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Conversations around Advanced Care Planning in the Primary Care Setting: Physician Perspectives on Young Patients without Serious Illness

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Keywords

Advanced care planning; Physicians, Family; Primary Health Care, Young Adult; Clinical Decision-Making; Death; Delivery of Health Care

Abstract

Background: Advanced care planning (ACP) conversations are opportunities for patients to express values and medical decision making before and at the end of life. While current practices emphasize the importance of ACP in those above 65 or with terminal illness in the primary care setting, there is less consensus around the utility of these conversations in young adults without serious illness. Many nationally regarded healthcare institutions including the American Academy of Family Physicians recommend earlier end-of-life conversations. Additionally, the literature suggests that many young adults expressed interest in having conversations around ACP with their providers. However, many ACP conversations do not occur in these younger populations until patients experience a traumatic event or new illness. The purpose of this study is to explore the current practices of ACP with young adult patients who do not have any serious illnesses and provider perspectives on engaging younger patients in conversations around end of life and medical decision making.

Methods:

Virtual semi-structured qualitative interviews regarding current practices and thoughts on ACP were conducted with Family Medicine Physicians who practice in the state of Oregon. Interviews were transcribed and thematically coded using Taguette with two independent readers coding for different themes that providers mentioned during the interview.

Results:

All physicians interviewed agree that advanced care planning conversations are important to have with patients over the age of 65 and those facing serious illness or potentially traumatic medical procedures. Perspectives are varied around the utility of advanced care planning conversations with young adults who do not live with serious illness. Common themes found include: limited clinic time, competing priorities of both physicians and patients, benefit of conversations at home versus in the clinic, and the need to normalize ACP for all patients regardless of age.

Conclusion:

Despite acknowledging the value in these conversations, many family physicians do not currently have ACP conversations with young adults in their clinic due to time constraints and other barriers.