Patients with advanced-stage cancer face serious life-limiting illness while receiving palliative treatment, such as chemotherapy, surgery, or radiation therapy. Advance care planning and goals-of-care conversations are important to have with patients with curable or incurable cancer. Oncology nurses can play an important role by having the knowledge and skills required to communicate with patients and families about advance care planning and goals of care during acute and outpatient care. Patient decision tools and aids include guides for advance care planning, goals of care, and related patient resources for acquiring knowledge and skills.

AT A GLANCE

- Oncology nurses play an essential role in advance care planning and goals-of-care conversations for patients with cancer.
- Communication about advance care planning, goals of care, and palliative care should begin early and include all patients diagnosed with cancer.
- Oncology nurses require training and tools to assist in advance care planning and creating goals of care, with a comprehensive assessment of patients' goals, values, and preferences.

KEYWORDS
advance care planning; goals of care; palliative care; patient-centered care

DIGITAL OBJECT IDENTIFIER
10.1188/21.CJON.333-336

Advance Care Planning

Having goals-of-care conversations in oncology nursing

Jean E. Boucher, PhD, RN, ANP-BC, AOCNP®

Advance care planning is particularly important for patients with cancer during times of uncertainty and unpredictability, such as with the COVID-19 pandemic. Advance care planning is the process in which patients discuss their health with clinicians in an effort to understand conditions, values, goals, and preferences for medical care (Sudore et al., 2017). Advance care planning decisions for patients with cancer involve legally appointing a healthcare proxy or decision-maker who will make healthcare choices if the patient is incapacitated. A holistic approach to advance care planning involves the oncology team conducting conversations with patients about goals of care, including palliative care, to reduce symptoms and improve quality of life. Too often, discussions about goals of care may be limited or avoided as patients learn about the serious nature of the cancer diagnosis, particularly with advanced-stage, incurable, life-limiting disease. Communication with patients and their families to ensure their understanding of the cancer trajectory and illness, the treatment plan, and palliative care is a key component of the oncology team.

A position statement by the Oncology Nursing Society (ONS, 2014) affirms that all patients with cancer should receive palliative care at the time of diagnosis and throughout the course of care. A structured team approach should instruct patients regarding shared decision-making for palliative care that occurs over the trajectory of illness, including end-of-life care in the last months of life (Bakitas et al., 2011). An interprofessional approach to goals of care includes physicians, nurses, and other disciplines in the oncology team focused on patient-centered care and communication, symptom management, and care coordination (National Consensus Project, 2018). The American Society of Clinical Oncology has also stated that the standard of care for patients diagnosed with advanced cancer should include a palliative care consultation within eight weeks of diagnosis (Ferrell et al., 2017).

Patients with cancer experience many emotions involving uncertainty, fear, anxiety, and depression while making decisions about treatments and care. ONS (2014) stipulates that oncology nurses should conduct comprehensive assessments for patients with cancer that involve physical, psychological, social, cultural, and spiritual considerations. Oncology nurses can support patients' physical and psychosocial needs with ongoing patient education, assessment, and monitoring of palliation of symptoms and plans of care.

Communication and Challenges

Communication issues surround delay of initiating advance care planning and goals-of-care conversations because of avoidance and fear of taking the patient's hope away, assumptions that patients and their families do not want to discuss the serious nature of their condition, or misunderstanding that advance care planning