Current Practices in Advance Care Planning: Implications for Oncology Nurses

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Advocacy settings for health, including hospitals, clinics, or home, adequately and efficiently 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, 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

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.

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