

Title: Exploring Physicians' Experience with Advance Care Planning with South Asian Older Adults



PRESENTER:

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BACKGROUND:

- Advance care planning (ACP) ensures that an individual's values, wishes, and care goals are reflected in their medical care (Sudore et al., 2016).
- Research indicates few older adults discuss their care wishes with their physician; numbers are even smaller among minorities.
- Physicians and patients report multiple barriers with ACP engagement (Periyakoil et al. 2015; Periyakoil et al. 2016).

METHODS

- Interviews were conducted with 11 primary care (PC) physicians and 11 hospitalists with practices that included 15%+ SA patients aged 55+
- Interviews were conducted two points in time with 10 taking place in 2020 and 12 in 2021
- The transcripts were thematically analyzed using a codebook developed by the research team.

RESULTS

- Physicians felt burdened with the responsibility of introducing the concept of ACP and initiating discussion with the SA population.
- Cultural and communication barriers, PC vs hospitalist specialization, SA older adults' lack of ACP awareness, and deference of decision-making onto family and physicians surfaced as key barriers to engagement in ACP discussion.
- The COVID-19 pandemic did not impact prevalence of ACP discussions.

CONCLUSION

- ACP discussions are received best during regular consultations with primary care physicians
- Where cultural congruence is lacking training in understanding patients' culture is needed
- While cultural congruence is an asset, all physicians serving the SA population should strive to understand and consider the patients' values, cultural and religious norms.

ACP is a novel topic for the SA population and requires physicians to introduce the concept and initiate discussion.

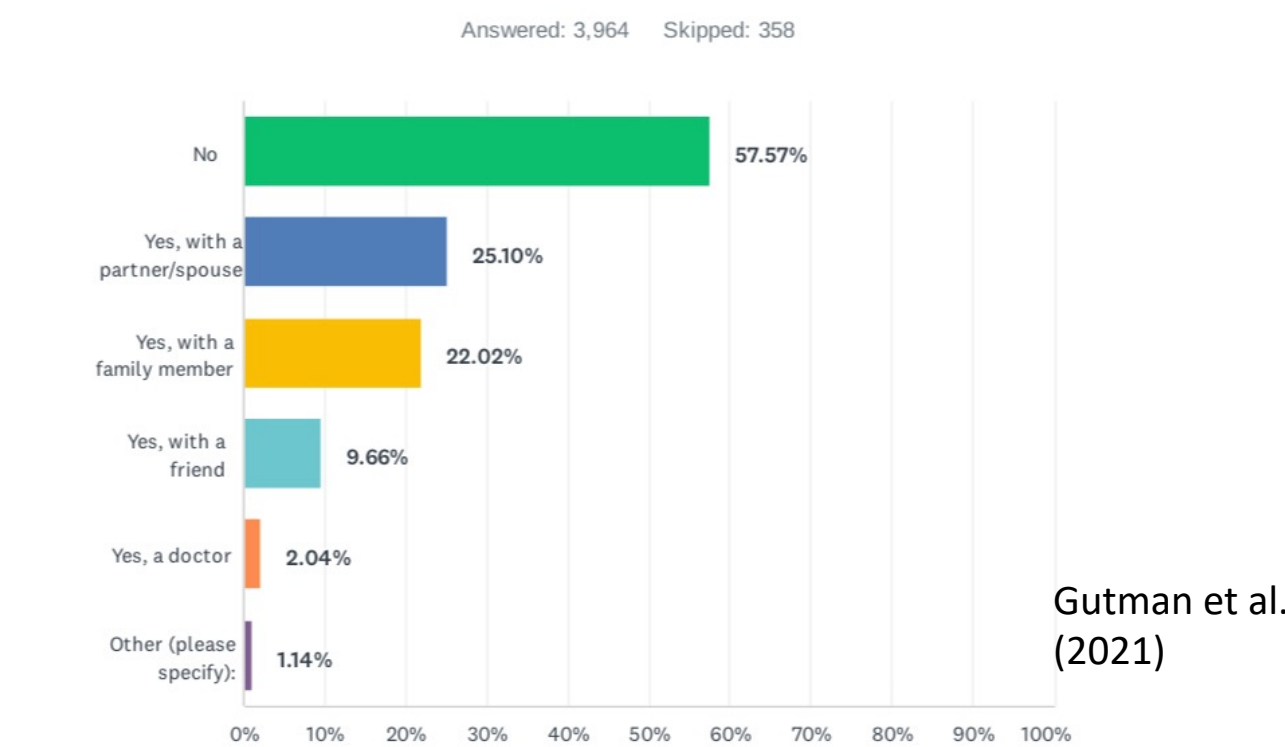
Vashisht A, Gutman G, Kaur T, Kwan H, de Vries B, Mackey D

Role of Physician in ACP	
Physicians educate patients about their rights and decision-making processes and are burdened with initiating and introducing ACP (PC=9; H=11)	"[Dr has] never ever seen a patient who would themselves bring up the topic"
Physicians reported taking a patient-centred focus when engaging in ACP discussion with SA older adults (PC=7; H=7)	"the human condition is respected when [the doctor] understands ... [and] listen to the person's story and respect ... their wishes"
Physician Reported Barriers	
Lack of time (PC=4; H=1)	"[physician] wish they had more time to actually have a deeper conversation with [their] patients"
SA older adults' lack of ACP awareness (PC=6; H=6)	"Oftentimes it can be the first time the subject has been broached."
SA older adults defer decision-making onto family and physicians (PC=3; H=2)	"everything is deferred ... [onto patient's] children"
Role of Culture in ACP	
Cultural Congruence Advantage (PC=7; H=6)	"people of South Asian descent ... feel more comfortable speaking with someone who is of their own cultural background and might understand the cultural significance of things a little bit more"
Cultural Congruence Disadvantage/Neutral (PC=3; H=4)	"[Dr does not] think in a general sense [that] there is necessarily an advantage of just caring for a patient of South Asian descent"
Tool Use	
Advantages of using an ACP tool: Tools serves as a template and structures discussion (PC=6; H=5)	"[Dr.] uses the Serious Illness Conversation Guide and ... bases discussions off of [it] mostly ... it's always good to have a format but also to be flexible with the format"
Barriers to using ACP tools: Physician lacks education about the available tools (PC=9; H=8)	"[Dr.] didn't know [ACP tools] existed"
Feedback: Need for culturally effective tools (PC=6; H=8)	"having ... culturally effective and efficient tool is always better than generic tool"
COVID-19 Pandemic (n=10)	
Physicians reported an increased reliance on virtual appointments (PC=4; H=1)	"medication refills or discussing [patients] blood reports and [continuing] their care... can be done on the phone easily"
COVID impacted practise: Surveillance of other disease declined (PC=4; H=3)	"[Dr] felt that a lot of primary care probably took a back seat for a lot of practices ... because so much of preventive surveillance was not done"
Physicians reported no change in frequency of ACP discussion due to the COVID-19 Pandemic (PC=2; H=4)	"In the inpatient setting [the number of ACP discussions] has not changed [due to COVID] because...the type of patients we're seeing are pretty sick and need a lot of ACP discussions in hospital."

Variable		PC (n=11)	Hospitalist (n=11)	Total (n=22)	P value
ACP training received	Yes	6	8	14	0.659
	No	5	3	8	
ACP tools used	Yes	7	6	13	1.00
	No	4	5	9	

Resulting Themes
1.Fostering ACP Discussions
2.Form/ Content of ACP Discussion
3.Tools and Resources
4.Physician Evaluation of ACP Discussion
5.Culture
6.Family Dynamics
7. COVID-19
8. Comparisons
9. Suggestions

Q55 SINCE the COVID-19 outbreak, I have had informal conversations about where I would like to live, the care I would like to receive, etc. with: (Please check all that apply)



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