

94.6% of the HCPs would respect a competent patient's wishes over the family's wishes when goals conflict. However, 59.9% of HCPs would abide by the family's wishes when the patient loses capacity even if the patient's previously expressed wishes are known.

Yang et al. (2012) Factors Considered in End-of-Life Care Decision Making by Health Care Professionals.

American J of Hosp and Pall Med Volume: 30 issue: 4, page(s): 354-358

Only 6.2% of 'alert and conversant' patients with DNR orders were involved in discussions on these orders

Phua, J., Kee, A. C., Tan, A. et al. (2011). "End-of-Life Care in the General Wards of a Singaporean Hospital: An Asian Perspective," *Journal of Palliative Medicine*; 14(12):1296-301

Only 9% of the 32 alert patients were consulted in end of life decisions. Factors associated with lower patient involvement were advanced age

Chong JA, Quah YL, Yang GM, *et al*

Patient and family involvement in decision making for management of cancer patients at a centre in Singapore

BMJ Supportive & Palliative Care Published Online First: 03 January 2013. doi: 10.1136/bmjspcare-2012-000323

Understanding *why*

How we view ‘what makes you, you” helps explain these findings

Changing concepts of personhood amongst geriatric oncology patients



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PATIENTS. AT THE HEART OF ALL WE DO.

Personhood or ‘what makes you, you” in Medicine

Impacts what we consider important to maintaining a coherent narrative of who we are and how we would like to be treated when we can no longer decide for ourselves

Personhood or ‘what makes you, you” in Medicine

Prevailing conceptions of personhood are inspired by Confucian beliefs

Tsai (1999) suggests that Confucian concepts of personhood can be divided into horizontal and vertical aspects

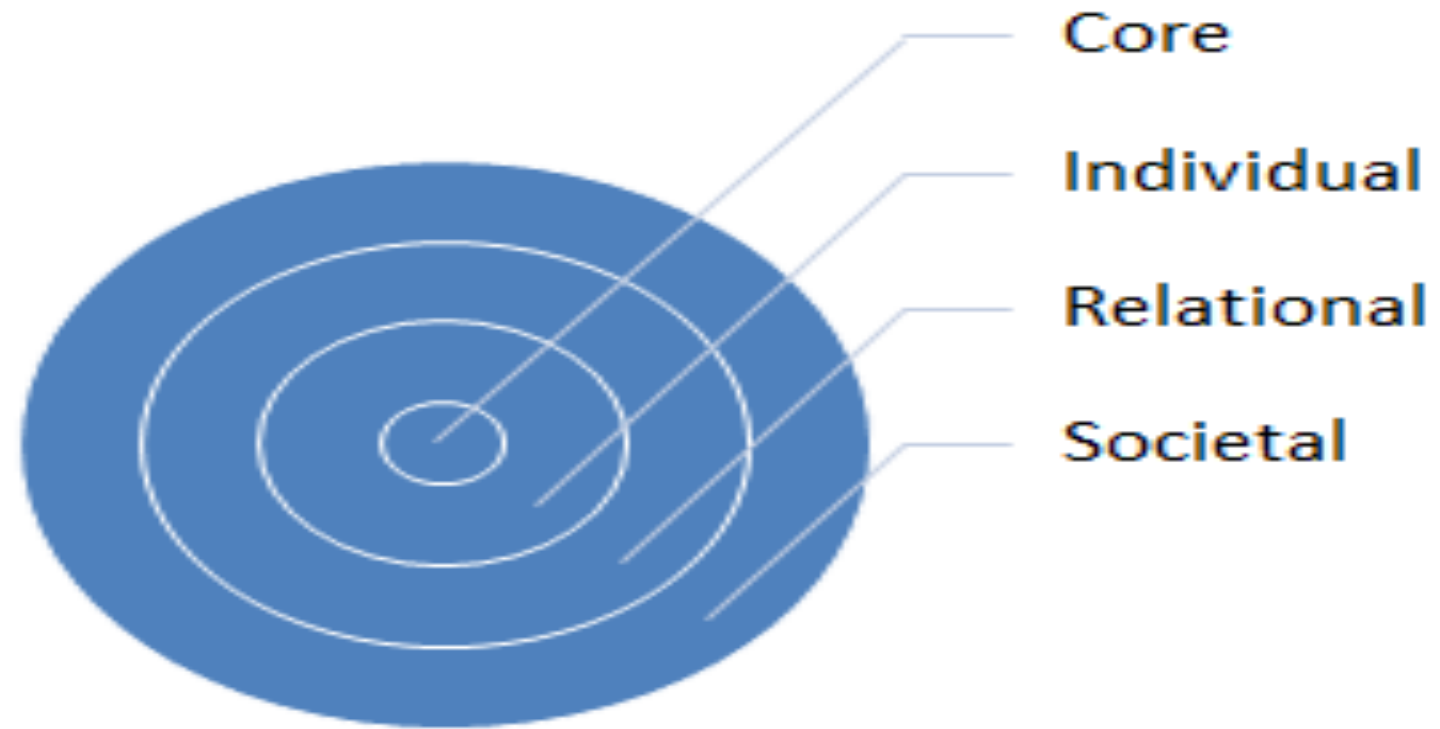
Vertical personhood accounts for individuality in advancing one’s development

Horizontal refers to familial ties and advancing familial interests

Often Horizontal concepts trump the Vertical

Personhood or ‘what makes you, you” in Medicine

Data suggests that key consideration underlying concepts of personhood can be described as belonging to 4 domains



Core

Individual

Relational

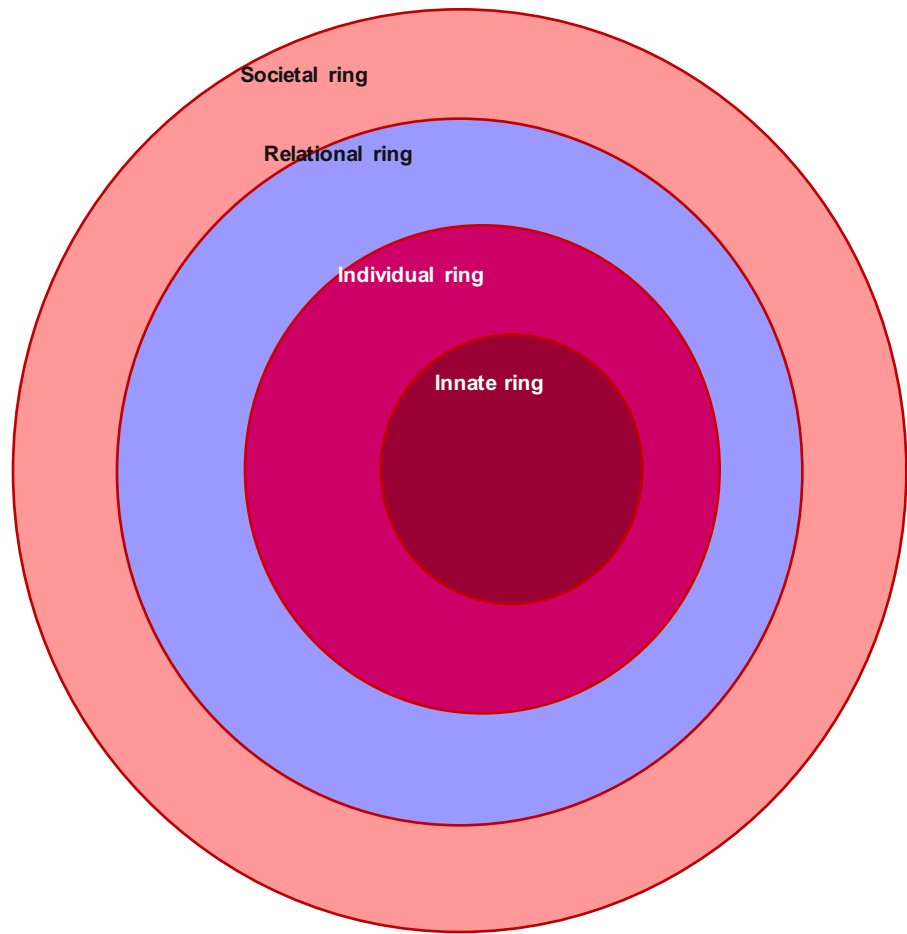
Societal

Personhood or ‘what makes you, you” in Medicine

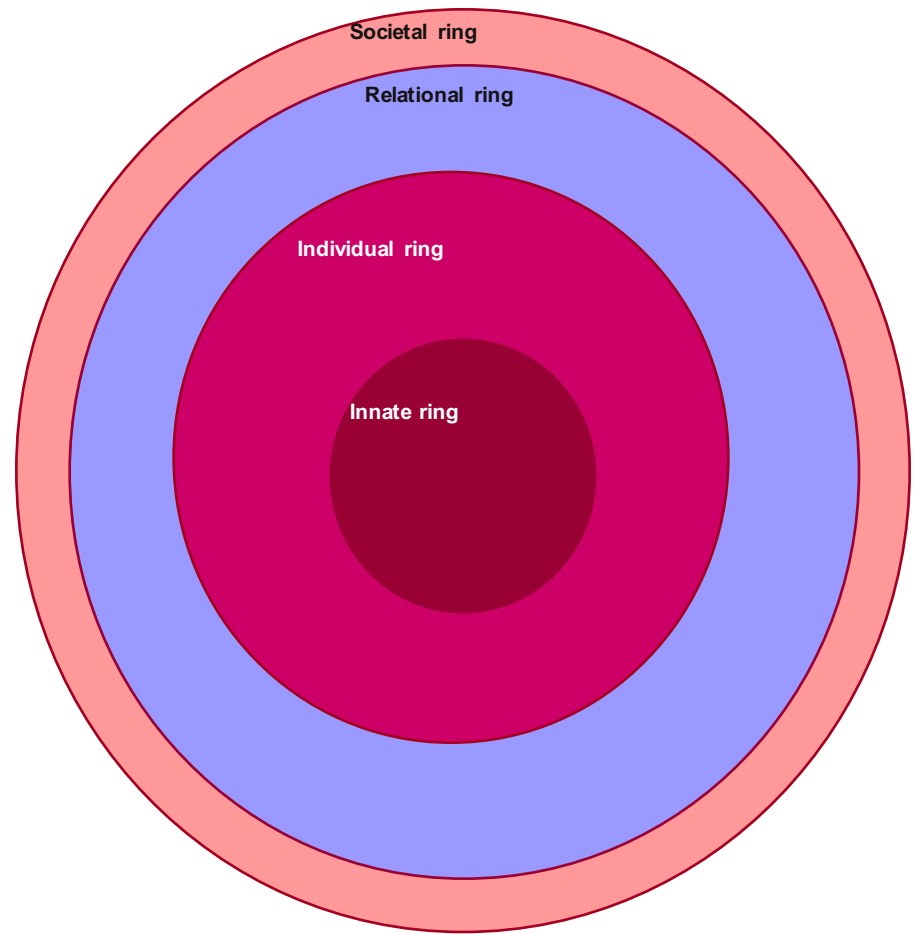
In chronic and life limiting illnesses concepts of personhood evolve to keep pace with limitations to what we are able to do and the obstacles created by the illness

Personhood or ‘what makes you, you” in Medicine

Amongst geriatric oncology patients, the need for physical, psychological, existential, financial and or social support causes conceptions of personhood to change



Non-geriatric <65yo



Geriatric ≥65yo

The impact of increasing importance of Individual and Relational personhood amongst geriatric Oncology patients

Increased Individual Personhood may suggest the need to maintain autonomy

HOWEVER

Taking into account local data – this change may be seen as a chance to function autonomously to support the interests of the family and to reduce the burden of the family

The impact of increasing importance of Individual and Relational personhood amongst geriatric Oncology patients

Increased RELATIONAL Personhood may suggest the need to maintain familial ties and identity

HOWEVER

Taking into account local data – this would validate

Collusion

Familial determination

Circumnavigation of direct patient involvement in the decisions

THIS RAISES TWO CONSIDERATIONS

ONE

There is a question as to whether patients are fully aware of the implications of their deferment to family

The presence of conflicting financial, practical, emotional and psychosocial considerations on the part of the family may compromise their decision making process

Welfare Model

TWO

In the face of collusion the way to approach ACPs may be in framing that disclosure may

- Prepare the family for the inevitable
- Guide decision making on
 - Goals of care
 - Extent of care
 - Place of care
 - Final arrangements

Understanding local concepts of personhood helps

It reveals that elderly patients conceive their personhood differently from younger patients

It shows that family determinations may not be unacceptable nor in the patient's best interests for most elderly oncology patients

Decisions must consider the family especially ACP determinations

We need to consider including family within ACP planning

Impact upon education

More culturally sensitive education

Role modelling and mentoring