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The Uptake of Advance Care Planning by Older Adults in New Zealand.

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Abstract

Advance Care Planning refers to planning for end-of-life care in a proactive and comprehensive manner, preferably using a planning template. This is the first nationwide study since the formal introduction of Advance Care Planning to New Zealand in 2010, to look at the level of uptake among older adults in New Zealand. Four thousand and twenty-eight participants were surveyed about completion of living wills, enduring powers of attorney and advance care plans.

Participants were also asked who they had discussed end-of-life matters with. The data was analysed using descriptive and inferential methods, including analysing demographic data for correlations with Advance Care Planning activities. Following the survey, nine participants were chosen by convenience sample to be interviewed. Thematic analysis was applied to the interview data. The interviews explored the contextual factors and decision-making processes underpinning end-of-life-care choices. The study found that uptake was low for all forms of planning documentation although enduring powers of attorney were the most commonly completed document. Advance Care Plan discussions occurred very regularly, with nearly half of the participants having discussions in the six months preceding the survey. These were most often with family and friends and seldom with health professionals. Bivariate correlation analysis showed weak to moderate correlations between age, physical health, gender, ethnicity, and Advance Care Plan activities. Logistic regression was used to explore the completion of advance care planning templates. This revealed that the most influential factors were completing a living will or enduring power of attorney; having a discussion with a legal representative; speaking with a spiritual advisor; and being non-Māori. The qualitative interviews found seven major themes covering knowledge of ACP, the process and timing of planning, independence, who should be part of the planning process and what had been learned from previous experiences. Overall, this study reveals that, despite health promotion efforts, uptake of formal Advance Care Planning remains low in New Zealand. Further work is needed to educate the public about Advance Care Planning and to support health professionals to initiate and maintain the ACP process.

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