

# Advanced Care Planning Conversations

My mother died recently. Although not unexpected, it was sad, but one thing made it easier for all of us: We all were clear about her wishes regarding end-of-life care. My family had talked about “what if” scenarios when we gathered for past Thanksgivings. We made sure she had a current health proxy identified and included it with her medical records for every hospitalization. This type of advanced care planning has been in the news recently. The Associated Press nationally disseminated an article, featuring Pearl Moore, RN, MN, FAAN, the former Oncology Nursing Society (ONS) chief

think our society acts as if death is optional. Maybe we are uncomfortable in the message it may convey to the dying person if the topic is approached too late. Or maybe we don't know how to have these conversations. For whatever reason, my family was not uncomfortable. Why do you think this can be such a difficult topic to discuss? What have you seen that has made it less difficult? What plans, if any, have you made with your own family?

In 2007 and 2010, ONS and the Association of Oncology Social Work published a joint position on palliative and end-of-life care. ONS has supported the End-of-Life Nursing Education Consortium, which has trained more than 12,000 nurses and other healthcare professionals (American Association of Colleges of Nursing, 2011). The American Academy of Nursing recently

published a policy identifying advanced care planning as an urgent public health concern (Tilden et al., 2011). The policy calls for reimbursement of advanced care planning, changes in healthcare documentation to make advanced care planning documents more available, revisions in the Patient Self-Determination Act, and education and training on advanced care planning for healthcare professionals.

All of the efforts to increase awareness and promote end-of-life conversations may be in response to the inaccurate accusations about “death panels” that occurred during healthcare reform debate. (The actual issue was about ensuring reimbursement for clinicians' time related to advanced care planning discussions—not about killing off old people.) Public discourse on a topic that historically has



*I dedicate this editorial to my mother, Joan Glenn, who taught me how to have these conversations.*

not been debated publicly is a good thing. It may make initiating and sustaining these conversations a bit easier within families and between patients and their providers. It will become even more important as the burgeoning aging population faces its own healthcare issues and mortality, which will create additional strains on the healthcare system. As with my mother, advanced care planning fosters greater satisfaction about end-of-life care and reduces the amount of ineffective care delivered in the last days and hours of life.

If you haven't had these conversations with your own family, this might be a good time to do so using the resources available at *Closure*. If you haven't had these conversations at work, it might be a good topic for a conference using the *Closure* resources. If each one of us did that, imagine the power of more than

Why are people uncomfortable having end-of-life care discussions?  
How can we make them less difficult?

executive officer and a trustee of the Pittsburgh Jewish Health Care Foundation (Neergaard, 2011). It was even on *CBS News*. Did you see it? The article highlighted *Closure* ([www.closure.org](http://www.closure.org)), a program developed by the Jewish Health Care Foundation. *Closure* is an education, planning, and outreach effort that was created to increase public awareness of end-of-life care and options. In addition, the American Society of Clinical Oncology (2011) recently published a booklet about advanced care planning, along with other resources, to facilitate discussion about end-of-life wishes.

As oncology nurses, we have witnessed, participated in, and fostered end-of-life discussions between our patients and their families and with healthcare providers. Sometimes, these discussions happen very late in the cancer process, and other times, they are integrated earlier into cancer care. Sometimes, the discussion doesn't happen at all. Why are people uncomfortable to have these conversations? I sometimes

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