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CROSS SECTIONAL SURVEY ON ADVANCE CARE PLANNING ACCEPTANCE AND END OF LIFE CARE PREFERENCES AMONG COMMUNITY DWELLING ELDERLY WITH COMPLEX MEDICAL PROBLEMS AND THEIR CARERS

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Background Advance care planning is a useful tool to facilitate families and healthcare providers to understand patient's value system, and to make decision on patient's behalf on the care that considered appropriate when one cannot make decisions.

Advanced Directive (AD), has been in place in HK for more than 10 years, is one of the means to address advance care planning. Two local studies were done among institutionalised older persons on their

Summary of patient and carers reply (in percentage)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Uncertain
<i>Care process</i>					
<i>I want nature to guide my life</i>					
Patient's response	4.7	5.5	47.7	41.4	0.8
Carer view	1.0	8.0	69.0	22.0	
<i>I do NOT want to be fed artificially by tube</i>					
Patient's response	9.4	16.4	46.9	26.6	0.8
Carer view	6.0	39.0	41.0	10.0	3.0
<i>I want to be free of pain even if the treatment may make me drowsy because of its side effects</i>					
Patient's response	5.5	15.6	50.8	27.3	0.8
Carer view	1.0	2.0	73.0	24.0	
<i>I do NOT want to be intubated and given external cardiac massage (CPR) if I have stop breathing and heart beat</i>					
Patient's response	10.2	28.9	39.8	21.1	
Carer view	8.0	52.0	29.0	10.0	1.0
<i>I do not want to be intubated for breathing if I cannot breath sufficiently to sustain the life</i>					
Patient's response	9.4	26.6	42.2	21.1	0.8
Carer view	9.0	48.0	34.0	7.0	2.0
<i>I want to be given repeated courses of antibiotics for infection despite no improvement noted</i>					
Patient's response	13.3	35.9	38.3	10.9	1.6
Carer view	7.0	30.0	57.0	5.0	1.0

Continued

Continued

Summary of patient and carers reply (in percentage)

	Strongly Disagree	Disagree	Agree	Strongly Agree	Uncertain
<i>Decision making process</i>					
<i>I want my doctor(s) to make all decisions</i>					
Patient's response	2.3	13.3	53.9	29.7	0.8
Carer view	8.0	17.0	60.0	15.0	
<i>I want my family to make all decisions for me</i>					
Patient's response	10.9	35.9	46.1	6.3	0.8
Carer view	6.0	53.0	38.0	3.0	
<i>I want to make decision by myself</i>					
Patient's response	4.7	22.7	53.9	18.0	0.8
Carer view	2.0	29.0	58.0	11.0	
<i>I want to make conjoint decision with my family</i>					
Patient's response	4.7	26.6	53.1	15.6	
Carer view	3.0	16.0	57.0	24.0	
<i>Respond to hypothetical conditions</i>					
1) <i>I have dementia and currently need major assistance in self care, cannot verbally communicate and eats very little/does not eat. I prefer:</i>					
				patient	carer
to be fed by a tube that needs to be changed every 1–4 weeks, and my hands may need to be tied to prevent me from pulling it				7.0	11.0
to continue with small oral feed even if I may progressive lost weight and weaker				93.0	87.0
Uncertain					2.0
2) <i>I have chronic lung disease and have shortness of breath even with feeding. To reduce the shortness of breath, I prefer</i>					
				patient	carer
to use a ventilator through face mask all day even if you pulled it off yourself when medical team had used it to rescue you				27.3	36
to use oral medication even if there may have possible risks/side effects that make me drowsy				72.7	64
3) <i>I have chronic lung disease and have shortness of breath even with feeding. To reduce the shortness of breath, I prefer</i>					
				patient	carer
to use a ventilator through face mask all day even if you pulled it off yourself when medical team had used it to rescue you				27.3	36
to use oral medication even if there may have possible risks/side effects that make me drowsy				72.7	64
Preference on advance care planning					
Overall, do you wish your medical doctor to discuss with you on these treatment options when you are approaching an advanced stage of disease but not acutely ill?					
				patient	carer
Discuss with me (patient)only				21.1	9.1
Discuss with me and my relative together				57.0	70.7
Not to discuss at all, doctor make decision				12.5	8.1
Discuss with relative only				9.4	12.1

preference on AD. Little is known on the preference among non-institutionalised older persons.

Aim Primary objective is estimate preference of advance care planning acceptance among community dwelling older persons with multiple medical problems. Secondary objectives are : to estimate end of life care preference as listed and potential factors affecting their choices; whether there is difference in view of older person's choice in comparisons to their next-of-kin

Methods A Multi-centre, cross sectional survey using a structured, interviewer administered questionnaire.

Older persons with age >6, fulfilling the inclusion

criteria, who attend Geriatric out-patient clinic or Day Hospital in the study period, and their paired next-of-kin are invited to participate.

Results 4 out of 7 centres have preliminary results available (see table)

Discussion High acceptance of advance care planning in the interviewed patient (78%) and carers (79%).

Marked difference in views are observed in artificial feeding, pain management and use of antibiotic.

Conclusion Further analysis to address the difference observed is planned. Territory wide public education and promotion on advance care planning is needed.