Exploring Advance Care Planning in Scottish dementia policies: a Critical Discourse Analysis

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Abbreviated abstract:

Advance Care Planning (ACP) process enables individuals to discuss and document their personal values, life goals and preferences for care in case of future incapacitation or terminal illnesses. Policies create guidance on how healthcare professionals (HCPs) should provide support for people with dementia (PwD) and their families, including support to create their ACP. This study used Fairclough's Critical Discourse Analysis (CDA) to examine how Scottish dementia policies represent and influence the ACP process.

Related publications:

-Harrison Dening, K., Sampson, E. L. & De Vries, K. 2019. Advance care planning in dementia: recommendations for healthcare professionals. *Palliative care,* 12**,** 1178224219826579-1178224219826579.
-Fairclough, N. 2013. Critical discourse analysis and critical policy studies. *Critical Policy Studies,* 7**,** 177-197.

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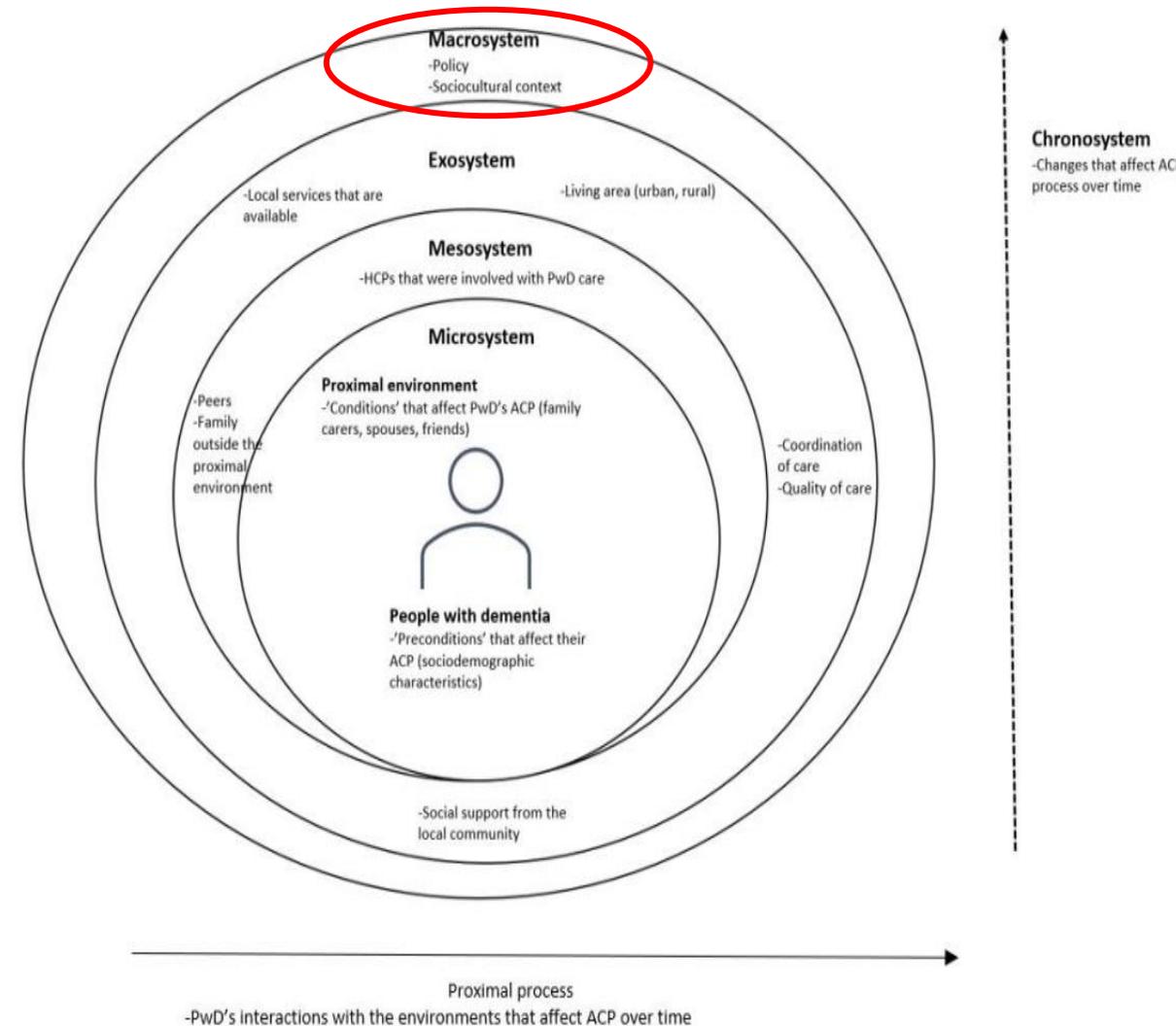Scottish Partnership for Palliative Care

Previous work, challenge, and approach

- HCPs still provide variable support for ACP process with and for PwD, creating a 'postcode lottery' effect in care
- The impact of policies over the ACP process has not been previously examined
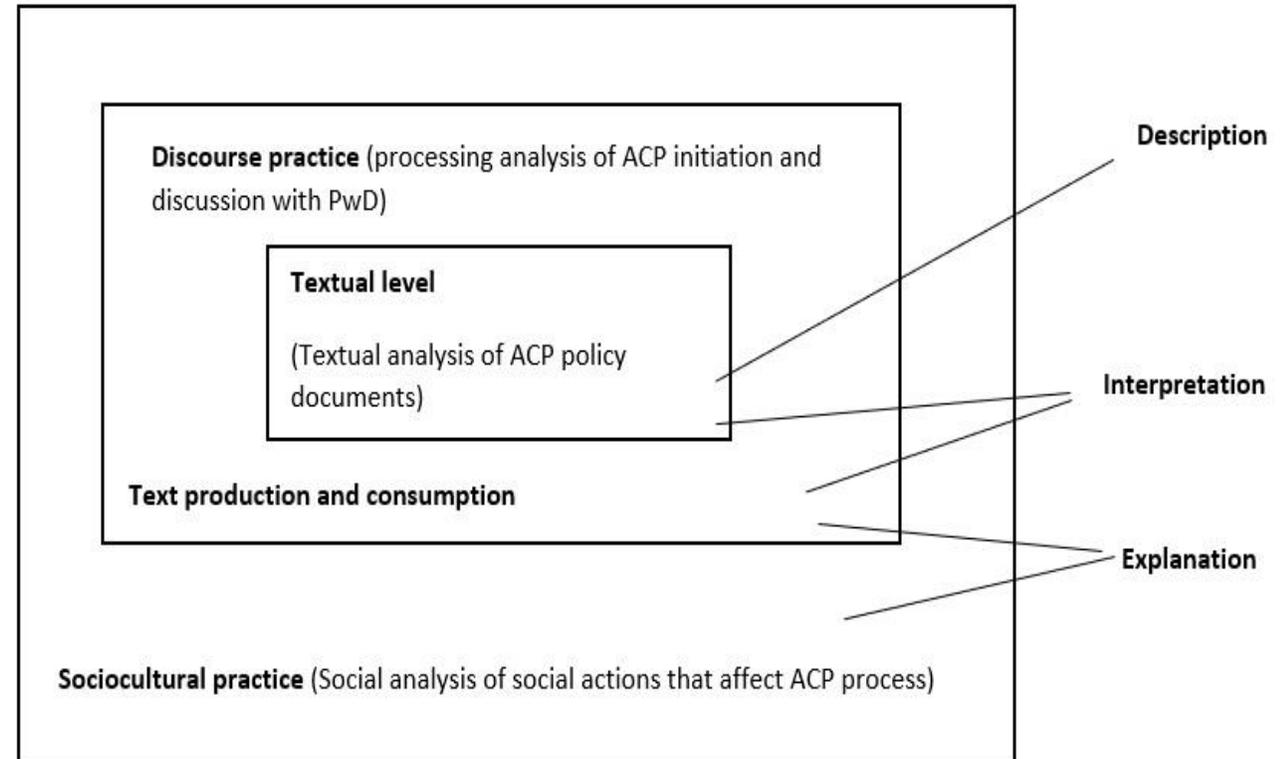
Aims
- To reveal discourses evident in Scottish dementia policies that influence the ACP process
- To examine the way in which the voice of PwD, family carers and HCPs' influence the dementia policies regarding the ACP process

Macrosystem
-Policy
-Sociocultural context

Chronosystem
-Changes that affect ACP process over time

Exosystem
-Local services that are available
-Living area (urban, rural)

Mesosystem
-HCPs that were involved with PwD care

Microsystem

Proximal environment
-'Conditions' that affect PwD's ACP (family carers, spouses, friends)

-Peers
-Family outside the proximal environment

-Coordination of care
-Quality of care

People with dementia
-'Preconditions' that affect their ACP (sociodemographic characteristics)

-Social support from the local community

Proximal process
-PwD's interactions with the environments that affect ACP over time

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Techniques and Methods

- The texts of the two most recent Scottish dementia policies were analysed, using Fairclough's CDA:
  - Scotland's National Dementia Strategy 2017-2020
  - Dementia And Covid-19- National Action Plan To Continue to Support Recovery For People With Dementia And Their Carers

- Three discourses were identified:
  I. Shifting agencies
  II. Formulaic rightness
  III. Visibility and voice

Discourse practice (processing analysis of ACP initiation and discussion with PwD)

Textual level

(Textual analysis of ACP policy documents)

Text production and consumption

Sociocultural practice (Social analysis of social actions that affect ACP process)

Description

Interpretation

Explanation

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Results and Conclusions

Formulaic rightness
- ACP process was assumed and formularised, ignoring the complexity around PwD's circumstances
- PwD was assumed as homogenous with similar characteristics

- The policies fail to sufficiently support HCPs to create ACP with PwD due to the discourses identified

Shifting agencies
- Various HCPs were identified and represented in texts as the main person (s) to discuss ACP. However, no guidance was given to the coordination of ACP
- PwD and family were deemed as the recipients of the ACP process

…We [the government] will seek to ensure that people [with dementia] receive health and social care that supports their wellbeing, <u>irrespective of their diagnosis, age, socio-economic background, care setting or proximity to death</u>. […] Many people at this stage in life **are <u>frail and elderly</u> and <u>have a range of conditions</u>**.

'It is <u>**only**</u> by having <u>**such sensitive**</u> and compassionate conversations with people living with dementia <u>**and their loved ones**</u>, that they will get the care that is right for them when time becomes short [as a part of their ACP]…'

Visibility and voice
- No clear input nor direct quotes were visible from PwD, their families and HCPs under ACP policies section

- The **[dementia practice] <u>coordinator</u>** would have a critical role in supporting the person with dementia to die in their place of choice…'

'…[to create an ACP], it is important for **clinical teams** to have sensitive, timely and focussed conversations <u>with</u> individuals living with dementia, their loved ones…'

'-We held a total of **14 <u>individual virtual engagement events</u>**.
-We spoke with over **100 <u>attendees</u>** (organisations or individuals) in all.'

'…[this policy is] the product of collaboration between colleagues from across health, social care and the third sector and includes **<u>direct input at every stage from people with dementia, their families and carers</u>**…'

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