Aging Medicine and Healthcare 2020;11(1):35-36. doi:10.33879/AMH.2020.036-1906.012

Aging Medicine and Healthcare
https://www.agingmedhealthc.com

Letter to the Editor

Cross-Cultural Adaptation of Advance Care Planning (ACP) for Primary Care Settings

*Shih Thing Foo[1], Shyh Poh Teo[2], Asmah Husaini[1], Munikumar Ramasamy Venkatasalu[3]

[1]Pengiran Anak Puteri Rashidah Sa'adatul Bolkiah Institute of Health Sciences, Universiti Brunei Darussalam, Bandar Seri Begawan, Brunei Darussalam
[2]Department of Internal Medicine, Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital, Bandar Seri Begawan, Brunei Darussalam
[3]Oxford Brookes University, Oxford, Oxfordshire, United Kingdom

***Correspondence**
Dr. Shyh Poh, Teo
Geriatrics and Palliative Unit, Department of Internal Medicine, Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital, Brunei Darussalam
E-mail:
shyhpoh.teo@moh.gov.bn

Keywords
Advance care planning, general practice, cultural competency.

To the Editor,

Advance care planning (ACP) is a process to help ensure one's wishes and preferences are in line with the medical care received. These discussions are preferably done early in the course of chronic, life-limiting diseases so the person can participate and be involved in decision making.

There is variability in General Practitioners (GPs) initiating ACP discussions, ranging from 21% with older people, 69% with terminally ill patients, and 81% with mild-moderate Alzheimer's disease.[1] Barriers to implementation include lacking skills to manage non-specific patient requests, identifying the appropriate time for ACP and clinicians' fear of depriving patients from hope.[2] A systematic approach and organisational support to improve skills and attitudes of GPs are required to overcome these barriers.

Cross-cultural considerations should be considered for ACP. In a multi-cultural family-centric community, healthcare professionals, caregivers and patients were anxious about discussing ACP. There was uncertainty regarding legal frameworks for healthcare decision making, especially with family members' involvement.[3] Older people with different ethnicities and religions were receptive to ACP and discussions regarding future medical management. Most felt it was unnecessary to have detailed discussions or a contingency plan for severe illness, citing religion or the future best left to fate or God.[4] Caregivers of patients with advanced illness were also reluctant to discuss ACP or end-of-life care due to cultural taboo and fears of destroying hope. However, caregivers were open to considering ACP for themselves and placed importance on family and physician involvement in this process.[5]

As part of a service development initiative to improve community palliative services, we organised an educational workshop to introduce ACP to GPs. This training was well-received and included cultural considerations that may affect ACP implementation. We share our reflections and recommendations for ACP training in multi-cultural settings.

A scoping review found ACP resources readily available: from Australia

(www.advancecareplanning.org.au), New Zealand (www.advancecareplanning.org.nz), United Kingdom (www.advancecareplan.org.uk) and Canada (www.advancecareplanning.ca). Scenarios and content more relevant to local primary care settings were selected, covering predominantly stable chronic disease rather than end-of-life care. The emphasis was on personal choice, goal setting and quality of life, so ACP would be relevant, individualised and tailored to their life stage and situation.

The workshop format was as follows: an introductory ACP video about benefits from the patient's perspective, followed by a presentation regarding evidence-based ACP in primary care. An ACP tool was introduced, with interactive small-group case-based discussions to practice and develop an approach sensitive to local cultures and communication preferences.

The ACP tool focused on individual preferences which impact decision making, including what matters to them, what worries them, how they prefer to make decisions and the extent of medical details they would like. Each consideration was illustrated with situations that presenters encountered locally. For example, in a majority Muslim population, religious preferences are relevant, such as the importance of performing routine religious practices. Consumption of pork-derived food products and medications is not permissible, which impacts medication preferences. The family-oriented culture also caused GPs to request demonstrations of involving family members in a sensitive way. Participants found these discussions relatable, through patient encounters or their personal or family lives. These were also encouraged to consider these factors in making their own advance care plan.

Follow-up work is required to ensure translation to ACP in clinical practice. We recommend tailoring ACP training and discussions to the target audience, including cultural and religious considerations. Local ACP frameworks, educational resources and videos should be developed, with information regarding legal aspects of advanced directives, wills and power of attorney. Finally, ongoing training is planned to overcome taboo and reluctance to openly discuss ACP.

CONFLICTS OF INTEREST

The authors do not have conflicts of interests to declare.

REFERENCES

1. Glaudemans JJ, Moll van Charante EP, Willems DL. Advance care planning in primary care, only for severely ill patients? A structured review. *Fam Pract.* 2015;**32**(1):16-26.
2. De Vleminck A, Houttekier D, Pardon K, Deschepper R, van Audenhove C, Vander Stichele R, et al. Barriers and facilitators for general practitioners to engage in advance care planning: a systematic review. *Scand J Prim Health Care.* 2013;**31**(4):215-26.
3. Menon S, Kars MC, Malhotra C, Campbell AV, van Delden JJM. Advance care planning in a multicultural family centric community: a qualitative study of health care professionals', patients' and caregivers' perspectives. *J Pain Symptom Manage.* 2018;**56**(2):213-21.e4.
4. Htut Y, Shahrul K, Poi PJ. The views of older Malaysians on advanced directive and advanced care planning: a qualitative study. *Asia Pac J Public Health.* 2007;**19**(3):58-67.
5. Ng R, Chan S, Ng TW, Chiam AL, Lim S. An exploratory study of the knowledge, attitudes and perceptions of advance care planning in family caregivers of patients with advanced illness in Singapore. *BMJ Support Palliat Care.* 2013;**3**(3):343-8.