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Does work environment and personal experience of doctors affect the discussions of advanced care planning in Singapore?

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Singapore is a multi-ethnic, multi-racial society, which is aging rapidly. By 2030, Singapore is projected to become 1 of 34 super-aged countries, with population consisting of more than 20% elderly. With more educated elderly residents, technological advances in healthcare and the growing acceptance of the concept of patient autonomy, advanced care planning (ACP) becomes increasingly important as it allows individuals to have a say in their future healthcare needs through discussions with healthcare professionals and family members. ACP allows individuals to clarify their wishes and concerns, giving them a sense of control over their future care and treatment preferences. This will allow one's decisions regarding medical treatment to be respected in the event that one's decision-making capacity is lost in the future.

ACP discussions should be carried out in comfortable, unhurried settings and offered in primary care setting such as regional medical centers, before individuals become acutely unwell. Having ACP discussions in the community helps individuals make sound decisions in a calm state of mind when they are in a less stressful environment. However, we see a higher proportion of ACP discussions being initiated while individuals were hospitalized due to acute illness or suffering from a catastrophic medical condition.

This study seeks to explore ACP perceptions in doctors working in a tertiary hospital as well as in a regional medical center, aiming to find contributing factors for the different discussion rates of ACP in these 2 institutions.

Method: Doctors based in Sengkang Polyclinic as well as Changi General Hospital General Medicine Outpatient clinics will be given a self-administered questionnaire and responses will be analyzed.

Anticipated Conclusions: Results of the study will be organized according to following themes:

- 1) Demographics of doctors in the 2 institutions (religion/training/special interests)
- 2) Work environments and support from the respective institutions
- 3) Personal encounters and experience with ACP discussions