monastic principles in the Rule of St. Benedict. Data from a Benedictine Order monk and program coordinator, ordained prison minister, and lay ministry volunteer were collected. Participants were asked a series of questions regarding the spiritual care of aging prisoners. Responses were coded and cross-compared for thematic content. Of central thematic importance was implementation of a spiritual care model using traditional monastic rules for daily living. A second theme centered on purposeful rebuilding of self-renewal through stability and obedience. A final emergent theme encompassed institutional acceptance in the provision of religious sacraments, sacred texts, and artifacts. Results highlight the broader implications of providing spiritual care and outreach to aging prisoners. The role of restorative justice for successful delivery of faith-based spiritual care for improved rehabilitation of aging inmates will be further addressed.

**Session 2000 (Symposium)**

**ADVANCE CARE PLANNING IN THE CONTEXT OF COVID-19: COMPLEXITIES ACROSS A RANGE OF CONSTITUENTS**

Chair: Brian Carpenter Discussant: Karen Hirschman

The COVID-19 pandemic brought serious illness and death into close proximity for a large number of people, whether through personal experience, infection in family members or friends, or unremitting media coverage on the effects of the virus and widespread mortality. Because of a collective vulnerability to illness and the heightened possibility of death, more people began to contemplate what kinds of medical care they would want if they ever became seriously ill. In other words, more people began the process of advance care planning (ACP). This symposium explores how the COVID-19 pandemic shifted interest in and execution of ACP across a range of groups. The first presentation reviews survey data from a large, community-based sample of older adults about their ACP conversations before and after the start of the pandemic. Shifting to the experience of clinicians, the second presentation summarizes a survey with multidisciplinary healthcare professionals about ACP conversations in their personal lives during the pandemic and how their observations of patients influenced their own plans. The third presentation describes the reactions of undergraduate students to an ACP class exercise, including COVID-19 as a motivating factor for pursuing ACP. The final presentation concludes with a review of two clinical cases that illustrate how COVID-19 has upended traditional ACP and highlighted the need for new policies and processes, with a particular focus on ethics and equity. Together, these presentations offer diverse insights into how ACP may shift in a post-pandemic world.

**HAS THE COVID-19 PANDEMIC INCREASED ADVANCE CARE PLANNING DISCUSSIONS HELD BY OLDER ADULTS?**

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In an online survey exploring older Canadians' experiences during the COVID-19 pandemic, 3989 respondents aged 55-99 indicated whether they had discussed their future care preferences and with whom, prior to and since the outbreak. Pre-pandemic, 62% had held such discussions; since the pandemic 43% did so, 11% for the first time. Rates were significantly higher among white respondents than among persons of color, women than men, and those 65+ than younger respondents. Respondents were most likely to have talked, respectively, with their spouse (58% before; 40% since), family (35%; 22%), and friends (12%; 10%)—with higher rates for white, women and older respondents. Surprisingly, only 4% before and 2% since the pandemic had discussed their care preferences with a doctor. Initiation of some new discussions was encouraging but there were fewer than expected, perhaps due to denial, superstition, or disbelief of pandemic severity. Advance care planning remains an under-utilized resource.

**WHEN THE PROFESSIONAL TURNS PERSONAL: HEALTHCARE PROVIDERS AND THEIR OWN ADVANCE CARE PLANNING DURING THE PANDEMIC**

Brian Carpenter, Washington University in St. Louis, Saint Louis, Missouri, United States

As healthcare professionals counseled patients and care partners during the pandemic about treatment options, clinical probabilities, and preparations for death, they had opportunities to reflect on how they themselves would want to be treated if they fell ill. We conducted a survey with healthcare professionals who were caring for patients during the pandemic and asked their work had affected their own advance care planning. Based on their clinical observations, 28% revised their personal interest in life-prolonging medical interventions. Substantial proportions had initiated conversations with partners (45%), parents (46%), and their primary care physician (29%) about their medical preferences. Similarly high percentages had encouraged family members and friends to update or complete their advance care plans, and 26% intended to initiate planning in the near future. Interest in advance care planning is high among healthcare professionals, who may benefit from tailored resources that acknowledge their clinical experience.

**COVID-19 AND DEATH ANXIETY: THE IMPACT ON STUDENTS’ APPRAISALS TO COMPLETING ADVANCE DIRECTIVES**

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This study examined possible effects of COVID-19 on students' appraisals, coping, and responses to completing advance directives (ADs). We used the transactional model of stress and coping to explore 93 undergraduate students' responses to an AD assignment completed in an undergraduate course during COVID-19. Students watched a recorded