

Tips for a successful Advance Care Planning discussion

- The individual needs to be ready for the discussion – it cannot be forced.
- Discussions usually need to take place on more than one occasion and should not be completed on a single visit in most circumstances.
- Discussions take time and effort and cannot be completed as a simple checklist exercise.
- Discussions should take place in comfortable, unhurried surroundings; time is a key factor.
Note that the individual may wish to have relatives or friends present.
- It is important that capacity is maximised by ensuring the treatment of any transient condition affecting communication and optimising sensory function (eg by obtaining the patient's hearing aid).
- A tool to introduce the concept and guide the discussion may help professionals and patients (eg Preferred Place of Care document)
- Clarify any ambiguous terms used by your patient, for example: 'could you explain what you mean by not wanting any heroics?'
- Give sufficient information about the possible options and under what circumstances the plan would be activated. The person needs to understand what the consequences of their decision would be. Use words which they understand.
- The professional should look out for cues that the individual wishes to end the discussion.
- The professional should summarise and check understanding with the patient.
- The discussion should be documented if the patient so wishes.
- Not all people will be able to document their wishes, but may well be able to nominate their preferred decision maker and discuss their long-term values, as these come to mind more readily than anticipating abstract situations.
- Plan for a review