

Advance care planning improves end of life care and reduces stress for relatives

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Advance care planning improves end of life care and reduces stress, anxiety and depression in surviving relatives, according to new research published in the British Medical Journal today.

Advance care planning has the potential to improve end of life care by enabling patients to discuss and document their future health wishes, and appoint a substitute decision maker (surrogate), thus increasing the likelihood of patient wishes being known and respected at the end of life.

But no randomised controlled trials have investigated whether advance care planning improves end of life care.

So researchers based in Australia set out to test the theory that coordinated advance care planning would improve end of life care, the perceptions of the quality of care, and levels of stress, anxiety, and depression in surviving relatives.

Their study involved 309 competent patients aged 80 or more who were admitted to a large university hospital in Melbourne between August 2007 and March 2008.

A total of 155 patients received usual care (control group) and 154 received usual care plus advance care planning from trained non-medical facilitators (intervention group). Advance care planning aimed to assist patients to reflect on their goals, values, and beliefs; to consider future

[medical treatment](#) preferences; to appoint a surrogate; and to document their wishes.

All patients were followed for six months or until death.

Of the 56 patients who died by six months, end of life wishes were much more likely to be known and followed in the intervention group (86%) compared with the [control group](#) (30%).

In the intervention group, family members of patients who died had significantly less stress, anxiety, and depression than those of control patients. Patient and family satisfaction was also much higher in the [intervention group](#).

This trial shows that advance care planning carried out properly by trained non-medical staff improves end of life care by enabling patients' wishes to be determined, documented, and respected at end of life, conclude the authors.

It also improves such care from the perspective of the patient and the family, and diminishes the likelihood of [stress](#), [anxiety](#), and depression in surviving relatives.

Provided by British Medical Journal

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