



The Counseling for Advance Care Planning: the experience of three-talk model for shared decision making

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Background

Patient Right to Autonomy Act (PRAA) allows that persons with full disposing capacity may make advance decisions (AD) to accept or refuse, in full or in part, life-sustaining treatments (LST) and/or artificial nutrition and hydration (ANH) under 5 specific clinical conditions in Taiwan. The declarant must go through counseling on advance care planning (ACP) in a medical institution to establish an AD. The consultation team should include one physician, one nurse, and one social worker or psychologist.

Methods

We regard the ACP as a shared decision-making process. We use three talk-model, including "team talk," "option talk," and "decision talk," for the process. The physician is responsible for explaining 5 specific clinical conditions and the options of LST and ANH, the nurse for the care and burden of LST and ANH, and what hospice palliative care can help after implementing AD, the social worker or psychologist for giving reassurance and emotional support.

Results

We provided counseling on advance care planning for a total of 548 declarants (mean age 58.54 ± 16.90 years) between April 1, 2019, and March 31, 2021. Most declarants were female (64.05%). There are 136 free-of-charge declarants, including hospital employees, veterans, low- and middle-income households, and patients with rare diseases. The other declarants need to pay about 90 EUR for each counseling session. Most ACP counseling sessions took about 1 hour by the three talk-model.

Three talk model

Team talk

The medical profession and declarant part form a team by self-introduction and sharing of the motivation of ACP

Option talk

Medical staff introduces and explains the specific clinical conditions and the legal medical options that patients can choose.

Decision talk

The declarants express their life values and the decision's reasons and then finish the AD document.

conclusions

PRAA is stipulated to respect patient autonomy in healthcare, safeguard their rights to a good death, and promote a harmonious physician-patient relationship. The ACP counseling team needs to discuss the pros, cons, and feasibility of multiple options with declarants, use appropriate communication skills to eliminate anxiety or conflict between declarants and their families, and respect the declarants' choices. The counseling team can assist the declarants in establishing their AD by the three-talk model smoothly.

Key word: personal autonomy, advance care planning, advance decision, three-talk model, team work

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