

Advance care planning: have the conversation

Module 6: Review – When to revisit the conversation



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Advance care planning: have the conversation

Module 6: Review – When to revisit the conversation

Healthcare settings: GP practice, hospital, aged care

Target skills: communication skills, confidence, knowing your role

Time: 10 mins

6.1 Review

A review of an advance care directive can be undertaken at any time. It is encouraged and important because people refine their goals for treatment and care during the course of their lives and their illnesses (Michael et al. 2013). An up to date advance care directive also makes it easier for doctors to assess its validity.

A review may be initiated by the patient or could be prompted by you at key times in the patient's illness trajectory, including the following situations:

- At annual reviews such as health assessments, or CDM reviews
- Patient has been hospitalised for a severe progressive illness
- There has been a change in the patient's condition, or the patient experiences an unstable phase of an illness
- Patient says they want to refuse life-sustaining treatment
- Patient or family enquire about palliative care
- There has been a medical decision not to provide certain interventions
- Patient is marginalised in the community, or may be likely to face discrimination
- Patient is isolated and vulnerable
- Patient has specific cultural needs or beliefs
- Patient has differing opinions, values or beliefs to their family members

The plan should be reviewed with the patient, their medical treatment decision maker, their family and relevant doctors involved in the patient's care.

6.2 A 10-step guide to reviewing advance care planning

1. Be prepared.
2. Re-introduce the potential outcomes of advance care planning if the patient has not appointed a medical treatment decision maker, or created an advance care directive.
3. Clarify the patient's current health status.
4. Discuss the patient's fears and expectations and, if applicable, identify any gaps in the patient's understanding of their condition.
5. Discuss the patient's quality of life priorities and goals of care.
6. Where no medical treatment decision maker has been appointed, encourage the patient to appoint one – it may be useful to identify the medical treatment decision maker from the medical treatment decision maker hierarchy. This can often be a surprise to a patient and they may wish to choose a different medical treatment decision maker by appointing one. Where a medical treatment decision maker has been appointed, encourage the patient to confirm or review their choice, as circumstances may have changed.
7. If the patient decides to update their advance care directive, this must be witnessed in accordance with the witnessing requirements to make an advance care directive. Alternatively they may make a new advance care directive. A new advance care directive will automatically revoke any previous advance care directive.
8. Confirm the patient's understanding of the revised directive and emphasise the importance of future review and ongoing conversations.
9. Record the conversation as outlined in Module 5. Where no changes are made to an existing advance care directive after it has been reviewed a clinician may make a record of this in the clinical record. This will make it clear that this advance care directive has been reviewed and is still valid. Also be sure to consider electronic or other storage of advance care directives in your healthcare setting. Ensure that outdated advance care directives are marked appropriately and that treating staff can easily identify the most recent version.
10. Encourage the patient to provide a copy of the amended or new advance care directive to their medical treatment decision maker, family members (if appropriate), general practitioner, other treating doctors, ambulance service, district nurse and their local hospital.