

Evidence: Chaplains crucial for advance care planning in medical practice

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Rush Oak Park Hospital's spiritual care director Aoife Lee, DMin, BCC is author of a *JAMA Internal Medicine* research study showing importance of chaplains in helping patients with advanced care directives Credit: Rush Photo Group

Research led by Rush Oak Park Hospital's spiritual care director

provides empirical evidence of the need for - and effectiveness of - incorporating hospital chaplains as part of patient end-of-life planning before they are hospitalized.

While public opinions research shows that 90 percent of Americans agree it is important to have end-of-life discussions with their loved ones, only about a third of adults in the U.S. have completed written [advance directives](#) (ADs) that spell out wishes for care or designate the person they'd like to carry them out.

Discussing one's end of life wishes can be difficult in any setting, but especially in the hospital with physicians who often do not have the time or training to lead them. But in a research letter "Using Chaplains to Facilitate Advance Care Planning in Medical Practice" published in *JAMA Internal Medicine*, Aoife Lee, DMin, BCC, director of spiritual care at Rush Oak Park Hospital, shared the findings of a quality improvement project showing that 80 percent of participating patients completed an AD after visiting with a hospital-based chaplain during previously-scheduled physician appointments.

"This study shows not just how important advanced care planning really is, but also that hospital chaplains can make these conversations both feasible and acceptable to patients," Lee said. Advance directives provide patients with the peace of mind in knowing they have things in order to help loved ones if difficult healthcare decisions have to be made. They can also reduce the guilt and depression family members might experience when making decisions that hadn't been determined in an AD.

Lee observed that patients are often happy to clarify and document their wishes, particularly around naming a power of attorney for healthcare. The chaplain-facilitated AD conversations, averaging less than thirty minutes in the study, provide a document that they can share with loved

ones but is also incorporated into the patient's electronic medical record.

Physicians have been very receptive to incorporating chaplains in this planning as doctors are frequently pressed for time and know these discussions requires a different level of expertise. "Chaplains can provide a vital service that we often don't have time to offer, and Advanced Care Planning now fits firmly within Medicare reimbursement guidelines," says co-author and physician Dr. Catherine McGinness, a primary care doctor in the Rush Oak Park Physicians Group (ROPPG). Recent changes in Centers for Medicare policy allow physicians to bill for time spent in conversation about Advanced Care Planning.

Colleagues Catherine McGinness, MD (also Rush Oak Park Hospital/ROPPG), Stacie Levine, MD (University of Chicago Medicine), Sean O'Mahony, MB, and George Fitchett, PhD, (both Rush University Medical Center) contributed. The research was funded by a Coleman Foundation grant.

Fitchett, Rush's University's Director of Research in the Department of Religion Health and Human Values and a leading chaplaincy researcher, said that the findings of this study will be tested more widely. "We are eager to test this initiative in a larger study and to further investigate the contribution professional chaplains can make to ensuring that care at the end of life is guided by patients' deeply-held beliefs."

Provided by Rush University Medical Center

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