can approach EOL discussions with the cultural sensitivity and understanding to improve the quality of living and dying.

OP73 DIFFERENCES BETWEEN ADVANCE DIRECTIVES AND ADVANCE CARE PLANNING IN THE ITALIAN LAW 219/2017

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Background The Law 219/2017, entered into force on January 31, 2018, regulated for the first time advance directives (ADs) and advance care planning (ACP) in Italy. We aimed to examine main legal differences between ADs and ACP according to this law.
Methods The Law 2019/2017 was analyzed, and relevant differences between ADs and ACP were described.
Results ADs and ACP differed mainly with regard to subjects involved, legal formalities required, and the healthcare professionals' duty to respect the patient's will. ADs may be made by mentally competent adults through notarization or delivery to a municipal office or to a health facility with electronic health record database structure; ADs are, in principle, binding for physicians, but the physician, in agreement with the healthcare proxy, may go against the patient's will in some circumstances. On the other hand, ACP may be carried out by the patient and the physician with regard to the expected trajectory of a chronic disabling disease or a progressive illness with a poor prognosis; there are no particular legal formalities for establishing the ACP, which should be included in the patient record; ACP is always binding for both the physician and the healthcare staff members.
Conclusion(s) The Italian Law 219/2017 set up a binary approach to guaranteeing patient self-determination in the case of lack of decision-making capacity, establishing the primacy of the ACP carried out with the physician when patients' outcomes are already predictable.

OP74 ADVANCE CARE PLANNING BY PROXY: AN ANALYSIS OF THE ETHICO-LEGAL FOUNDATION

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Background Advance care planning (ACP) in practice often includes conversations with family caregivers of those patientes who have already lost decision-making capacity. This approach has been defined as ACP by proxy and rightly been pointed out as a distict activity, but it blatantly lacks an ethico-legal foundation.
Method Theoretical analysis, drawing from bioethics, philosophical ethics, and international medical law.
Results In contrast to ACP by the patient, ACP by proxy has its core roots not on direct, but indirect patient autonomy. While the patient with his or her autonomous preferences is also at the heart of the process, the epistemological approach to assess these preferences has to pass via surrogates and others close to the patient. As the patient commonly cannot participate in the conversation, his or her preferences cannot be jointly developed by a kind of maieutic process, but have to be approximated by substituted judgment. Another key difference is the ethico-legal responsibility placed on the surrogate decision maker as well as on the health care team and ACP facilitator linked to this substituted judgment.
Conclusion Irrespective of shared values, ACP by the patient and ACP by proxy have distinct ethico-legal features that warrant particular consideration in the practical process of ACP, the qualification of ACP facilitators, and the documents used.

OP75 THE DECISION MAKING CAPACITY IN AMYOTROPHIC LATERAL SCLEROSIS (ALS)

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Background From the beginning and during the disease the ALS patients have to take difficult decisions about care and end of life. A sensible and open communication among patient and clinicians is an indispensable tool to ensure the freedom of choice and the recognition of the responsibility for everyone. Any intervention by the health professionals cannot forget the clinical complexity and the subjectivity of the patients who exercises their rights to know and to choose among technology opportunities. The aim of the study is to identify those elements that influence the patient's choices.
Methods We examined 200 ALS patients taking care by palliative multidisciplinary team for 18 months about: withholding and withdrawing vital supports, mobility and communication aids, rehabilitation care and dying setting. We registered the respect for advance directives, the changing's patients minds, the making informed choices, the clinicians attitudes about care planning and communication disability.
Results For every choice the decision making involves scientific aspects, patient's quality of life, and community resources too. We showed that the choices are often not real free but depending on the clinicians' point of view, the availability of high technology aids and the clinician-patient communication skills.
Conclusion The negotiation is the new aspect of the physician-patient relationship founded on empathy, respect and recognition of different competences. The clinician' ethical-clinical reasoning could be a useful tool to improve the patient ability to choose on difficult clinical situations.

OP76 ADVANCE CARE PLANNING: CORE COMPETENCY OF ELDERLY CARE MEDICINE IN THE NETHERLANDS

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Target audience professional caregivers, including physicians, nurses and allied healthcare professionals, researchers, policy makers.
Description The Dutch elderly care physician is a physician who specializes in long-term care for frail elderly people and patients with complex chronic health problems. Advance care planning (ACP) is a corner stone of elderly care medicine. The current session shows the importance of

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