Association for Palliative Medicine Position Statement

APM position on advance care planning

1. The Association for Palliative Medicine (APM), as an organisation of over 1000 doctors working in hospices, hospitals and the community welcomes national and local initiatives that enable patients to fulfil their wishes for care at the end of their life.

2. Advance care planning (ACP) is becoming an increasingly popular approach within end of life strategy and policy documents. It enables patients to express their preferences about their wishes for future care should they lose capacity. The APM supports the more widespread use of ACP and welcomes the national guidance on ACP and advance decisions to refuse treatment (ADRT).

3. Advance care planning requires sensitive, timely and honest discussion with the patient and those they choose, which may or may not be supported by tools to facilitate and document this.

4. Such discussion should be made in the context of the person, their understanding of their condition and wishes as well as local resources. It will need to increase the person's understanding of their condition, likely future events and treatment and care options.

5. Advance care planning may be helpful in clarifying decisions to withhold or withdraw treatments such as cardiopulmonary resuscitation, ventilation and artificial feeding; it may also help to achieve a better death for that person.

6. The APM is supportive of advance care planning but has concerns regarding the following aspects of its implementation:
    a. Any advance care planning must be voluntary.
    b. An advance care plan comes into operation only when the patient loses capacity, up until this point the patient's contemporaneous views take precedence
    c. Preferences about end of life care are likely to evolve over time. Allowance needs to be made for people's preferences to change, for instance regarding place of death, as their illness progresses.
    d. Under the terms of the Mental Capacity Act (in England and Wales), unless there is a properly constructed advance decision to refuse treatment or appointed lasting power of attorney, the doctor is bound to act in the best interests of the patient rather only on the basis of a previously expressed preference
    e. Evidence of efficacy in improving patient outcomes associated with the practice of ACP is lacking at present and research into this area is a priority.
    f. Advance care planning should not be used to audit health services as audit tools are unlikely to be sufficiently sensitive to identify changes of preference by the patient in response to a rapidly changing situation.
    g. The issues of equity and limits on local resources have to be addressed in attempting to meet patient preferences.

www.endoflifecare.nhs.uk
www.adrtnhs.co.uk

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