patients in the United States and the use of ADs, particularly among patients with cancer. In addition, the authors offer recommendations for nurses and nurse practitioners on how to assist patients in ACP and the establishment of ADs. Research studies from peer-reviewed journals and reports from professional associations and agencies in the United States, published from 2002–2011, were reviewed and summarized. Nurses and nurse practitioners are in key positions to help patients with ACP and establishing ADs. Education and training for nurses and nurse practitioners regarding ACP needs to continue, and more research on the nurse practitioner's role in ACP should be conducted.

Advance care planning (ACP) is a process that allows people to make decisions in advance regarding their medical treatment at the end of life (EOL) (see Figure 1). The goals of advance directives (ADs) are to promote patient autonomy in healthcare decisions, match personal values with EOL choices, increase the likelihood that patients' wishes are followed, and ease the burden on families and healthcare providers when a patient is unable to make decisions. ACP includes clear discussions about prognosis, information about ADs, explanation of the do-not-resuscitate (DNR) option, information about palliative care options (e.g., hospice), and discussion about where patients would prefer to die (National Comprehensive Cancer Network [NCCN], 2011). ADs are legal documents representing those decisions and can be statements written by patients about how they want their medical decisions made (i.e., living will) or whom they would like to make decisions if they are no longer able to make them themselves (i.e., power of attorney or healthcare proxy), or a combination of both (i.e., Five Wishes document). A DNR order states that resuscitation should not be attempted if one was to suffer cardiac or respiratory arrest,

At a Glance

- ◆ Patients and their families suffer from poor health outcomes as a result of a combination of aggressive end-of-life care and the absence of end-of-life discussions.
- ◆ Oncology healthcare providers are not engaging in advance care planning with their patients.
- ◆ Nurses are well poised to assist their patients with advance care planning.

and it can be instituted on the basis of an AD. The goals of ADs are to specify patient preferences for EOL care, allowing healthcare providers to discern patient wishes, improve the quality of dying, and reduce distress to caregivers and families.

The Patient Self-Determination Act of 1990 established that healthcare facilities receiving Medicare and Medicaid funds are mandated to communicate to patients their right to make decisions about their care, make written information on ADs

Abigail Cohen, RN, ANP-BC, OCN[®], is a nurse practitioner in the Adult Bone Marrow Transplant Service at Memorial Sloan-Kettering Cancer Center in New York, NY, and Anita Nirenberg, DNSc, RN, PNP, BC, AOCNP[®], is the William Randolph Hearst Professor of Clinical Nursing in the Hunter-Bellevue School of Nursing at Hunter College City University of New York. The authors take full responsibility for the content of the article. This research was funded, in part, by the American Cancer Society's Graduate Scholarship in Cancer Nursing Practice (GSCNP-118173). The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by independent peer reviewers or editorial staff. (Submitted December 2010. Revision submitted February 2011. Accepted for publication February 21, 2011.)

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