

Advance care planning: sustainable patient-centred care



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As family physicians, we often feel deep pride in the work we do caring for the health of Canadians, but learning about the negative environmental impact of our work can prove quite sobering. Health care is responsible for 4.6% of Canada's total greenhouse gas emissions, making our profession a substantial contributor to pollution in the country.¹


This information is distressing, but there are many ways we as family doctors can lessen the environmental impact of our work. The CASCADES Planetary Health for Primary Care publication² and the Green Office Toolkit 2.0³ provide many suggestions about becoming better environmental stewards. Both resources advise on deprescribing, purchasing medical supplies with a lower environmental impact, and optimizing medical interventions so patients are not offered assessments and treatments inconsistent with their goals of care.

While it is important to consider all recommendations described in these resources, I want to highlight that April is the perfect time for family physicians to engage patients more deeply in a specific area: goals of care discussions and, specifically, in advance care planning (ACP). April 16 is ACP day in Canada, an initiative to help people prepare for a time when they cannot make decisions for themselves and to communicate their wishes to those who may need to act on their behalf. Advance care planning is “the process of thinking about what matters most to you in your life and what that means for your health and personal care.”⁴

Most physicians understand that engaging their patients in ACP is the pinnacle of patient-centred care; however, few realize this activity also contributes to reducing hospitalizations and health care emissions.³ Despite the fact most Canadians—about 87%—would prefer to receive end-of-life care in their own homes, most people die in the hospital.⁵ Dying in the hospital often means our patients undergo life-extending care and invasive treatments that may not align with their wishes, and

studies show treatments at end of life are often more aggressive than desired.⁶ Avoiding hospitalizations through ACP therefore fulfills not only the goal of patient-centred care, but also that of environmental stewardship.

Because of the longitudinal relationships we have with our patients, we can create safe spaces to start these conversations. Further, we can continue to engage in them over time. Indeed, studies have found patients often expect their family doctors to indicate when they should have an ACP discussion.⁷ But its not solely an activity for older patients. Anyone may eventually require a substitute decision maker to make medical decisions on their behalf. As such, introducing these conversations with all adult patients would go a long way in helping them obtain care that is consistent with their wishes.

This month, consider how ACP conversations might best fit your office flow. There are many resources available to help, such as <https://www.advancecareplanning.ca>. Let me know how it goes at cbarnard@cfpc.ca. 

References

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