

International Report 2

:role of professionals in terminal care setting

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Backgrounds and aims

- ▶ *team approach* in terminal care
 - ▶ differences between professionals
- ▶ Aims: analyzing relation between professionals and terminal care

Data

1. International survey, 2010-2011

- ▶ a sample of 566 from 8 countries (Japan, South Korea, France, Australia, Czech Republic, Israel, Nederland, and USA)
- ▶ physicians, nurses, and caregivers

2. Japan and Korea survey, 2011

- ▶ Japan: Chuoku, Moriyama city; N=545
- ▶ Korea: Seoul, Gwangju; N=670
- ▶ physicians, nurses, and caregivers

Features of our research

- ▶ Using two fictitious cases
- ▶ Based on informant's previous experiences, we asked two choices; one is *ideal or best* choice, and another is *realistic or actual* choice
 - ▶ To understand differences between countries and between professionals
 - ▶ To understand the *gap between two choices*

Two fictitious cases

▶ cancer case

- ▶ Mrs. A (85 yrs old)
- ▶ terminal cancer, 1 month to live
- ▶ Single household. Her son and his wife live close (15 min. drive).
- ▶ She prefers to spend her final days at home.

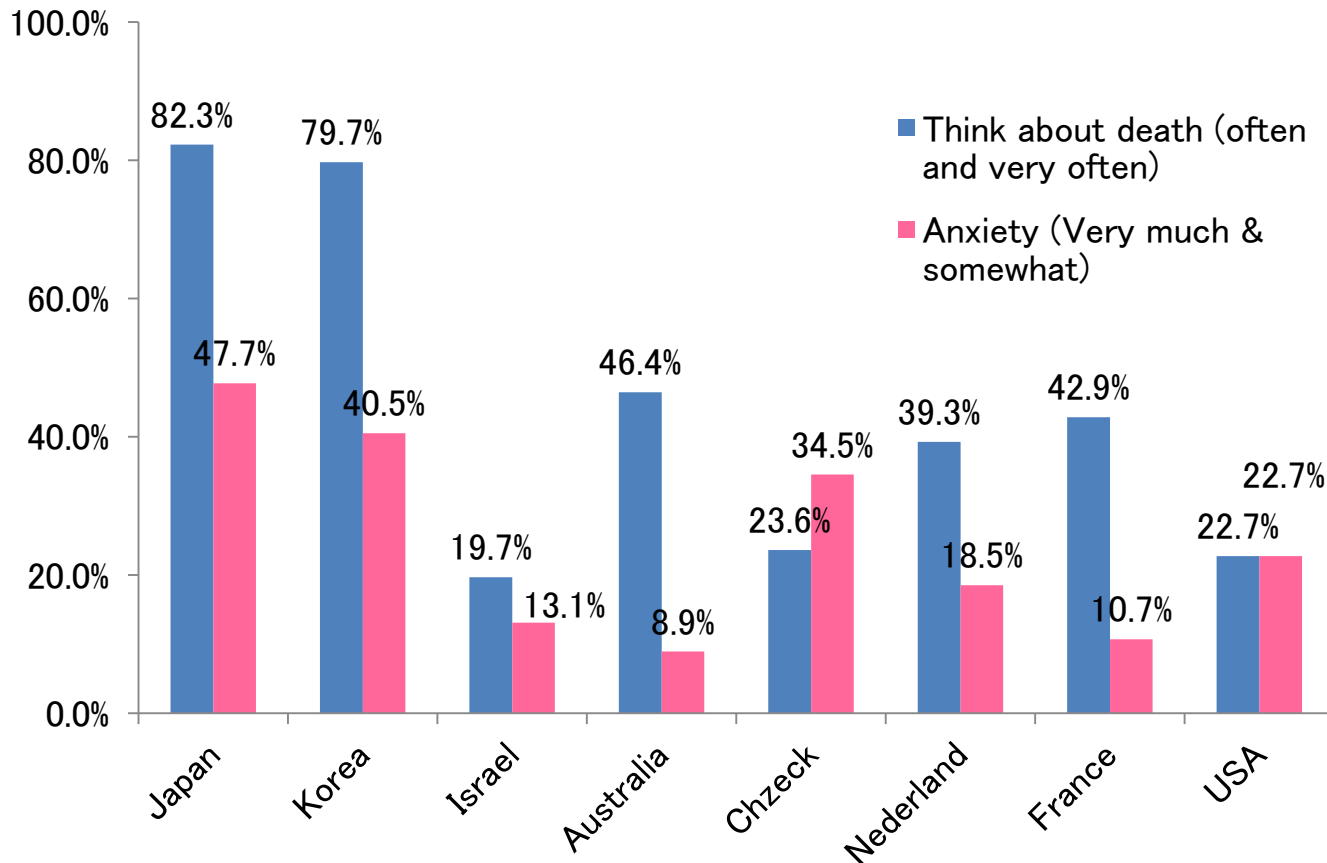
▶ dementia case

- ▶ Mr. B (80 yrs old)
- ▶ *person with dementia who was diagnosed as pneumonia and was unable to swallow foods.*
- ▶ couple household
- ▶ His wife wishes (terminal) care at home. But, her care ability is low.

Think about death

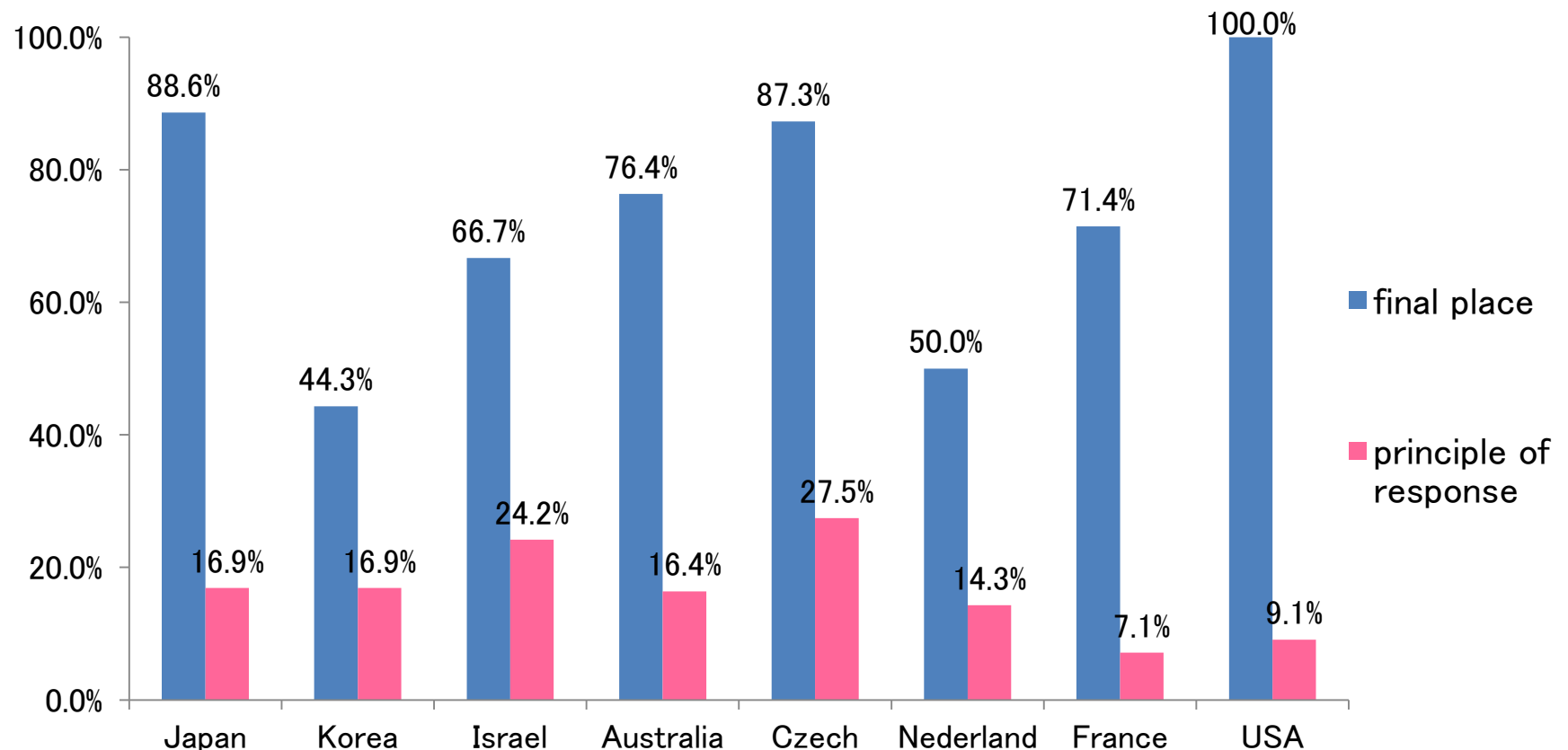
Anxiety of death

- ▶ Japan and Korea: higher rates of frequency of think about death and anxiety of death



Cancer case: GAP between ideal and realistic practice

- ▶ place: high rate of gap, ideal final place is **home**
- ▶ response: **palliative care**



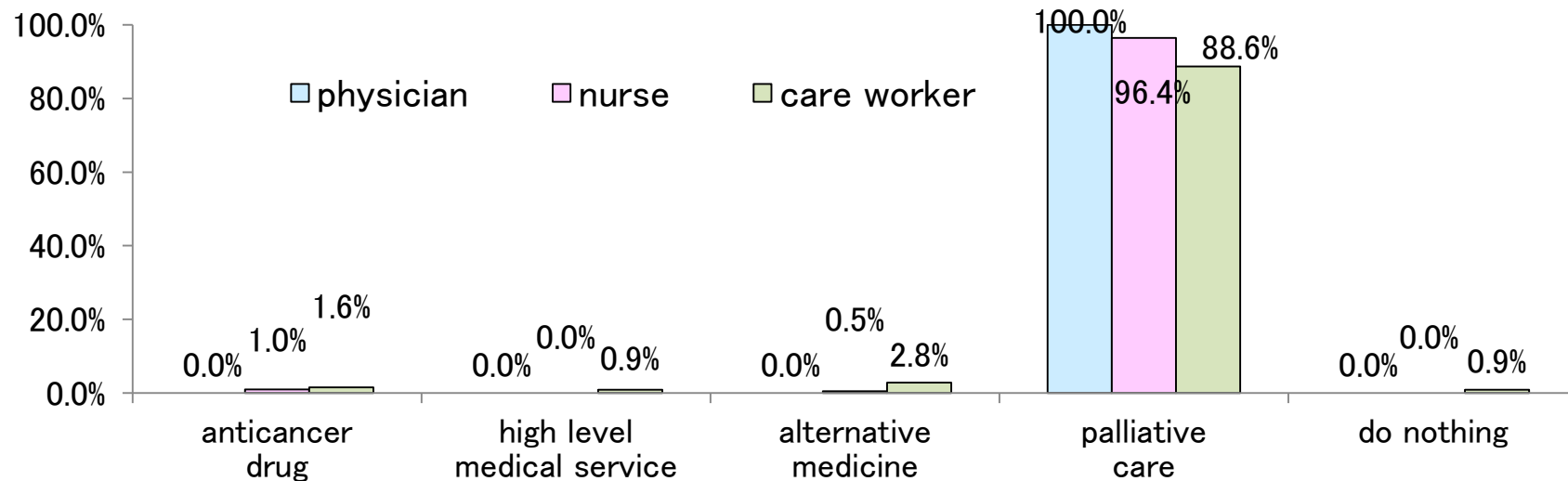
Cancer case: reason of realistic decision

- ▶ Improvement QOL or respect for her dignity
 - ▶ Japan and USA have some ratio of “family wish”

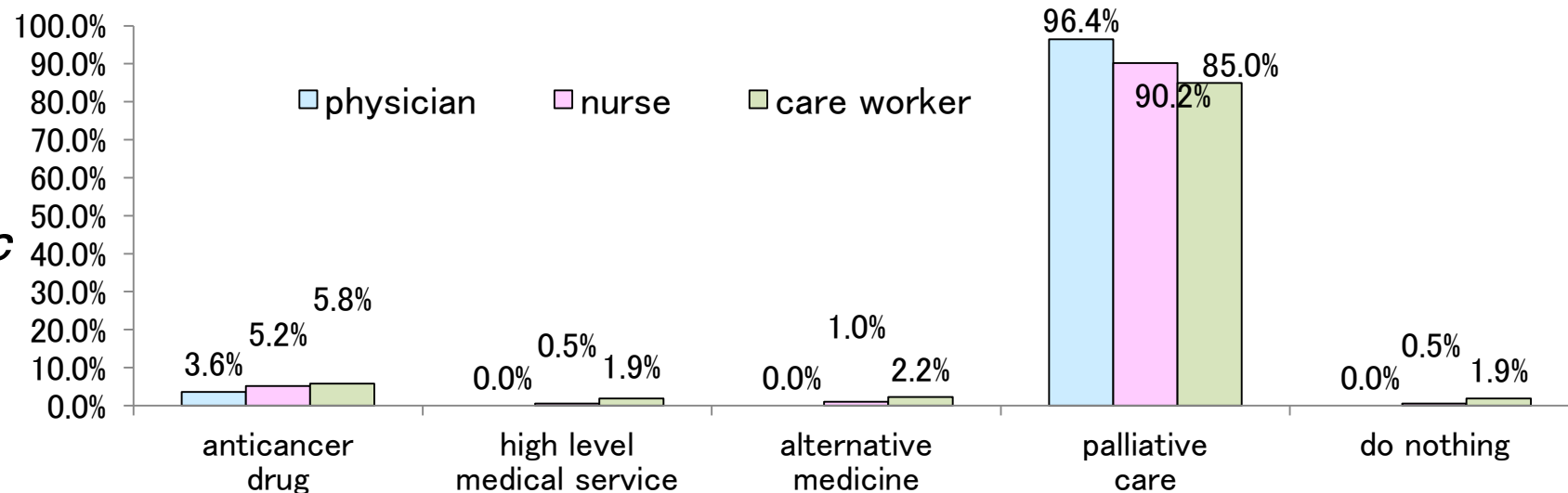
	improvement of QOL	respect for her dignity	family' s wish	other
Japan	15.6%	54.1%	16.1%	14.2%
South Korea	22.1%	58.4%	9.1%	10.4%
Israel	36.1%	19.7%	6.6%	37.7%
Australia	40.4%	42.1%	7.0%	10.5%
Czech	34.5%	38.2%	1.8%	25.5%
Nederland	32.1%	57.1%	3.6%	7.1%
France	39.3%	46.4%	0.0%	14.3%
USA	5.0%	60.0%	35.0%	0.0%

Cancer case: principle of response by professionals (Japan)

ideal

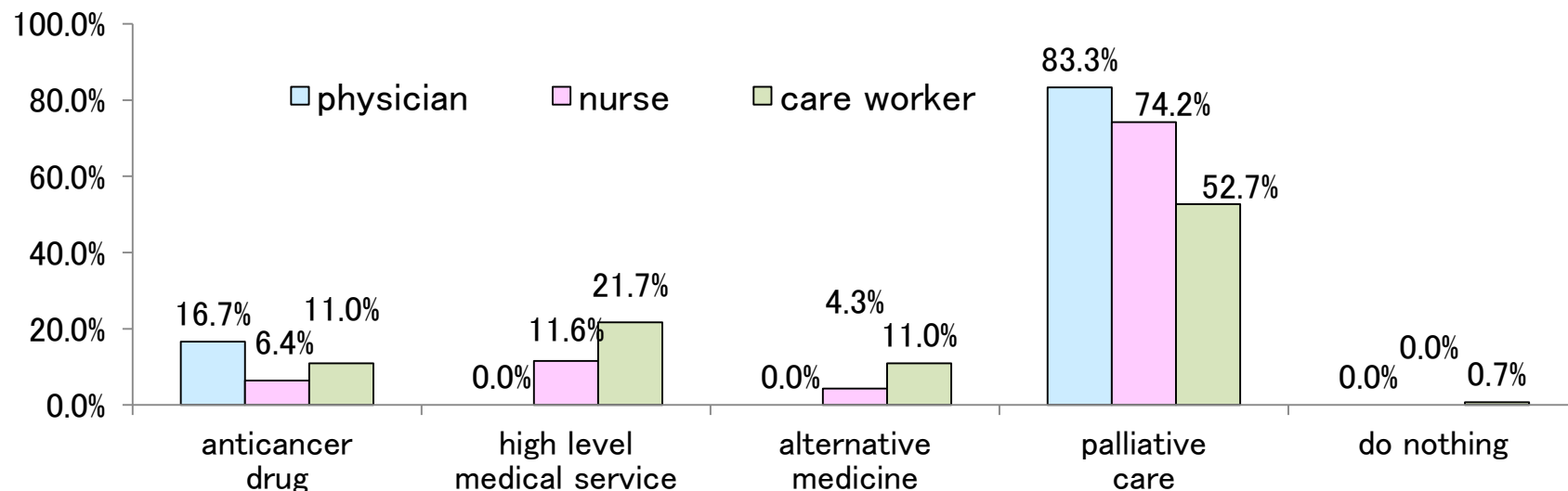


realistic

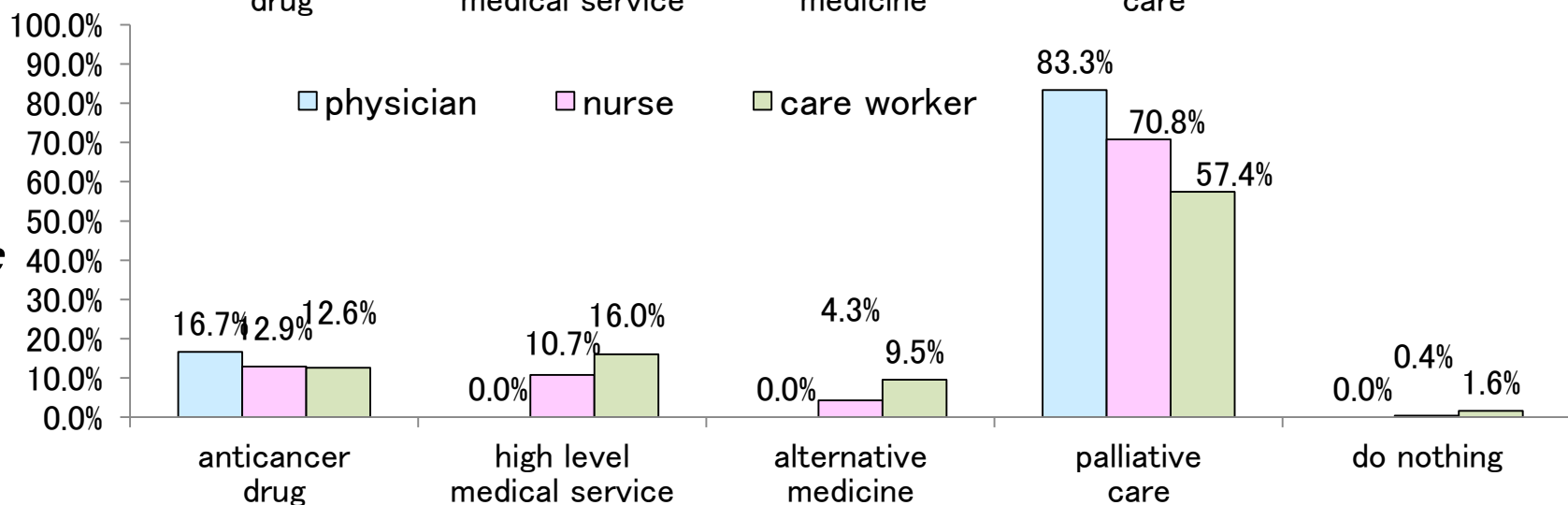


Cancer case: principle of response by professionals (Korea)

ideal

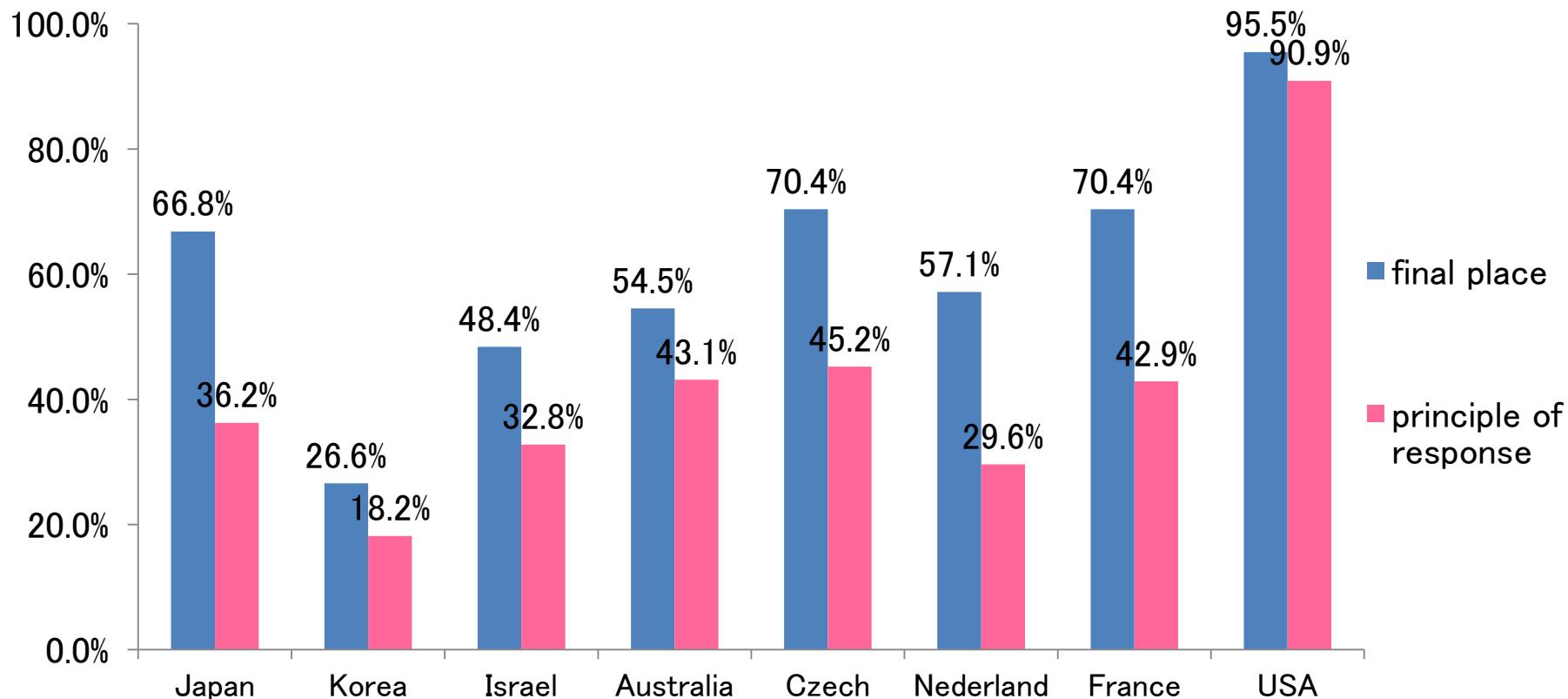


realistic



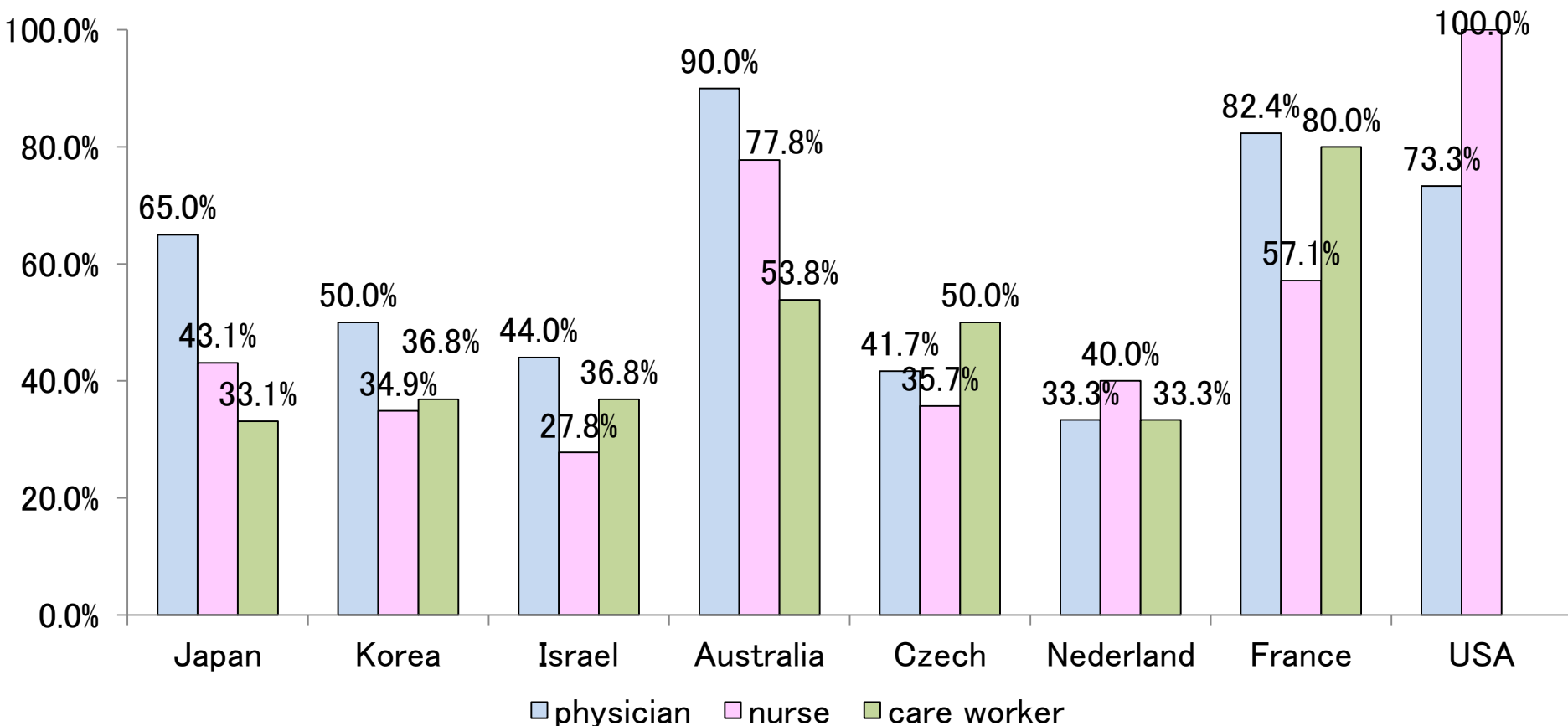
Dementia case: GAP between ideal and realistic practice

- ▶ same tendency
- ▶ Korea: **small gaps**, USA: **big gap**



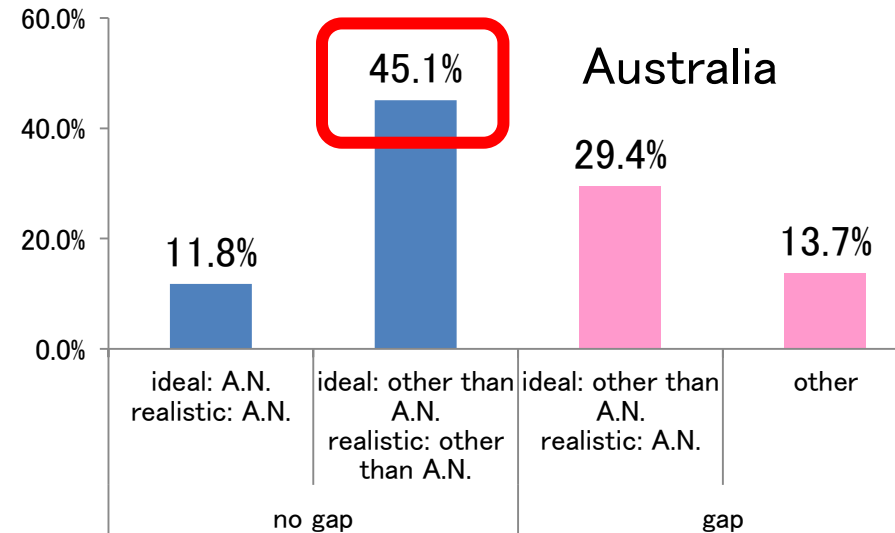
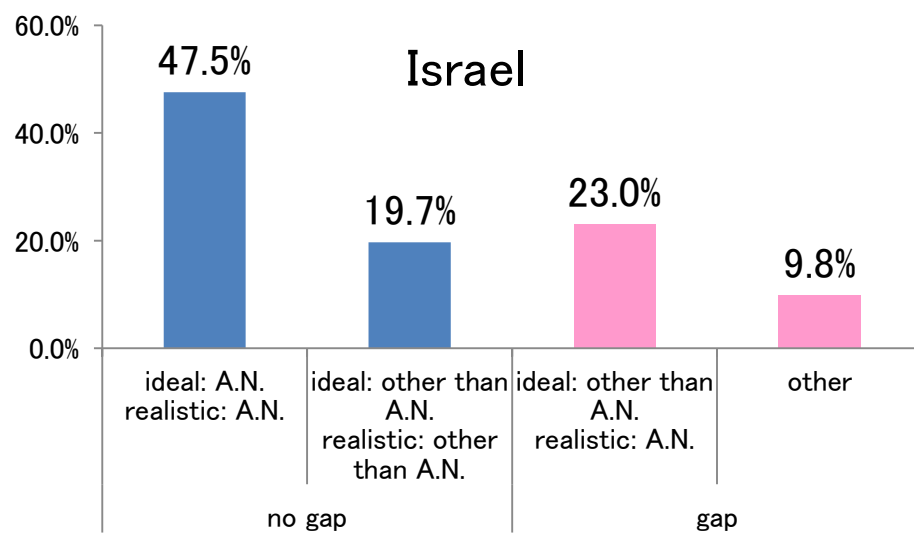
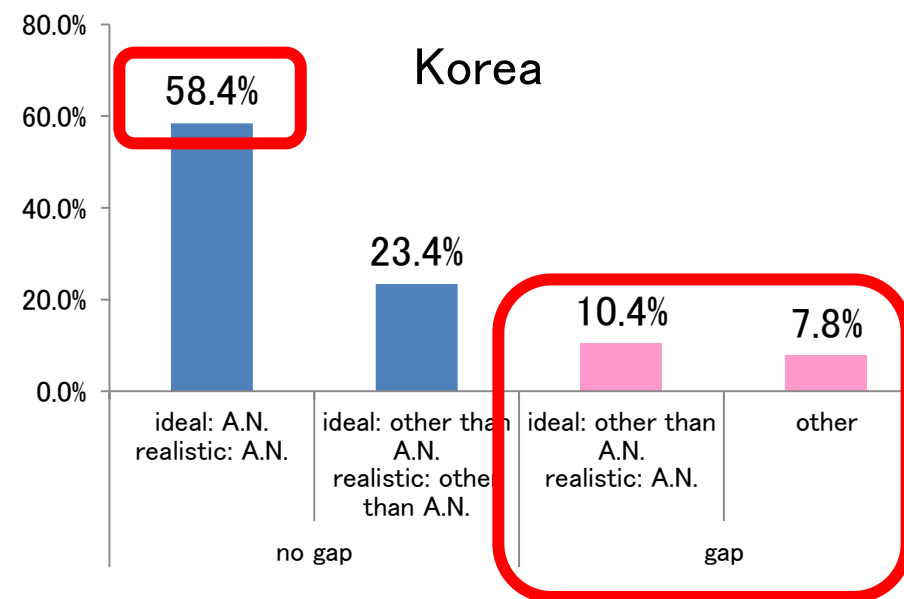
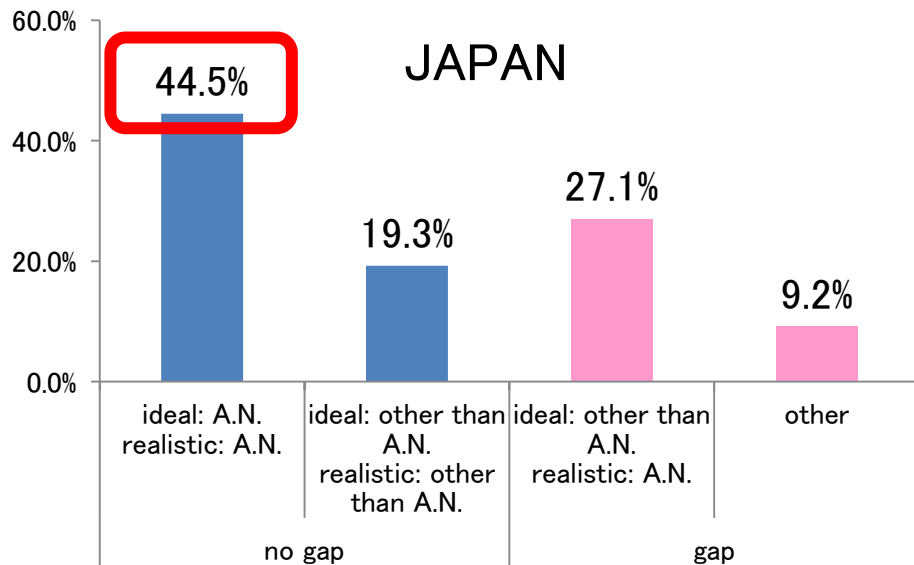
Terminal Phase? by professionals

- ▶ Physicians tend to judge as “terminal phase”.
(esp. Japan, Korea and Australia)



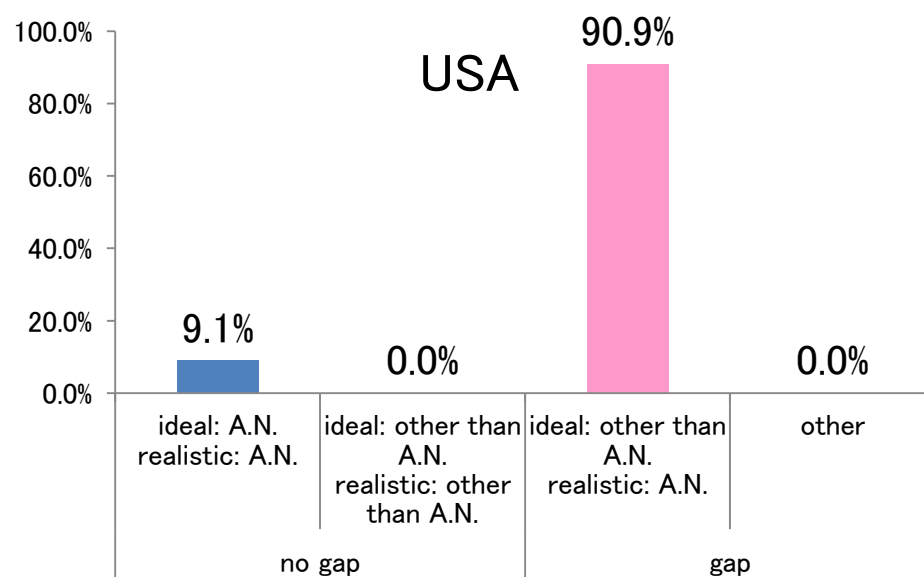
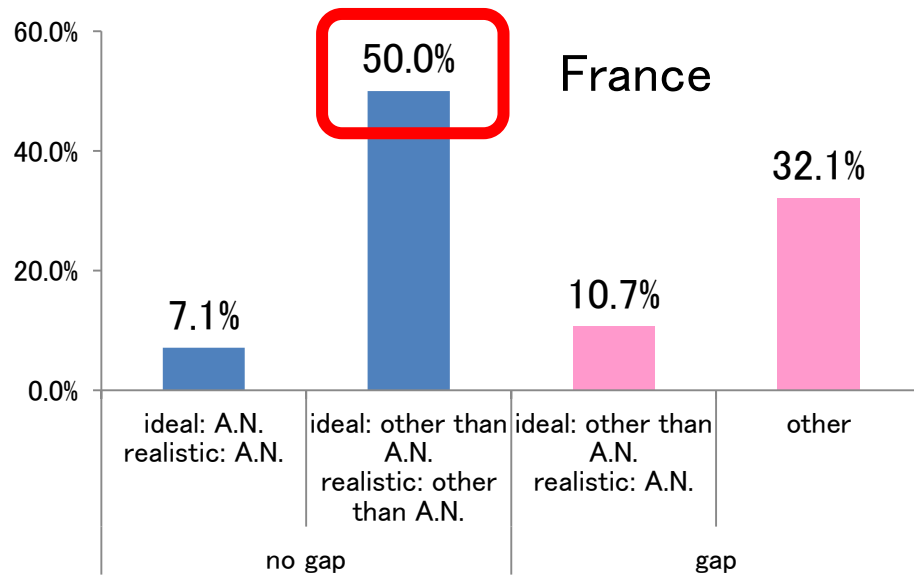
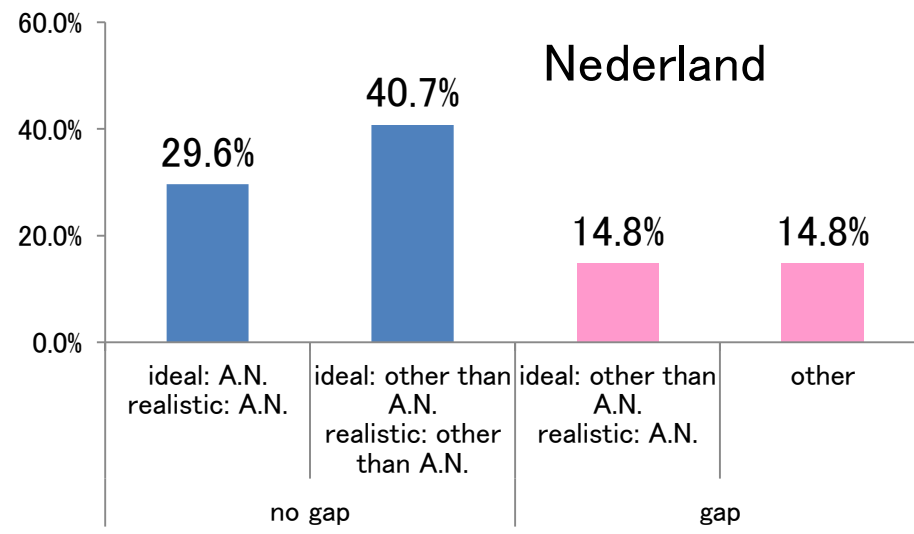
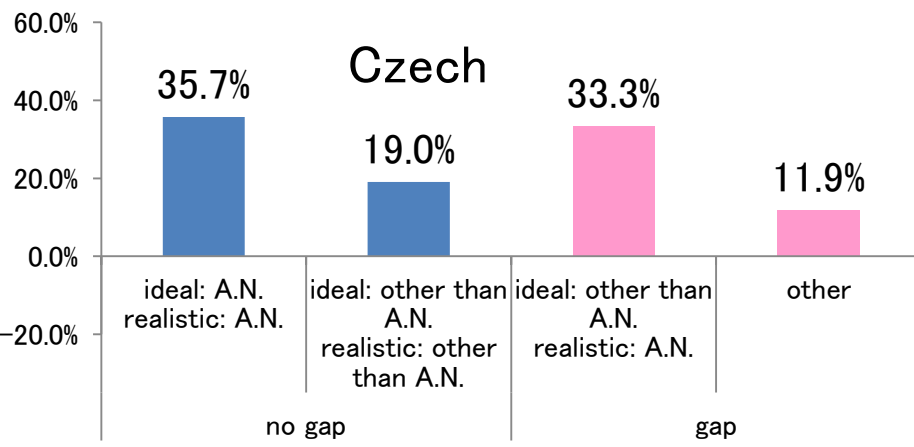
Dementia Case: gap between ideal and realistic principle of response

* A.N.: Artificial Nutrition



Dementia Case: gap between ideal and realistic principle of response

* A.N.: Artificial Nutrition



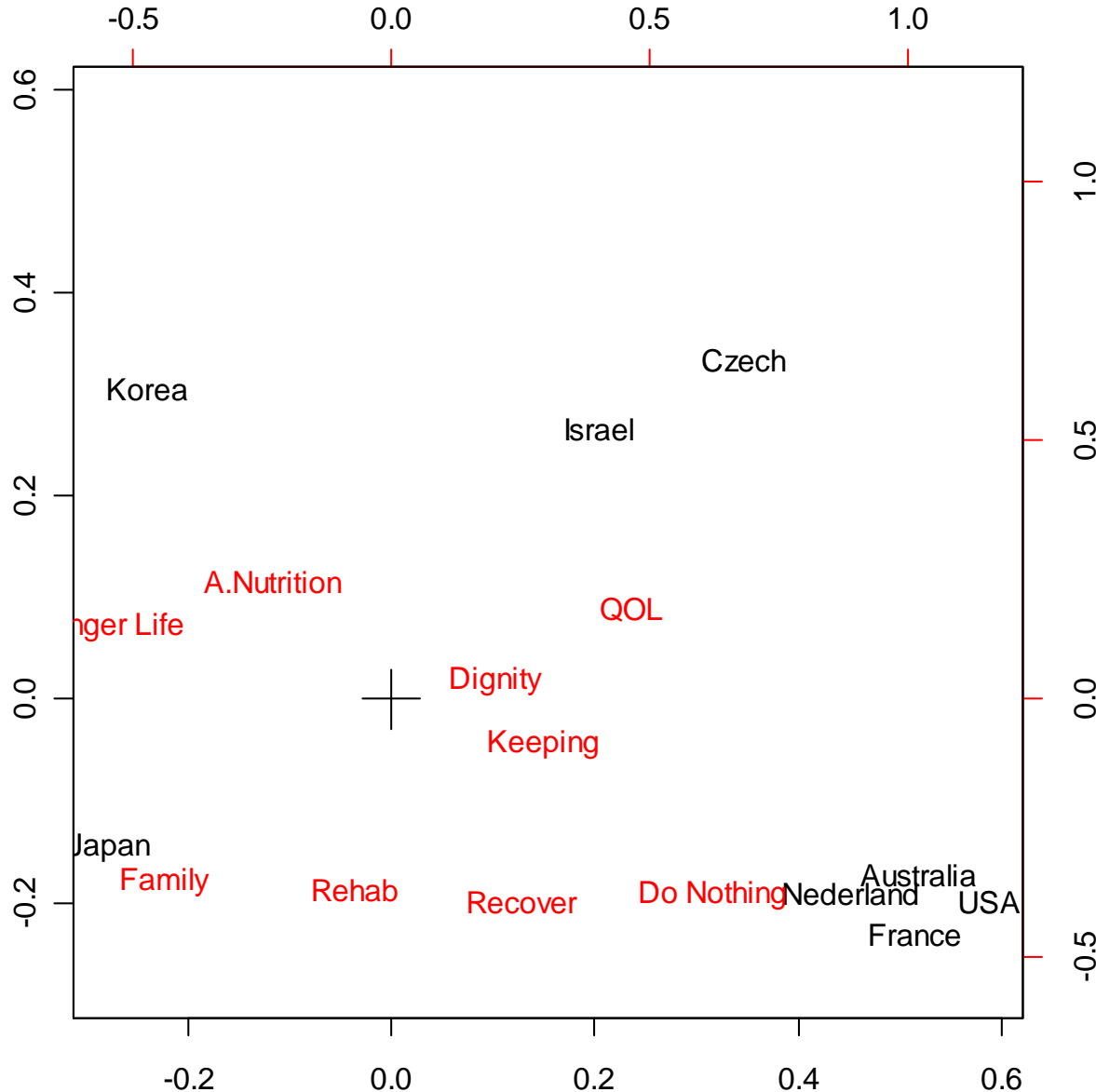
dementia case:

reason of realistic decision

- ▶ high dispersion relative to cancer case
- ▶ Japan: low rate of “QOL” and “dignity”

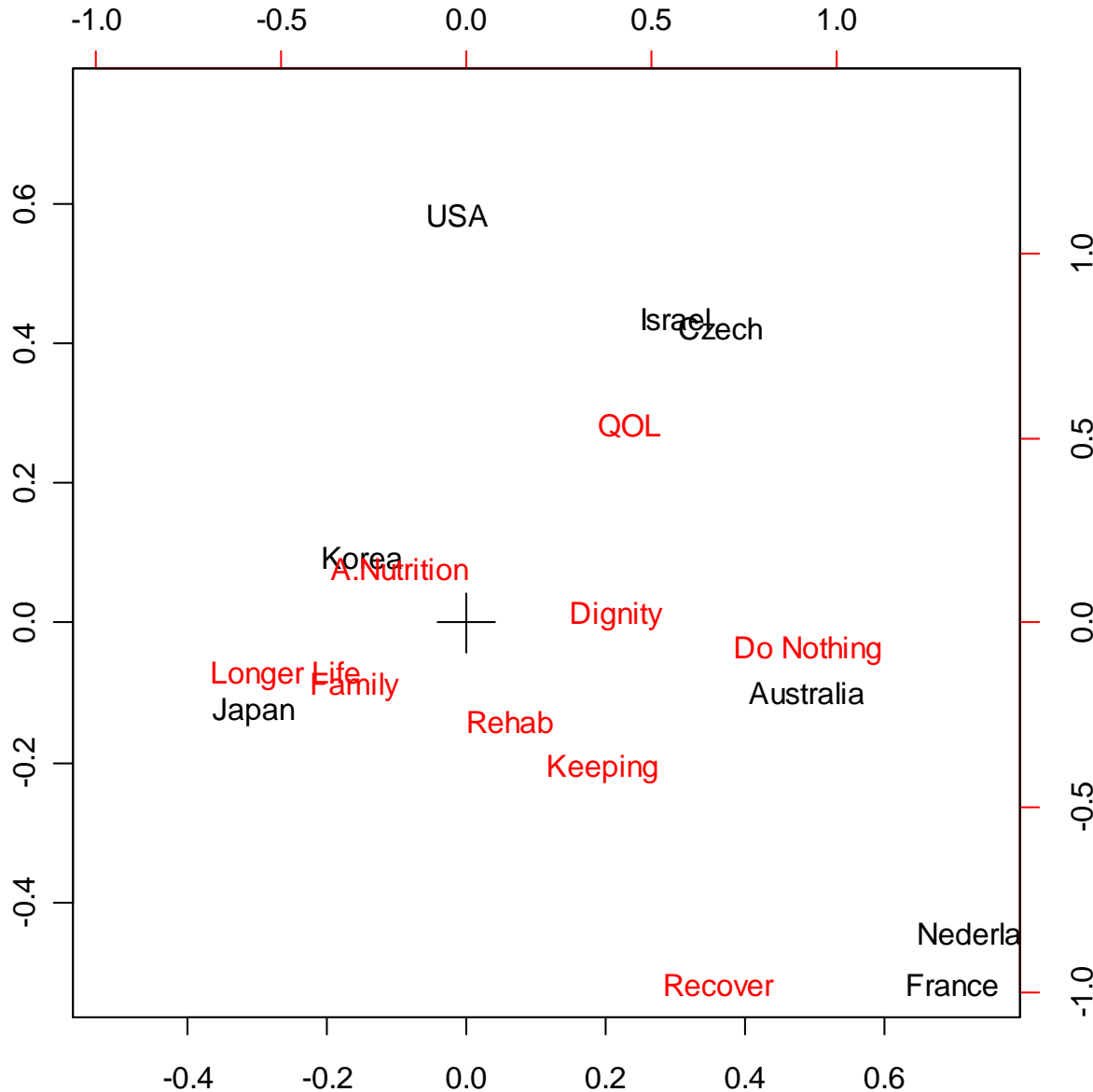
	possibility for longer life	improvement of QOL	respect for her dignity	family's wish	other
Japan	38.8%	6.7%	16.7%	31.6%	6.2%
South Korea	42.7%	17.3%	26.7%	10.7%	2.7%
Israel	8.6%	29.3%	20.7%	10.3%	31.0%
Australia	7.8%	23.5%	49.0%	9.8%	9.8%
Czech	7.3%	41.5%	31.7%	4.9%	14.6%
Nederland	4.5%	18.2%	31.8%	9.1%	36.4%
France	10.3%	13.8%	41.4%	20.7%	13.8%
USA	4.5%	31.8%	22.7%	22.7%	18.2%

Dementia case: Correspondence analysis of *ideal* principle and reasons



- options
- principles of response*
1. artificial nutrition
 2. rehabilitation
 3. keeping current treatment
 4. do nothing
- reasons of the principle*
1. possible recover fully
 2. possibility for longer life
 3. improvement of QOL
 4. respect for Mr. B's dignity
 5. family's wish

Dementia case: Correspondence analysis of *realistic* principle and reasons



options

principles of response

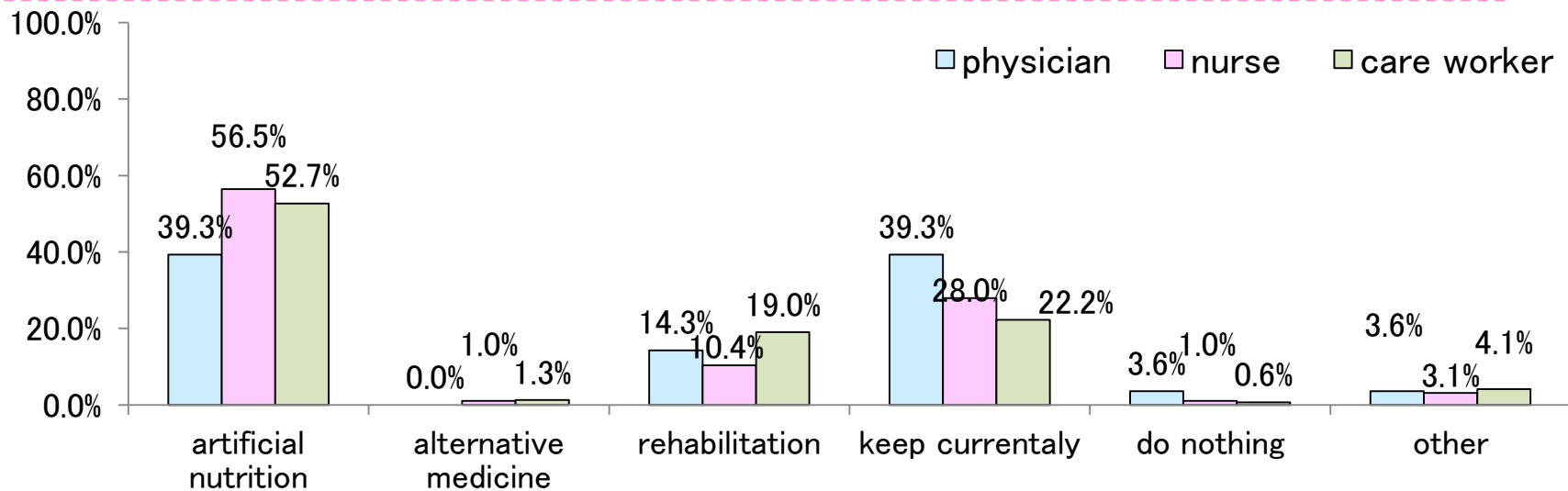
1. artificial nutrition
2. rehabilitation
3. keeping current treatment
4. do nothing

reasons of the principle

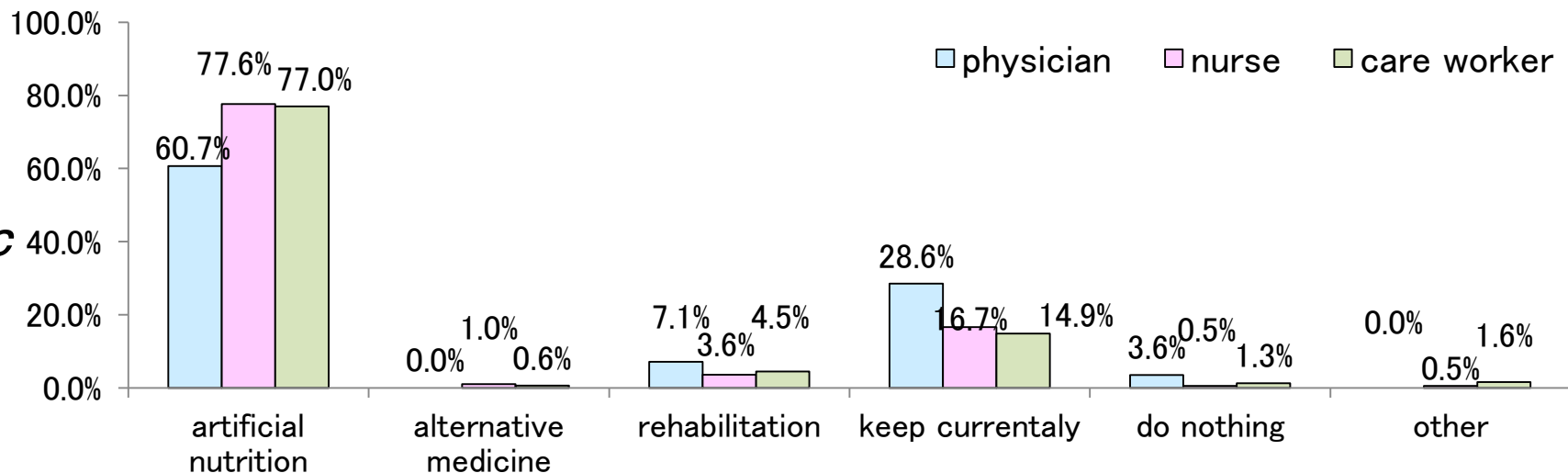
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Dementia case: principle of response by professionals (Japan)

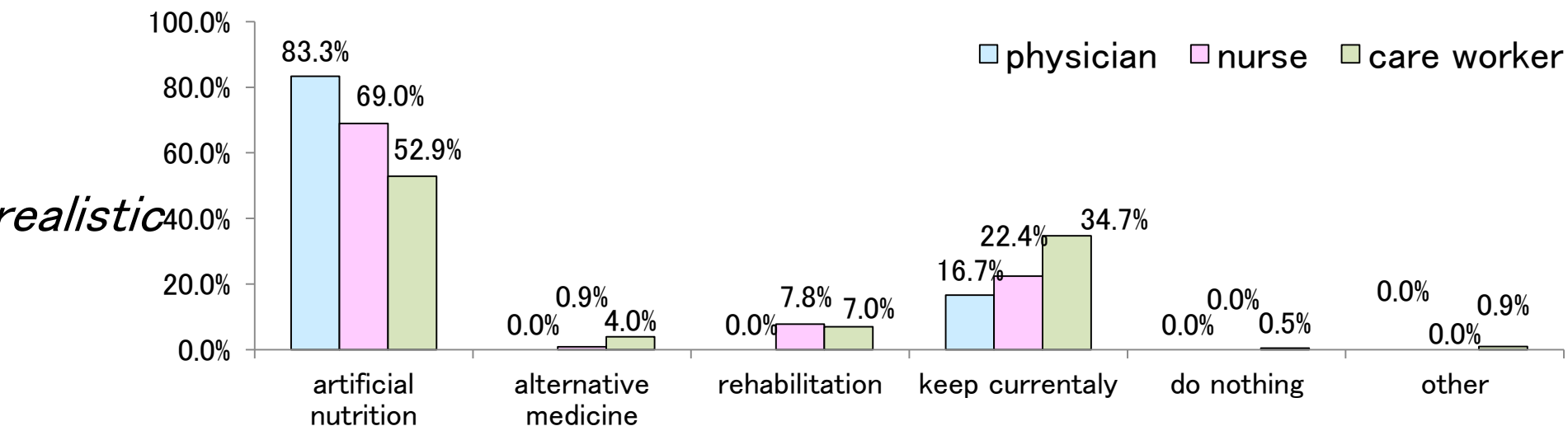
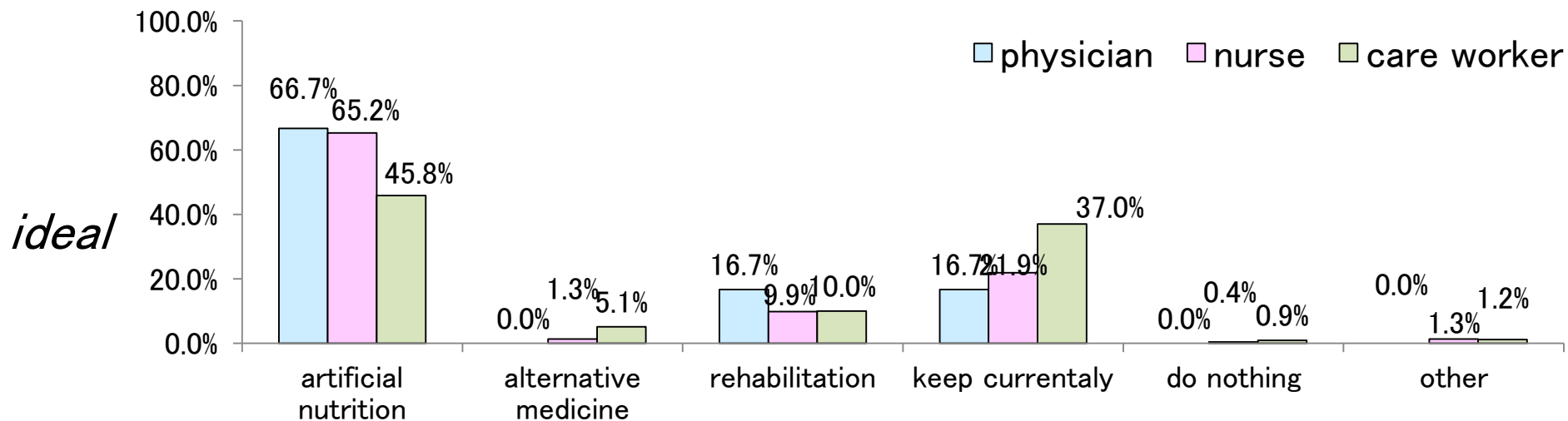
ideal



realistic

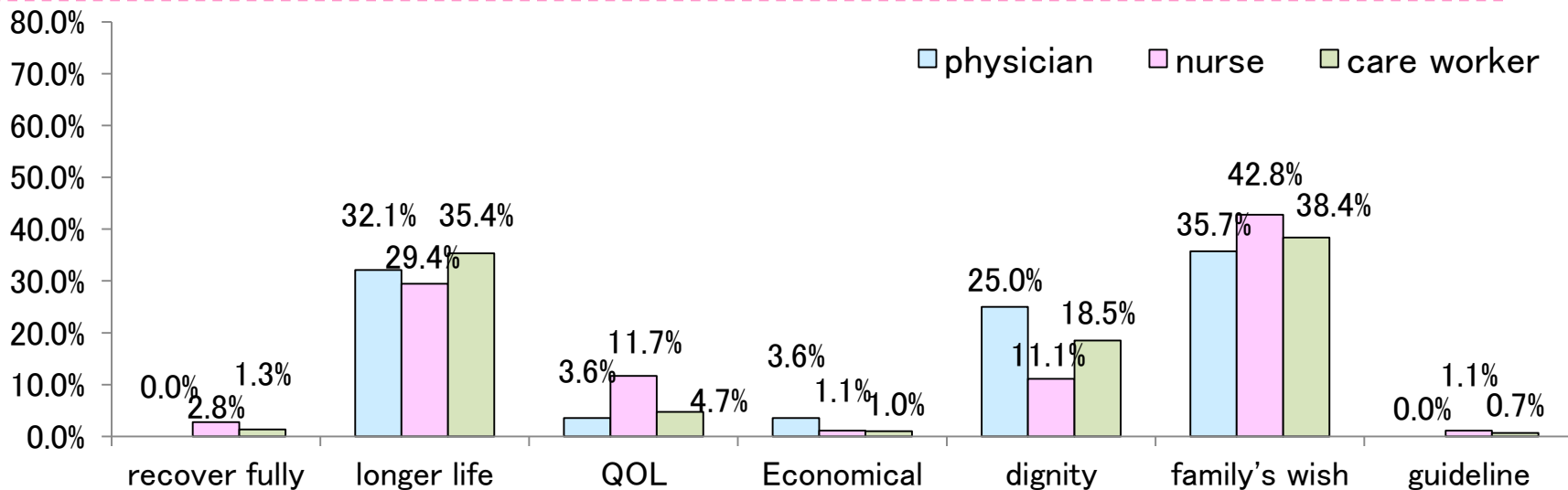


Dementia case: principle of response by professionals (Japan)

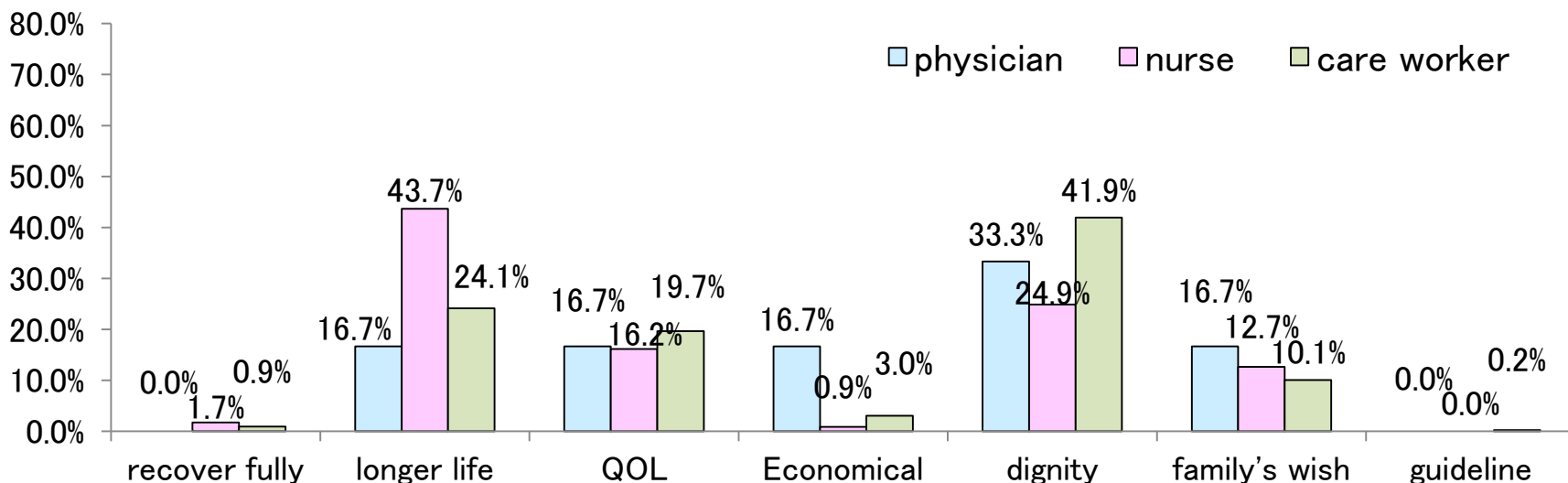


Dementia case: reason of response by professionals (Japan & Korea)

Japan




Korea



Discussions

- ▶ Cancer case
 - ▶ **Consensus** between professionals
 - ▶ Difficulty of home-based terminal care of single household
- ▶ Dementia case
 - ▶ **Less consensus** between professionals than cancer
 - ▶ Japan, Korea, Israel and USA: high rates of artificial nutrition
 - ▶ Japanese professionals tend to focus on “family’s wish”
 - ▶ Other professionals tend to focus on “QOL” and “dignity”
- ▶ Why makes the differences?
 - ▶ In Japan, nurses and care workers empathize with the physical and mental anguish of families.

Toward *next* terminal care

- ▶ Decision making of dementia care has a large dispersion not only between countries but between professionals.
 - ▶ importance of *countries' context* for good team collaboration
 - ▶ A feature in Japan: emphasis on ***family's wish***
 - ▶ They do not ignore patient's dignity, but focus on it.
- 
- ▶ Keep to the **balance** between "dignity" and "family's wish"
 - ▶ Esp. easing the burden for family member(s)

Thank you for your kindness

