I was recently handed a piece of A4 paper dictated in the anesthetic bay by an elderly man about to undergo major surgery for a perforated colon. It outlines his wishes (including his preferred undertaker), and was witnessed by the anaesthetist, who had obviously put the fear of God into him.

It struck me yet again that the perioperative period provides a number of opportunities for advance care planning, and that these can be separately explored and expanded. Perioperative clinics, admission of patients with existing advance care plans, operating on those with DNR orders, emergently operating on patients already refused elective surgery for the same condition, and high risk emergency operations with low predicted survival, are all occasions when plans need to be made, and any existing plan understood and interpreted.

Like every aspect of end of life care, advance care planning has been subject to gross oversimplification and false expectations. In this session I hope to come up with a reasonably contemporary account of advance care planning, and how to begin the process of integrating this into perioperative care.