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DECISION-MAKING PROCESS OF EXECUTING ADVANCE DIRECTIVES AMONG TAIWAN CANCER PATIENTS IN THE ADVANCED STAGE

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Background In 2000, Taiwan became the first country in Asia to enact legislation relating to the controversial topic of natural death. Unfortunately, the timing for clinical patients to execute ADs in Taiwan is clearly at the point when the

patient are near death and, in these cases, ADs are primarily signed by family members. The purpose of this study was to present how the cancer patients in the advanced stage made their decision whether or not to execute advance directives (ADs).

Design The study used longitudinal, qualitative method, applying the ethnographic decision tree modelling approach. The data collected from participation observation and in-depth interviews with 10 cancer patients to establish the model outlining their decision whether or not to execute ADs. Credibility, transferability, consistency and conformability were used to enhance trustworthiness and quality.

Results The outcomes of patient's decision were categorized into execute, not execute and delay. The study determined 6 decision characteristics (perceived and judged one's own health condition, endeavor, considering the family member, autonomy and self-determination, quality of life and quality of death, awareness ADs) and 12 decision criteria that Taiwanese cancer patients use when deciding about whether to or not to execute the ADs.

Conclusion Health providers should understand how patients decide whether or not to execute ADs so that the proper counselling and follow-up can be provided. The result of this study can help health providers understand the decision-making process of executing ADs among cancer patients, and hence develop advance care planning strategies.