



## Position Statement

# **Advance Care Planning and the Role of the Cardiovascular Nurse**

### **Preamble**

This position statement was created in response to a need identified by cardiovascular nurses from across Canada for greater clarity about the role of cardiovascular nurses in advance care planning (ACP). It was developed in collaboration with cardiovascular nursing and ACP experts from across Canada. It is intended to inform and guide cardiovascular nursing practice and to ensure all cardiovascular nurses understand the importance of ACP in the delivery of client<sup>1</sup> centred care.

The core principles were adapted from the Canadian Council of Cardiovascular Nursing (CCCN) practice framework (CCCN, 2009) and the values statement was adopted from the Canadian Nurses Association (CNA) code of ethics (CNA, 2008a).

### **Background**

The Canadian Hospice Palliative Care Association [CHPCA] (2012) defines ACP as

the development and expression of wishes for the goals of medical treatment and the continuation or discontinuation of such treatment and care. It involves discussions with family and friends with whom the person has a relationship, and may involve healthcare providers, and/or lawyers who may prepare wills and powers of attorney. Advance care planning also involves naming a substitute decision maker. (p. 2)

Yet ACP is more than the consent for and/or refusal of treatments. It is a process of reflection and communication of values and beliefs, and development and expression of wishes for care. Cardiovascular nurses have an important role to play in ACP. Nurses are considered trusted professionals, as evidenced by 88% of Canadians reporting that they are comfortable talking about end-of-life care wishes with nurses (CHPCA, 2014). As such, they are well-positioned to discuss values-based ACP and provide information and ongoing support.

The CCCN standards of cardiovascular nursing practice (2009) highlight the core concepts of partnership and quality of life within the paradigm of caring. The standards state that relationships with clients are based on respect, authentic communication, cooperation, and confidentiality.

Our position is that all cardiovascular nurses should encourage clients to engage in ACP. ACP should be a normal process for all and integrated into every day practice. Therefore, all cardiovascular nurses should be aware of the value of ACP and understand their role as outlined in this position statement.

### **Core Principles**

As many cardiovascular conditions are chronic in nature, CCCN believes ACP dialogue needs to begin at time of diagnosis. CCCN also recognizes that ACP is a dynamic process that is subject to revisions over time, for example, when clients are faced with a decline in health or offered new treatment and/or interventions. An early introduction to ACP provides clients ample time to think about their goals and preferences of care, and to make decisions in collaboration with their support system, cardiovascular nurse, and interprofessional team. Our goal is to ensure that our clients are informed, satisfied with current decisions, and aware that decisions can be revisited.

### **Core Values**

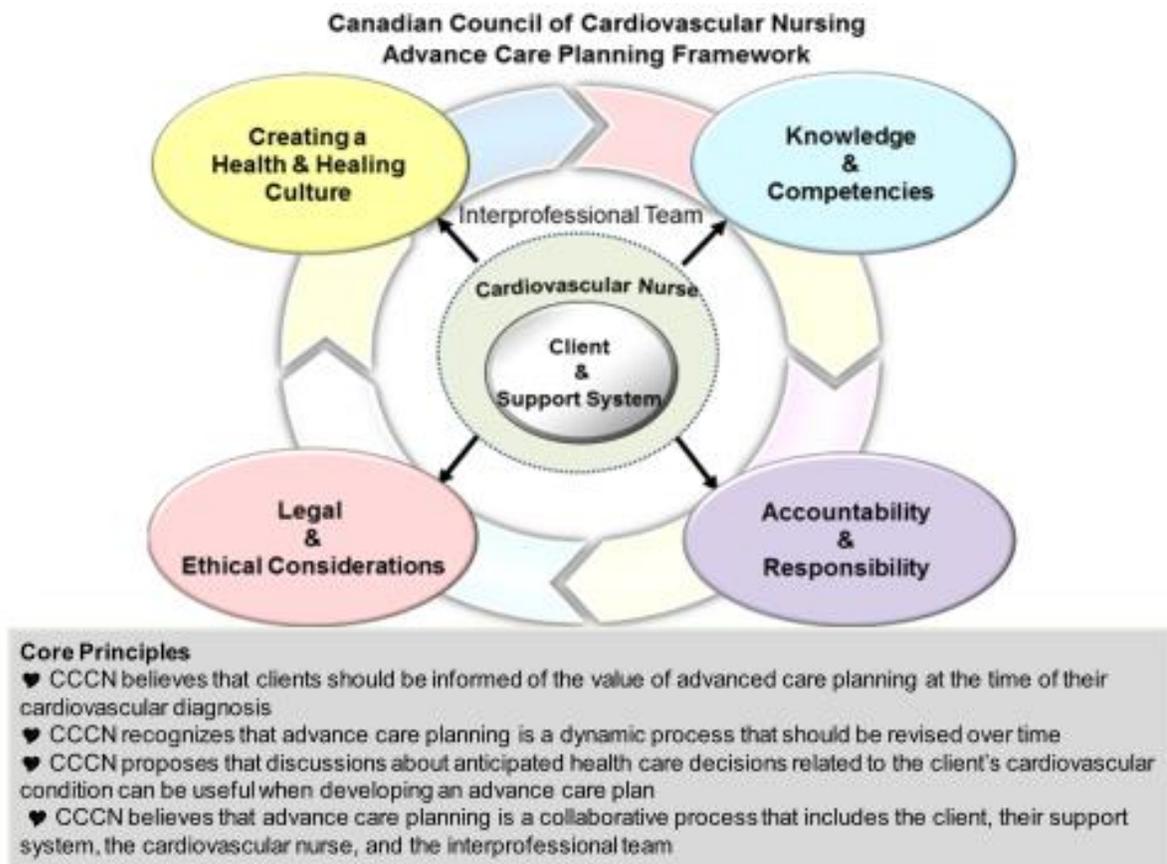
CCCN values the provision of safe, compassionate, competent, ethical care that respects and advocates for the client's desired goals (CNA, 2008a).

### **Framework**

The conceptual framework below represents the key elements that guided the development of this position statement. The four domains: a) creating a health and healing culture, b) knowledge and competencies, c) legal and ethical considerations, and d) accountability and responsibility were identified as foundational to the profession of nursing. These domains were selected to align with provincial nursing regulatory professional standards, the CNA code of ethics (2008a), the CCCN standards framework (2009), and the guiding principles from the Canadian Hospice Palliative Care Association ACP national framework (2012). CCCN believes these domains capture the foundational principles and essence of cardiovascular nursing practice in Canada. Each domain within the framework identifies goals and key messages to guide cardiovascular nursing practice.

The client and his/her self-identified support system is at the core of the framework. The support system can include anyone with whom he/she wishes to share the ACP

decision-making process (e.g., family, close friends, and members of the interprofessional team). The cardiovascular nurse enacts the four domains in the process of care. The client then becomes empowered to engage in ACP.



## Domains of Practice

### Creating a Health and Healing Culture

CCCN believes that the client has the right to be cared for in a culturally safe environment<sup>2</sup>. To facilitate ACP discussions, the health and healing environment must incorporate the client's preferred cultural values, beliefs and rituals (British Columbia's Heart Failure Network [BCHFV], 2013). Creating a health and healing culturally safe environment for clients must be more than just a checklist of ethnic preferences (BCHFV, 2013). For the cardiovascular nurse it includes an awareness of self, active listening, knowledge of the potential for power imbalances, and empathy (BCHFV, 2013). It is also important to ensure the nurse is aware of the cultural differences within a specific group and how the differences can affect the ACP discussion. Awareness and

integration into practice of these beliefs ensures the cardiovascular nurse facilitates the ACP discussion within the health and healing culture domain.

### **Goals**

- Create a culturally safe environment and engage in culturally safe communication and nursing care.
- Respect and support clients' meanings of health.
- Encourage clients to ask questions, explain their circumstances, and express their personal preferences.
- Ensure all interactions/discussions and decisions are in the best interest of the client.
- Engage in shared decision-making to ensure that clients are informed and involved in decisions about their treatment options.
- Respect the culturally and individually diverse needs (social, spiritual, lifestyle, gender, mental and physical abilities, socioeconomic, etc.) of the client when establishing an ACP.
- Be culturally sensitive to clients' values and beliefs surrounding living, illness, death, and dying and be responsive to their needs.

### **Key Messages**

- Cardiovascular nurses understand and respect their clients' cultural preferences.
- Cardiovascular nurses understand how imbalances in power can affect the ACP discussion.
- Cardiovascular nurses need to set aside their personal values or beliefs.
- Cardiovascular nurses facilitate supportive conditions for ACP discussion within the context of the inter-professional team and organizational environment.

### **Knowledge and Competencies**

Advocacy and education are core nursing roles in ACP that support clients' self-determination, and ensure that their health care preferences are elicited and respected (Black, 2006; CNA, 2008b). It is essential that nurses acquire the necessary competencies through academic studies, professional continuing education, organizational position statements and reports to effectively inform and advocate for clients through the ACP process. Examples of supporting documents include, but are not limited to, CCCN's

nursing standards (CCCN, 2009) and the ACP in Canada national framework (CHPCA, 2012).

Commonly reported barriers to nurses' engagement in ACP are a lack of knowledge, skills, and comfort with discussions that pertain to end-of-life (Pere, 2012). To promote proficiency, the acquisition of specialized knowledge about the natural progression of cardiovascular disease processes; communication skills; cultural, legal and ethical considerations; and familiarity with provincial and territorial legislation on consent and ACP can best prepare a cardiovascular nurse to facilitate meaningful ACP dialogues.

Developing an ACP with clients is a collaborative process (CHPCA, 2012). ACP not only includes the provision of information, it is also a relational process in which nurses create partnerships with clients to elicit and understand their values, beliefs, and preferred goals of care. Knowledge of a client's needs, developmental stage, and level of readiness are required to develop a relevant and meaningful ACP. When caring for anyone with cognitive limitations, cardiovascular nurses must determine their degree of understanding of living well, death, and dying. This applies when working with children. Knowing how to assess and document decisional capacity and when to involve the interprofessional team to agree about the client's capacity are also essential. Persons who are deemed unable to make their own decisions should participate in decision-making to the level they are able (Dempsey, 2013).

Cardiovascular nurses hold specialized knowledge about cardiovascular disease which should be shared with the client. This does not extend to conferring a diagnosis or prognosis.

## **Goals**

- Acquire and integrate specialized knowledge of cardiovascular conditions in ACP discussions as it relates to disease trajectory, treatment options, and care management.
- Advocate for clients' self-determination and ensure that their ACP preferences and goals are elicited and respected.
- Educate clients about ACP as it relates to their cardiovascular condition.
- Create partnerships with clients to elicit and understand their values, beliefs, and preferred goals of care.
- Identify our own personal knowledge gaps about ACP and end-of-life planning and seek education and guidance where appropriate.

### **Key Messages**

- All cardiovascular nurses should be aware of the value of ACP and encourage their clients to develop ACP.
- Cardiovascular nurses must acquire knowledge and competencies as they relate to cardiovascular care and ACP that will best support their clients in the process.
- Knowledge and competencies are not limited to specialized cardiovascular knowledge, but also include client-specific knowledge. This includes an understanding of whether the client accepts and understands his/her prognosis, the client's decisional capacity, his/her values and preferences, and his/her wishes and expectations for care.
- ACP should be available to all clients along the trajectory of their cardiovascular condition.

### **Legal and Ethical Considerations**

In Canadian law, persons with capacity have the right to make verbal or written advance care plans that provide instructions about their wishes. Capacity is commonly defined as the ability to understand information that is relevant to making personal care/healthcare treatment decisions and the ability to appreciate the consequences of a decision, including the decision to decline treatment (Canadian Nurses Protective Society [CNPS], 2009; CHPCA, 2012; College of Registered Nurses of Nova Scotia [CRNNS], 2013). Capacity and quality of life are dynamic; therefore, goals of care require frequent review. Given nurses' ongoing and continuous presence with clients in a variety of practice settings, they are uniquely positioned to collaboratively review and revise their clients' informed wishes. Long term interactions with clients in a variety of practice settings provide opportunities to review and revise clients' wishes based on the most current healthcare information available to them (CNA, 2008b).

Cardiovascular nurses must advocate for a client's right to autonomy. Clients' wishes and healthcare choices must be honored (CNA, 2008a, 2008b). As knowledge translators, nurses must provide unbiased health care information to clients. Education is individualized to ensure that clients fully understand what the treatment entails including risk/benefit scenarios and prognosis (CNA, 2008a).

Substitute decision makers (SDM) are designated by the client or court to make health care and/or personal care decisions when the client is incapable of doing so

(CHPCA, 2012; CNPS, 2009; CRNNS, 2013, Vogel, 2011). When the client is no longer capable of making those decisions cardiovascular nurses must respect the client's previously expressed wishes or instructions and advocate for these when the SDM is making the decisions. If the client's wishes are unknown, the cardiovascular nurse must be aware of provincial or territorial laws for consent and ACP legislation in order to identify who can make medical decisions on behalf of the client (i.e., proxy).

## **Goals**

- Recognize the client's capacity to make decisions related to his/her care.
- Elicit and respect the client's ACP goals and preferences.
- Provide clients with individualized information they need to make fully informed personal and healthcare treatment decisions.
- Ensure that clients have given informed consent for any care or service provided.
- Advocate for the client when the SDM is involved by respecting any previously known wishes or instructions.
- Refer to provincial legislation regarding SDM.
- Cardiovascular nurses function within their own level of competence within the legally recognized scope of practice.

## **Key Messages**

- Clients have the right to have consistent information about cardiovascular disease, prognosis, and the benefits and risks of interventions.
- Cardiovascular nurses must advocate for and support a capable person's decisions regarding his/her health and well-being.
- ACP may involve the expression of wishes in writing, verbally, or by other forms of communication. In some jurisdictions, it involves the creation of a written directive which may take effect when the person lacks the capacity to make decisions. This may include the appointment of a SDM.
- Cardiovascular nurses should be cognizant of the laws which govern ACP in the province or territory in which they are employed and with current policies at their institutional/governance bodies with regard to age of consent, SDM and the type of documents that are recognized. A lawyer may not be required to create an ACP or advance directive but may be helpful in explaining issues of consent, capacity and choosing a SDM.
- Cardiovascular nurses are guided by the CNA code of ethics and/or their professional regulatory college and association.
- Cardiovascular nurses function within their own level of competence within the legally recognized scope of practice.

## **Accountability and Responsibility**

In accordance with the CNA (2008a) *Code of Ethics*, the CCCN believes that cardiovascular nurses "...are accountable for their actions and answerable for their practice" (p. 18). Discussing ACP with clients can be a sensitive and personal experience both for the client as well as the cardiovascular nurse (Hospice and Palliative Nurses Association, 2011). Cardiovascular nurses recognize that clients have the right to make decisions about their health care. Advanced directives are legal documents that carry significant weight and cardiovascular nurses must honour clients' wishes in keeping with their respective jurisdictional professional standards, laws and regulations as well as their own personal beliefs and values (CHPCA, 2012; Regina Qu'Appelle Health Region, 2011).

## **Goals**

- Communicate any change in a client's treatment goals/wishes to the interprofessional team.
- Respect a client's right to assess his/her quality of life and make health care and end-of life decisions as he/she deems acceptable.
- Enter into a respectful and supportive therapeutic relationship to support the client in his/her decision making process.
- Interact with clients honestly and with integrity when discussing clients' wishes.
- Preserve dignity, confidentiality, and privacy of the client.
- Provide individualized client information regarding pharmacological, medical, and nursing care procedures. This may be in addition to and different from standard client education materials.
- Recognize that ACP is deeply personal to the client and is based on his/her own personal values and beliefs.
- Engage in personal reflection regarding one's beliefs and values in order to engage in a meaningful and respectful discussion with clients.
- Identify personal limitations, disclose any potential conflict of interest, and seek help from a supervisor or employer to arrange for alternate care arrangements for their clients, in cases where they feel unable to support a client's wishes.
- Communicate any changes in client treatment goals/wishes to the interprofessional team.
- Document interactions and client wishes on client's chart.

### **Key Messages**

- In order to create a meaningful and supportive environment cardiovascular nurses must reflect on their own beliefs and values.
- Include the client and SDM (if appropriate) in all decisions regarding nursing care.
- Cardiovascular nurses support clients in their right to make health care and end-of-life decisions.
- In the event of conflict of interest between the cardiovascular nurse's beliefs and values and the client's wishes, the cardiovascular nurse must make alternate arrangements to support the client in his/her decision-making.

<sup>1</sup>Client is used throughout this document and refers to the patient and his/her self-identified support system. Client encompasses all individuals across the lifespan, from pediatrics to geriatrics, and is inclusive of all backgrounds, religions, cultures, socio-economic status, and sexual orientation.

<sup>2</sup>Environment can mean all types of environments (e.g., community, primary care, emergency, acute care, palliative care)

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