

THURSDAY 23 JUNE 2011—PLENARY SESSION 3

Worldwide ACP - International ACP Perspectives and practices

34 AN EASTERN WORLD VIEW OF ADVANCE CARE PLANNING

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A study of 300 cancer patients in Hong Kong shows that 92% of patients include themselves in decision-making, while 71% include their family and 65% their doctor. 68 percent of patients who include themselves in decision-making prefer to do so jointly with others; 55% want to join both the doctor and family to form a triad; 13% want decision-making with the family as a dyad and exclude the doctor; only 3% want a decision-making dyad with the doctor without their family. Less than 5% of patients want decision-making by 'doctor-alone', 'patient-doctor' or 'doctor-family' dyads and <1% of patients desire decision-making by 'family-alone'.

In this study, only 25% patients have discussed their post-competent treatment preferences with other people; 93% patients have never heard of AD, and 25% refuse to discuss AD. After explaining AD to patients who are willing to talk about it, patients agree that AD would protect their autonomy in their post-competent treatment choices. Yet, two-third of patients refuse to sign an AD instantly, and prefer to leave oral instructions to specify their post-competent treatment preferences. Among patients who refuse to sign an AD, 42% want their family to make decisions when they become incompetent. It seems that Chinese cancer patients only rely on their family in their post-competent decision-making, but refuse to delegate decision-making to their family when they are still competent. The implications of these findings will be discussed.