Competent older adults' preferences in healthcare decision making

Misae ITO¹, PhD, NMW. Satoko ONO², MSN, RN. Mana SAKAI¹, MSN, RN, PhN. Eri KATAOKA², MSN, RN. Keiko HATTORI³, PhD, RN. Kyoko MURAKAMI¹, PhD, NMW. Keiko MATSUMOTO⁶, PhD, RN. I Yamaquki Ilumeris yi Gradute School of Medicine, Wamaquki Ilumeris Capentranet of Navirsa, Kawasaki University Medical Welfein, Oktoyama, Japon 3 Todogawor, Christa Hosspita, Cojosia, Japan

4 Kawasaki Medical School Hospital, Okayama, Japan 5 Kobe City College of Nursing, Hyogo, Japan 6 Kagawa University Graduate School of Medicine, Kagawa, Japan



Background

Patients are required to make decision on the basis of a principal of autonomy along with the development of medical treatment and increase of need for healthcare. The number of the old-old population has grown in Japan, and the elderly in a hospital is needed to make decision for their healthcare. The non-daily decision making in health care is required for patients with health problems and their family. The decision making process of patients are affected by the relations with a health care professional. but the influencing factors are various.

Aim

The aim of this study is to investigate older adults' thoughts of family involvement and its harmony among family in health care decision making. The participants who were over 65 years, competent for understanding, and had hospitalization experience, etc. were recruited.

Methods

Seven participants (4 females and 3 males) were interviewed from three out-patient clinics, and voluntary agreed with the study participation orally and in writing. The participants were asked to semi-structured interviews after approval for the study was obtained from the ethical committee from the author's affiliated institution. Data were analyzed verbatim by content analysis.

Table The participants 'characteristics

| A | м | 70s | Yes | University | 1 year ago | Lung cancer |
|---|---|-----|-----|--------------------|-------------|---------------------------------|
| 8 | м | 80s | Yes | High School | 4 years ago | Prostatic cancer |
| c | F | 801 | No | High School | S years ago | Cerebral hemorrahge, Moniere |
| D | м | 70s | Yes | High School | 5 years ago | Colon cancer, Uver cancer |
| ε | r | 601 | No | High School | 1 year ago | Cervical spondylosis |
| 1 | F | 60s | No | High School | 1 year ago | Breast cancer |
| G | F | 80s | NO | Junior High School | 1 year ago | Ovarian cancer |

Results

The decision-making preferences desired were that 'the patient finally made his/her own decision' or 'he/she made decision together after consulting with the physician and family.'

Two of the older adults preferred to make health care decision by themselves, describing self-determination, and five preferred family involvement if they are conscious. Even though if they were conscious and preferred to make health care decision by themselves, they wanted the families to tell a physician their wish based on the family's best thought. The physician's opinion for their health care decision making was most important for the medical decision-making. However, the family was demanded to be involved in the decision making and olaved a crucial role.

The participants did not mind that they suffered from illnesses, tended to rely on a physician and decided to have a treatment. They did not fight against the illness and tried to spend naturally or live to true themselves. They appreciated family involvement until they became unwell, and appreciated family thinking of them sincerely. And they mostly did not want to trouble their family.

Conclusion

Self-determination is needed for older people in the super-aged society of Japan. This study reports on informed consent established in Japanese healthcare and the older person's entrustment and reserve toward healthcare professionals because of the traditional ways of thinking. However, it is still necessary to involve a family in healthcare decision-making even when older person is competent and wants to decide by hin/her own. The Japanese people consider 'way,' meaning 'harmony' important. In addition, support based on the older person's believes, values, and cultural background is important for the decision-making in healthcare.

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