

Rethinking the Scope of Advance Care Planning for Older Adults

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With the rapid growth of the older population globally, improving health care during the final period of life has become a key challenge for both palliative care and for geriatrics [1]. The medical literature has focused on relieving suffering of elderly patients who are facing serious and life limiting illness near the end of life. The Patient Self-Determination Act in the US took effect in 1991 and has called for enhancing patient involvement in end-of-life decision making through completion of advance directives that can limit invasive medical care at the end of life [2]. However, older patients who are still in reasonably good health show little interest and not likely to follow recommendations for completing advance directives [3]. Furthermore, even when directives have been completed, there is frequent disregard for patients' wishes [4].

Gerontological research can offer important contributions to consideration of advance care planning for older adults. Implementation of advance directives applies to a short time span prior to the patient's death [5]. Yet, elderly patients want to obtain responsive care during an extended period of frailty, that may proceed by years, the eventual end of life [6].

Studies point to a paradox of elders encountering health events and worrying about their health, but doing little to plan for future care [7]. Barriers to such planning include a fear of being a burden on family members and poor communication with health care providers. Given their divergent time perspectives, older adults respond reluctantly to physician directives about advance care planning. Older persons, who are not terminally ill, want to discuss planning for responsive health care without exclusive focus on the end of life and want to plan for their care in the context of possible recovery.

We thus argue for a paradigm change, and advocate for extending the time horizon for planning to obtain responsive medical care in late life. Planning in the framework of an expanded care horizon is referred to as "Future care planning" (FCP) [8]. Our research yields evidence that proactively preparing for the full spectrum of possible outcomes, benefits elders' quality of life [9]. Educational interventions are needed to prepare elders to start conversations with their family members and with health care providers about obtaining social support and responsive care as they encounter health events or serious illness. Although we recognize the importance of planning for a good death, we argue that the preventive functions of playful competency in late life relate to a more extended period, spanning years rather than days [7].

Indeed, it has been recently recognized that older adults can

benefit from engagement in planning activities that are preparatory to competent coping with stressful life events that might ensue later [10]. Interventions promoting proactive coping among community-based older adults [11] have shown promise for improving competencies that facilitate future oriented self-regulation. Rethinking the scope of advance care planning to better fit preferences and perspectives of older adults will also facilitate development of bottom up, rather than top down approaches to improving health care. Greater consumer involvement and participation in care are desired by new cohorts of proactive older adults [6]. Older adults who willingly engage in conversations with family members and physicians about future care will also trust those caregivers and will be better poised to negotiate care as they near the end of life.

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