

# Initial Efficacy Testing of an Autobiographical Memory Intervention on Advance Care Planning for Patients With Terminal Cancer

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**Purpose/Objectives:** To test the efficacy of a novel intervention to facilitate advance care planning.

**Design:** Exploratory, quasiexperimental pilot study with two independent groups.

**Setting:** A large hospice located in the southwestern United States.

**Sample:** A convenience sample of 50 participants with terminal cancer enrolled in hospice.

**Methods:** An autobiographical memory (ABM) intervention used the participants' experiences with cancer and end of life for the purpose of directing advance care planning.

**Main Research Variables:** Two domains of advance care planning, decision making and communication, were measured in relation to 11 variables: living will, ventilators, oxygen, feeding tube, IV therapy, blood transfusions, antibiotics, designated surrogate, out-of-hospital do-not-resuscitate form, resuscitation, and calling 911.

**Findings:** The ABM intervention was nonthreatening, short in duration, and easily completed with participants as they recalled, without hesitation, specific personal memories of family and friends who had died and their advance care plans. The Mann–Whitney non-parametric test revealed that participants in the experimental group had a higher average rank than those in the control group for communicating the decision about antibiotics, as well as exhibited a trend toward significance for five other advance care planning variables.

**Conclusions:** Findings showed that directive ABMs may be effective in influencing the decision making and communication of advance care planning for terminally ill patients with cancer.

**Implications for Nursing:** The current level of understanding about using the ABM intervention suggests that nurses can initiate an advance care planning conversation using this approach.

About 65%–85% of people with cancer, including those in hospice care, will die without an advance directive or even a discussion about preferences for care (Houben, Spruit, Groenen, Wouters, & Janssen, 2014; Kierner, Hladschik-Kermer, Gartner, & Watzke, 2010). The process of obtaining information on life-sustaining treatments, deciding on the treatment, sharing the decision with others, and completing an advance directive for the end-of-life period is called advance care planning. For more than two decades, research has provided a limited understanding of end-of-life and advance care planning, despite the efforts of several nationally funded initiatives. The need to find a successful intervention to facilitate end-of-life discussions and decision making is paramount, particularly with today's death statistics and as the population ages (National Hospice and Palliative Care Organization [NHPCO], 2017). Eighty-seven percent of all cancers in the United States are diagnosed in individuals aged 50 years or older (American Cancer Society, 2017). No effective evidence-based educational intervention exists to facilitate advance care planning decision making or communication. People seeking care in the U.S. healthcare system must undergo