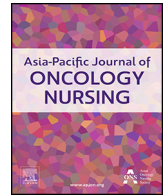


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Editorial

Optimizing advance care planning for cancer patients through the application of Newman's theory of health as expanding consciousness



Current status and challenges of advance care planning in cancer nursing

Advance care planning (ACP) involves a process of collaborative discussions among patients, families, and health care providers to address the patient's medical condition and prognosis in alignment with their values and preferences for treatment and care. In recent years, ACP has gained significant traction in cancer care, with a growing interest among nurses.

ACP for cancer patients presents a unique focus on adapting or halting treatment and selecting a care setting in response to shifts in the patient's medical condition. Recent research findings have shown a rapid increase in studies on these matters, indicating that ACP enhances patient and family satisfaction while alleviating anxiety and depression experienced by grieving families. Conversely, during the early stages following diagnosis, which typically heightens anxiety, patients often exhibit denial. It is commonly believed that the optimal time to initiate ACP is when the patient's condition deteriorates their physical abilities decline, or treatment options become limited.¹ However, this period also coincides with heightened anxiety about mortality for many patients, posing a significant challenge to introducing ACP.

The Serious Illness Care Program² serves as a key component within the ACP methodology. It outlines a process for elucidating the patient's intentions subsequent to deliberating their medical status and prognosis. The underlying principle emphasizes the importance of steering clear of situations that may distress the patient in order to foster trust and adequately prepare them for the process.

The authors emphasize the importance of "careful preparation" to maximize the benefits of ACP. They assert that it goes beyond ensuring mental stability; it involves the patient's willingness to confront suffering, reclaim autonomy and dignity, and gain insight into their future life. This lays the foundation for subsequent discussions to hold genuine significance.

In this study, we advocate for the utilization of Margaret Newman's theory of health as expanding consciousness (HEC)³ to enhance the ACP process for cancer patients, particularly during the induction phase. HEC-based nursing care represents a unitary approach where cancer patients and nurses collaborate amidst chaos. Through dialog, patients recognize their own patterns, derive insights, and embark on a journey of exploring new life possibilities.³ We posit that employing this approach with patients resistant or hesitant towards ACP will empower them to actively engage in the process.

Implications of supporting advance care planning from a unitary paradigm

HEC is grounded in Martha Rogers' science of unitary human beings,⁴ which introduced the concept of holism to nursing, marking a significant milestone in the field. According to holism, individuals are unified wholes, open systems constantly interacting with their environment, and evolving in a unidirectional manner. Thus, when examining ACP through a unitary paradigm lens, patients should be perceived as evolving beings, encompassing their cancer journey, inseparable from their environment, which includes family and health care providers. We would like to explore three implications of supporting ACP within this unitary paradigm.

The first implication is to adopt an "evolutionary" perspective in approaching the ACP process. Patients undergo a transformative journey, developing new values and lifestyles in response to their cancer experience, despite their physical vulnerability. Within ACP, discussions iterate under the premise that patients' intentions evolve alongside changes in their condition. By introducing the concept of "evolution" and its significance, anxious or resistant patients may broaden their perspective beyond cancer and its treatments, fostering a dialog about life as a whole.

The second implication is to underscore the importance of the "process of interaction." Patients, families, and nurses engaging in ACP collectively foster a dynamic environment, where changes in one prompt corresponding changes in others. ACP facilitates not only the elucidation of the patient's future intentions, but also the collective growth and evolution of all participants through ongoing interaction.

The third step involves establishing a trustworthy "partnership" among participants. When collaboration is characterized by caring, understanding, and supportive care each individual is empowered to achieve their full potential. In such an environment, the dominance of medical professionals in the ACP process is minimized, allowing for a more inclusive and effective approach.

Overview of care based on health as expanding consciousness

Care based on HEC is referred to as a caring partnership. When individuals face events like cancer recurrence, resulting in significant upheaval, they enter a state of chaos beyond their control. Newman suggests that this chaotic phase is an opportunity for individuals to reorganize and attain a new equilibrium. She argues that successful navigation through this phase leads to the emergence of a new order, shaped by revised values, which fosters a higher level of consciousness.

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Importantly, the caring partnership serves as a nursing intervention aimed at facilitating this reorganization process within the unitary approach.⁵

A brief overview of caring partnership:³

- (1) Establish a partnership with the patient.
- (2) Initiate dialog with Newman's suggested prompt, "Share meaningful people and events from your life." This inquiry delves into what the individual deems significant, reflecting their overall pattern or essence. The nurse assumes the role of an attentive listener, enabling the patient to openly recount their life story.
- (3) Subsequent discussions involve providing feedback on the patient's emerging pattern, utilizing representational drawings or descriptive documents. Encourage ongoing self-reflection and expression from the patient.
- (4) Repeat the dialog process until the patient gains insights through pattern recognition, finds significance in their entire life journey, including the cancer experience and identifies potential avenues for action, leading to a new way of life.

A case applying a caring partnership at the early phase of advance care planning implementation

A, a woman in her 40s employed in an office, resided with her elderly parents. Her gallbladder cancer had metastasized, and despite undergoing chemotherapy, her condition had progressed to the extent necessitating hospitalization. Upon being informed by the doctor about the ineffectiveness of the treatment, A promptly asserted, "I will definitely continue the treatment; there is nothing else to discuss." Observing A's distress, her parents declined visits from her friends, expressing, "We prefer not to expose her to anyone seeing her in a saddened state." The nursing team faced a challenge in approaching A and her parents regarding her future.

Interpreting "stubbornness" through the lens of HEC, the nurse identified it as an evolving pattern for both A and her parents, indicating an effort to reorganize themselves. Recognizing the significance of this, the nurse encouraged each of them to acknowledge their individual patterns. With genuine concern, she approached A and her parents, acknowledging their distress and expressing her willingness to support them through ACP. A and her parents accepted the offer of partnership quietly, signaling their readiness to engage in the process.

Following Newman's guidance, the nurse inquired, "Could you share with me some meaningful events or individuals in your life?" The parents fondly reminisced about A's birth, prompting an immediate relaxation in her demeanor. As they delved into their past, the nurse attentively listened, discerning a recurring family dynamic: A's diligent nature and selflessness, mirrored by her parents' profound respect and restrained intervention. This pattern underscored their deep mutual care, so much so that they found it challenging to physically connect with one another.

The following morning, when the nurse shared her observations with the family, A broke the silence with a poignant revelation. "My illness has caused my parents suffering. I tried to face it alone, but grappling with important matters alone proved daunting. I'm contemplating my mortality. Mother, Father, what are your sentiments on this?" After a momentary pause, the parents expressed their heartfelt remorse. "We ache for you deeply. We yearn to shield you, yet fear causing further harm. You are our cherished daughter." Following a brief silence, her father proposed, "Let's navigate this together henceforth." Sensing a newfound tranquility within A's family, the nurse was confident that they had acknowledged their familial dynamics and established a fresh approach to confronting challenges.

A and her parents actively engaged in the ensuing ACP discussions, gaining a comprehensive understanding of her medical condition and future outlook. When queried about her desires, A expressed, "I wish to be with my parents and discontinue treatment." In response, her parents arranged for home care and reached out to her friends, encouraging them

to visit A. Observing the resolute resolve of A and her parents as they relinquished their self-attachment in light of recognized patterns and embraced a new lifestyle was a transformative experience for the nursing team.

Conclusions

Care rooted in HEC operates under the premise that, amidst chaos, patients possess the capacity to enrich their lives. Newman posited that the nursing objective is articulated as follows: "The goal of nursing is not to make people well or to keep them from getting sick, but to help them use the power within themselves as they evolve toward higher levels of consciousness." To optimize the advantages of ACP, nurses assertively assert that they must accompany patients on their journey of becoming active participants in ACP and expanding their sense of self.

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Declaration of competing interest

The authors declare no conflict of interest. The second author, Professor Emiko Endo, serves as a member of the editorial board of the *Asia-Pacific Journal of Oncology Nursing*. The article has undergone the journal's standard publication procedures.

Declaration of Generative AI and AI-assisted technologies in the writing process

No AI tools/services were used during the preparation of this work.

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