



Module: Introduction to Research (BMHP5005)

Assessment 2: Viva Voce

Student Name: Margareta Dragoi

Student Number: 2019145

Lecturer: Laila Surani

Introduction

- **Topic of the study:**
- **Barriers in implementing advance care planning (ACP) for people with dementia in the UK.** Advance care planning is important to promoting and communicating one's preferences, values and interests when one lacks capacity to make health care decisions, including those with dementia.
- **Aim:** The study aim was to identify the barriers in implementing ACP for people with dementia in the UK.
- **Objectives:** “A research objective describes, in a few words, the result of the research project after its implementation (Patrick, 2020).
- My study objectives are to find out if there are barriers in implementing ACP for PWD in the UK and which are those barriers.

Methods

- A systematic literature review was conducted. Despite differences in procedures across various types of literature reviews, all the reviews can be conducted following eight common steps: (1) formulating the research problem; (2) developing and validating the review protocol; (3) searching the literature; (4) screening for inclusion; (5) assessing quality; (6) extracting data; (7) analysing and synthesizing data; and (8) reporting the findings (Xiao and Watson, 2017)
- Three electronic databases (Google Scholars, PubMed and Medline) were systematically searched for relevant published literature of barriers ACP for PWD in the UK. Inclusion criteria were: literature, published in English, a target population of PWD and reported data on the barriers encountered by them when to implement an ACP Exclusion criteria: systematic reviews and meta-analysis, literature published before 2010.
- Keywords: ACP, PWD, Barriers, UK

Literature Review

Author(s), title, and year of publication	Aim of study	Methods and Sample size and characteristics	Summary of main findings
Stuart, F. et al. (2011) <i>Advanced care planning in care homes for older people: a qualitative study of the views of care staff and families.</i>	To explore views on advance care planning in care homes for older people	Individual semi-structured interviews. Qualitative study	Barriers: Individuals are reluctant to discuss ACP. Dementia itself is another barrier. There been identified both family involvement and unforeseen medical circumstances as problematic.
Robinson, L. et al. (2013) <i>A qualitative study: Professionals' experiences of advance care planning in dementia and palliative care, 'a good idea in theory but ...',</i>	To explore professionals' experiences on the implementation of advance care planning in two areas of clinical care, dementia and palliative care.	Qualitative study, focus groups and individual interviews.	While professionals agreed that ACP was a good idea in theory, implementation in practice presented them with significant challenges. The majority expressed uncertainty over the general value of ACP, whether current service provision could meet patient wishes, their individual roles and responsibilities and which aspects of ACP were legally binding; the array of different ACP forms and documentation available added to the confusion. In dementia care, the timing of when to initiate ACP discussions was an added challenge
Dickinson, C. et al. (2013) <i>Planning for tomorrow whilst living for today: the views of people with dementia and their families on advance care planning.</i>	To investigate their views about planning for their future generally and ACP specifically.	Qualitative study using semi-structured interviews with people with mild to moderate dementia and family carers	Five barriers to undertaking ACP were identified: lack of knowledge and awareness, difficulty in finding the right time, a preference for informal plans over written documentation, constraints on choice around future care, and lack of support to make choices about future healthcare.

Results

- Professionals agreed that advance care planning was a good idea in theory, but implementation in practice presents significant barriers, such as: uncertainty over the general value of advance care planning, whether current service provision could meet patient wishes, the roles and responsibilities of professionals in which aspects of advance care planning were legally binding; different advance care planning forms and documentation available added to the confusion. The timing of when to initiate advance care planning discussions was an added challenge.
- PED make a number of plans for the future. Most people undertook practical, personal, financial, and legal planning. However participants did not make formal advance care plans with the exception of appointing someone to manage their financial affairs. Five barriers to undertaking ACP were identified: lack of knowledge and awareness, difficulty in finding the right time, a preference for informal plans over written documentation, constraints on choice around future care, and lack of support to make choices about future healthcare.

Discussion

- The ACP is a very useful and important document for PWD.
- The barriers in ACP implementation are found in several aspects, such as: understanding the individuals on this document, prejudices, postponing its conclusion for financial or medical reasons, lack of information about ACP either by the people with dementia or their families, failure to properly training the health and social professionals.

Conclusion

- People with mild to moderate dementia and their families exhibit a willingness to plan ahead with respect to personal, practical, and financial planning. However, they are reluctant to engage in future health and care planning preferring instead to trust family carers and known health professionals to engage in “best-interest” decision making (Dickinson, et al., 2013)

References

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