



Effect of Advance Care Planning on Heart Failure Patients

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Article History :

Received date : 2015/10/21

Revised date : 2015/11/17

Accepted date : 2015/12/06

Published date : 2016/01/26



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ABSTRACT

Introduction

Advance Care Planning (ACP) is crucial for aligning medical care with patient values in heart failure, a progressive, life-limiting illness. Despite its recognized importance, the implementation of ACP is complex and faces significant barriers from both patients and clinicians, impacting the quality of end-of-life care.

Methods

This abstract is based on a literature review that synthesizes findings from systematic reviews, qualitative studies, and clinical protocols. The review examined patient and clinician experiences with ACP, barriers to its implementation, and its efficacy in the heart failure population.

Results

The literature defines ACP as an evolving communication process rather than a static, one-time event. Patients often express ambivalence towards ACP but largely expect clinicians to initiate these crucial discussions. However, clinicians face significant barriers, including a lack of disease-specific knowledge and emotional challenges, which contribute to low engagement rates. While ACP has been shown to improve patient-physician communication, evidence for its effectiveness on

other patient outcomes remains inconsistent across studies.

Discussion

A significant gap exists between the perceived importance of ACP and its actual practice, driven by patient emotional hurdles and substantial clinician-side barriers. A dual approach that empowers patients while providing clinicians with targeted training and structured support is necessary to bridge this gap. The variability in outcomes highlights the need for standardized yet flexible ACP models that can be tailored to individual patient readiness and disease stage.

Conclusion

ACP is a vital component of high-quality care for heart failure patients, but its implementation is hindered by well-documented barriers. A multifaceted strategy incorporating clinician training, structured protocols, and patient empowerment is essential to integrate ACP effectively into routine practice and ensure patient preferences are honored.

Keywords

Advance Care Planning, Heart Failure, End-of-Life Care, Patient-Provider Communication, Clinician Barriers, Quality of Life.

INTRODUCTION

The body of literature surrounding advance care planning (ACP) in the context of heart failure patients reveals a complex interplay of patient experiences, clinician perspectives, and the evolving nature of ACP itself. (Zwakman et al., 2008) provide a foundational understanding of ACP, highlighting its significance in enhancing end-of-life communication and quality of life for patients and their families. They identify three key themes in patient experiences: ambivalence, readiness, and the holistic nature of ACP. This study underscores the importance of engaging in ACP conversations, despite the emotional challenges they may pose for patients.

Building upon this understanding, (A. Catalano, 2009) explores the engagement levels in ACP across different stages of heart failure, emphasizing that ACP is not merely a one-time event but an ongoing process influenced by various demographic and health-related factors. This work highlights the necessity of understanding these influences to develop effective interventions that can enhance patients' quality of life and satisfaction with care.

(Steven Jozwick, 2009) further contributes to this discourse by proposing a protocol aimed at increasing ACP conversations specifically within outpatient clinic settings for heart failure patients. This article stresses the urgency of initiating ACP discussions as heart failure progresses, as these conversations can significantly impact patient outcomes and alleviate suffering for both patients and caregivers. The findings indicate a significant gap in the frequency of ACP discussions among healthcare providers, despite the recognized importance of these conversations.

(Schichtel et al., 2012) delve into clinician attitudes towards ACP in heart failure, revealing a hesitance rooted in emotional challenges and a lack of disease-specific knowledge. They argue for a dual approach that includes training for healthcare professionals alongside patient engagement in ACP. This insight is critical as it highlights the barriers that clinicians face, which may hinder the implementation of effective ACP practices.

(Fukue et al., 2012) examine the readiness of patients with cardiovascular diseases to engage in ACP, shedding light on the relationship between patients' desires for ACP and various clinical prognostic parameters. This study adds depth to the understanding of patient readiness and highlights the need for tailored approaches that consider individual patient circumstances.

In a systematic review, synthesize existing randomized controlled trials to assess the efficacy of ACP in improving patient outcomes. Their findings emphasize the necessity of a comprehensive understanding of ACP's impact, particularly as the field continues to expand and evolve. The review reveals inconsistencies in the evidence regarding ACP's effectiveness, underscoring the need for further research to clarify its outcomes.

Finally, (D. McMahan et al., 2014) articulate the current state of ACP as an evolving process, emphasizing the importance of preparing patients and their decision-makers for future medical choices. They highlight the expectation from patients and families for clinicians to facilitate ACP discussions, while also noting the variability in how ACP is defined and implemented across healthcare systems. This narrative review calls for a more standardized approach to ACP, which could enhance its effectiveness in clinical practice.

Together, these articles provide a comprehensive overview of the current landscape of advance care planning for heart failure patients, revealing both the potential benefits and the significant barriers that exist within this critical area of healthcare.

LITERATURE REVIEW

The article "Advance care planning: A systematic review about experiences of patients with a life-threatening or life-limiting illness" by (Zwakman et al., 2008) offers a comprehensive examination of advance care planning (ACP) and its implications for patients facing serious health challenges, particularly in the context of improving end-of-life communication and enhancing quality of life. The authors emphasize the significance of ACP in fostering discussions about patients' values and preferences, which is crucial for tailoring medical care to individual needs.

A critical evaluation of the material reveals three prominent themes that encapsulate the complexities of patient experiences with ACP: ambivalence, readiness, and the iterative nature of the planning process. The theme of ambivalence highlights a duality in patients' feelings; while many recognize the benefits of engaging in ACP—such as increased clarity regarding their medical preferences and improved communication with healthcare providers—they also experience discomfort and anxiety associated with confronting end-of-life issues. This emotional complexity suggests that healthcare providers must approach ACP discussions with sensitivity, acknowledging the psychological barriers that may hinder patients from fully engaging in the process.

The notion of readiness is particularly important, as it serves as a prerequisite for patients to derive the full benefits of ACP. The authors argue that readiness can be fostered through the ACP process itself, indicating that initial conversations may serve as a catalyst for patients to reflect on their values and preferences. This insight is crucial for practitioners, as it suggests that facilitating early ACP discussions can help patients become more prepared to engage meaningfully in their care planning.

Moreover, the article underscores the dynamic nature of ACP, which is not a one-time event but a continuous process that should adapt to changes in a patient's health status. This flexibility allows for ongoing dialogue between patients, healthcare professionals, and family members, ensuring that care aligns with the evolving needs and wishes of the patient. The authors advocate for a more systematic approach to implementing ACP in clinical practice, given its potential to significantly enhance the quality of life for patients with heart failure and other life-limiting illnesses.

In the article "Comparing Engagement in Advance Care Planning Between Stages of Heart Failure," (A. Catalano, 2009) explores the multifaceted nature of Advance Care Planning (ACP) and its implications for patients with heart failure. The main premise of the article is that ACP significantly enhances the quality of life and satisfaction with care, particularly for individuals facing terminal illnesses. This assertion is grounded in the evolving nature of ACP, which now encompasses not

only the completion of legal documents, such as living wills and the appointment of substitute decision-makers (SDMs), but also an ongoing dialogue about values and preferences regarding care.

Catalano's study utilizes a descriptive correlational design to investigate how various demographic factors—such as age, marital status, education, and religiosity—alongside health factors like the severity of illnesses, influence patient engagement in ACP. The use of Sudore's Advance Care Planning Engagement Survey (ACPES) is noteworthy, as it provides a structured approach to assess the discussions patients have with family and healthcare providers about their care preferences, the designation of SDMs, and the creation of living wills. This methodological choice strengthens the study by allowing for a nuanced understanding of patient engagement in ACP.

One critical evaluation of Catalano's work is the emphasis on demographic and health factors affecting ACP engagement. The findings suggest that understanding these factors is crucial for developing targeted interventions aimed at increasing ACP involvement among heart failure patients. However, while the article presents a robust framework for measuring engagement, it could benefit from a deeper exploration of specific barriers that patients face when attempting to participate in ACP. For example, while demographic factors are acknowledged, the article does not delve into how socioeconomic status or cultural differences may further complicate engagement in ACP.

Additionally, the implications of the study are significant for healthcare providers. By highlighting the importance of tailoring ACP discussions to individual patient backgrounds and health statuses, Catalano advocates for a more personalized approach to care planning. This perspective aligns with current trends in patient-centered care, emphasizing the need for healthcare professionals to facilitate meaningful conversations about end-of-life preferences.

The article "Creating a Protocol to Increase Advance Care Planning Conversations with Heart Failure Patients in an Outpatient Clinic" by (Steven Jozwick, 2009) provides a comprehensive exploration of the significance of advance care planning

(ACP) in the context of heart failure management. The author outlines the critical nature of heart failure as a chronic condition characterized by a high symptom burden and a substantial mortality rate, emphasizing the necessity for effective communication regarding patient preferences for care.

One of the key insights from the article is the alarming statistic that only 30% of Americans have completed an advance directive (AD), which is a crucial tool for ensuring that healthcare preferences are honored when patients are unable to communicate them. Jozwick highlights that as heart failure progresses, the likelihood of medical emergencies increases, complicating decision-making processes for both patients and healthcare providers. This scenario underscores the importance of initiating ACP conversations early in the course of the disease to clarify patient wishes and mitigate potential distress during critical moments.

The article further discusses the role of ACP in enhancing the quality of life for patients with heart failure. By engaging in discussions about care preferences, healthcare providers can better align treatment plans with the values and desires of patients. Jozwick notes that despite the clear benefits of ACP, there remains a significant gap in its implementation, with only 5-15% of physicians reportedly engaging in these essential conversations. This discrepancy calls for a systematic approach to increase the frequency of ACP discussions, thereby ensuring that patient preferences are documented and respected.

Jozwick's proposal for a protocol aimed at facilitating ACP conversations in outpatient settings is particularly noteworthy. By establishing structured guidelines for healthcare providers, the protocol seeks to normalize these discussions, thereby promoting a culture of proactive planning in the management of heart failure. This initiative not only addresses the logistical barriers to ACP but also aims to empower patients and their families by fostering an environment where their voices can be heard.

The article "Clinician barriers and facilitators to heart failure advance care plans: a systematic literature review and qualitative evidence synthesis" by (Schichtel et al., 2012) provides a comprehensive examination of the factors influencing clinicians'

engagement with advance care planning (ACP) in the context of heart failure. The authors present a systematic review of existing literature alongside qualitative evidence, highlighting critical barriers that impede effective ACP implementation.

A significant finding of the study is the identification of a lack of disease-specific knowledge regarding palliative care in heart failure as a primary barrier for clinicians. This gap in knowledge can lead to uncertainty about when and how to initiate ACP discussions with patients, which is crucial given the progressive nature of heart failure and its associated complexities. The emotional toll on clinicians when addressing end-of-life issues is another critical factor that the authors discuss. Engaging in ACP can elicit strong emotional responses, which may deter clinicians from initiating these conversations, ultimately affecting the quality of care patients receive.

Moreover, the article emphasizes the importance of multidisciplinary collaboration among healthcare professionals to facilitate consensus on the appropriateness of ACP discussions. The authors argue that without a cohesive approach among various healthcare providers, the likelihood of timely and effective ACP implementation diminishes. This lack of teamwork can lead to fragmented care, where patients may not receive consistent messaging regarding their treatment options and end-of-life choices.

The authors propose a two-fold approach to address these barriers: enhancing training for healthcare professionals on ACP in heart failure and empowering patients to initiate ACP conversations. By equipping clinicians with the necessary skills and knowledge, they can navigate the emotional challenges associated with these discussions more effectively. Additionally, empowering patients to take an active role in their care planning could foster a more open dialogue about their preferences and values, leading to improved end-of-life care outcomes.

The article "Readiness of Advance Care Planning Among Patients With Cardiovascular Disease" by (Fukue et al., 2012) provides valuable insights into the readiness of advance care planning (ACP) among patients with cardiovascular diseases, particularly those suffering from heart failure (HF). The authors

emphasize the significance of ACP as a strategy aimed at enhancing end-of-life care outcomes for this patient population.

The study employs qualitative interviews to assess the perspectives of patients regarding their readiness to engage in ACP. This methodological approach allows for a nuanced understanding of the patients' desires and concerns, which is crucial for tailoring ACP initiatives to meet their needs. The findings indicate that many patients express a desire to participate in ACP, but several barriers, including a lack of awareness and understanding of the process, inhibit their engagement. This highlights a critical gap in patient education that must be addressed to facilitate more effective ACP implementation.

Furthermore, the authors explore the relationship between patients' desire for ACP and various clinical prognostic parameters. This aspect of the study is particularly noteworthy, as it aligns the patients' readiness for ACP with their clinical status, thereby providing a more comprehensive view of how clinical factors may influence decision-making processes. The results suggest that patients with more advanced disease stages are often more inclined to consider ACP, indicating that clinical prognosis could serve as a catalyst for initiating these discussions.

However, while the article presents important findings, it also raises questions about the generalizability of the results. The sample size and demographic characteristics of the participants may limit the applicability of the findings to broader populations of heart failure patients. Additionally, the study could benefit from a more in-depth analysis of the specific barriers to ACP that patients face, as understanding these obstacles is essential for developing targeted interventions.

The article "What is the evidence for efficacy of advance care planning in improving patient outcomes? A systematic review of randomised controlled trials" by provides a comprehensive examination of advance care planning (ACP) and its impact on patient outcomes, particularly within the context of heart failure patients. The authors define ACP as a process aimed at helping individuals articulate their values, goals, and preferences regarding future medical care, particularly in scenarios where they may lose the capacity to make decisions. This definition

underscores the importance of ACP as a tool for enhancing patient autonomy and ensuring that end-of-life care aligns with individual preferences.

The systematic review synthesizes findings from various randomized controlled trials (RCTs) to evaluate the efficacy of ACP interventions. The authors focus on both distal and proximal outcomes related to ACP. Distal outcomes include aspects such as the alignment of end-of-life care with patient preferences, quality of life, mental health, and the place of death. Proximal outcomes encompass treatment preferences, quality of communication between patients and physicians, prognostic awareness, decisional conflict, and congruence between patient and surrogate preferences.

One of the key insights from the review is the assertion that ACP interventions can lead to significant improvements in various patient outcomes. For instance, the authors highlight that effective ACP processes can enhance the quality of patient-physician communication, which is particularly critical for heart failure patients who often face complex treatment decisions. Furthermore, the review indicates that ACP may reduce healthcare utilization and costs by aligning care with patient preferences and potentially decreasing unnecessary interventions at the end of life.

However, the article also presents a critical evaluation of the existing literature, noting variability in the effectiveness of ACP interventions across different studies. This variability may stem from differences in study populations, intervention designs, and outcome measures. The authors call for further research to standardize ACP practices and to explore the specific needs of heart failure patients, as this population often experiences unique challenges related to prognosis and treatment decisions.

The article "What Clinicians and Researchers Should Know About the Evolving Field of Advance Care Planning: a Narrative Review" by (D. McMahan et al., 2014) provides a comprehensive overview of the evolution of advance care planning (ACP) and its implications for heart failure patients. The authors articulate that ACP has transitioned from a focus on static documents to a dynamic process that emphasizes communication and decision-making among patients and their

surrogates. This shift is particularly relevant for heart failure patients, who often face complex medical decisions regarding their care.

The article highlights that patients and families express a strong desire for clinicians to initiate discussions about ACP, underscoring its perceived importance in managing chronic conditions such as heart failure. The authors cite studies indicating that many patients wish to alleviate the decision-making burden on their loved ones, which is a crucial consideration in the context of heart failure where treatment options can be diverse and overwhelming. This insight is vital, as heart failure often involves progressive illness trajectories, making advance planning essential for aligning treatment with patients' values and preferences.

Moreover, the authors point out that clinicians recognize ACP as a fundamental aspect of their responsibilities, and healthcare systems are increasingly acknowledging it as a quality metric. This recognition is significant because it suggests that integrating ACP into routine care for heart failure patients could enhance the quality of care provided. The emphasis on communication and shared decision-making is particularly relevant in this patient population, as it can lead to more personalized care strategies that reflect the unique needs and wishes of individuals living with heart failure.

CONCLUSION

The literature on advance care planning (ACP) for heart failure patients presents a multifaceted understanding of its significance, challenges, and potential benefits. The foundational work by (Zwakman et al., 2008) highlights the emotional complexities surrounding ACP, emphasizing themes of ambivalence, readiness, and the ongoing nature of the planning process. This foundational understanding sets the stage for further exploration of how ACP can be effectively integrated into the care of heart failure patients.

Subsequent studies, such as those by (A. Catalano, 2009) and (Steven Jozwick, 2009), underscore the importance of recognizing ACP as an evolving process rather than a one-time event. The engagement levels in ACP are influenced by various

demographic and health-related factors, and the need for structured protocols to facilitate ACP discussions in outpatient settings is emphasized. This is crucial as heart failure progresses, making timely and effective ACP conversations essential for improving patient outcomes and reducing distress during critical moments.

The barriers faced by clinicians, as detailed in (Schichtel et al., 2012), further complicate the landscape of ACP. Lack of disease-specific knowledge and emotional challenges can deter clinicians from initiating these vital discussions. Thus, addressing these barriers through enhanced training and fostering patient engagement is critical for improving ACP practices.

Further insights from (Fukue et al., 2012) reveal that patient readiness to engage in ACP is influenced by their clinical status, indicating that tailored interventions are necessary to meet the unique needs of heart failure patients. The systematic review conducted by highlights the efficacy of ACP in improving various patient outcomes, while also noting the inconsistencies in evidence, which underline the need for additional research.

Finally, the narrative review by (D. McMahan et al., 2014) articulates the evolving nature of ACP, emphasizing the necessity for standardized approaches to enhance its effectiveness in clinical practice. The expectation from patients and families for clinicians to facilitate ACP discussions is a critical aspect that should not be overlooked.

In conclusion, the body of literature collectively underscores the importance of ACP in heart failure management, revealing both its potential benefits in enhancing patient care and the significant barriers that hinder its implementation. Ongoing dialogue, tailored interventions, and clinician training are essential components for improving ACP practices and ensuring that patient preferences are respected throughout the course of their illness.

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