Advance Care Planning and Goals-of-Care Decisions Among Veterans With Malignancy

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BACKGROUND: There is a limited knowledge base about factors affecting advance directives and code status decisions among veterans with malignancy. In addition, few studies have focused on the benefit of palliative care (PC) in goals-of-care discussions among veterans with cancer.

OBJECTIVES: This study examined advance care planning and goals-of-care decisions among veterans with malignancy.

METHODS: Demographic and clinical data were obtained using retrospective chart analysis. Patient characteristics were analyzed using univariate descriptive statistics. To compare patients with and without a do-not-resuscitate (DNR) decision, chi-square test was performed.

FINDINGS: More than half of the patients in the study were referred to PC within one year of their cancer diagnosis. Most had documented metastatic disease at the time of their PC referral. Veterans with prostate cancer were more likely to elect full code status. In this study, White veterans were more likely to choose a DNR order than African American veterans.

KEYWORDS palliative care; resuscitation; veterans; cancer; advance directives; code status

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