北京大学肿瘤医院
BEIJING CANCER HOSPITAL

Preferences for a good death: A cross-sectional survey among Chinese patients with advanced cancer

Xiaoting Hou, Yuhan Lu, Hong Yang, et al

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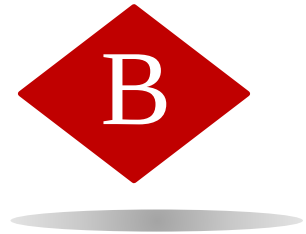
Contents

Introduction

The quality of dying and death is increasingly important both in awareness and medical practice

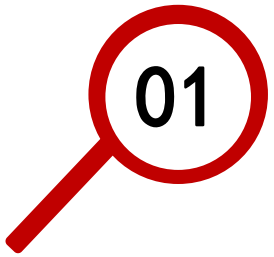
Good death, as a primary goal of end-of-life care, thus becomes a hot research



Death is still a taboo in the communication between heath care providers and patients, and we had few studies investigating this topic among advanced cancer patients at present

Introduction

- **Purpose**



To describe preferences for a good death among Chinese advanced cancer patients

To explore factors contributing to their preferences

Methods

Participants

- This cross-sectional study was conducted in a tertiary cancer hospital in Beijing, China, between February and December 2017
- A convenience sample of 275 advanced cancer patients was recruited from the six departments of the tumor hospital

Methods

Participants

- The inclusion and exclusion criteria

•18 years or older
•was diagnosed of cancer by pathological examination, and in advanced stage Ⅵ
•was aware of their own disease
• voluntary participated in the study

Patients were excluded if they had a history of mental illness or taking antipsychotics drugs, had other serious life-threatening diseases, or unable to independently finish the questionnaire

Methods

Procedures

NO. 01

All the six investigators were well-trained

Face-to-face questionnaire survey; patients independently completed questionnaire

NO. 02

NO. 03

275 questionnaires were administered; 248 responses were finally analyzed (effective response rate 90.2%)

Methods

- Measurements
  - Participant characteristics

A self-designed questionnaire including gender, age, place of residence, educational status, marriage status, religious belief, family economic status, past experiences of hospitalization, past experiences of the death of others, subjective physical condition, primary sites of tumor, disease duration

Methods

- Measurements
  - Good Death Inventory (GDI)

    - 2007, Miyashita et al. from Japan
    - 18 domains, including 10 core and 8 optional domains
    - 54 items, a seven-point Likert scale
    - Higher score indicating more important domain
    - The Chinese version has adequate psychometric properties
    - Cronbach's α coefficient in this study were 0.692~0.908

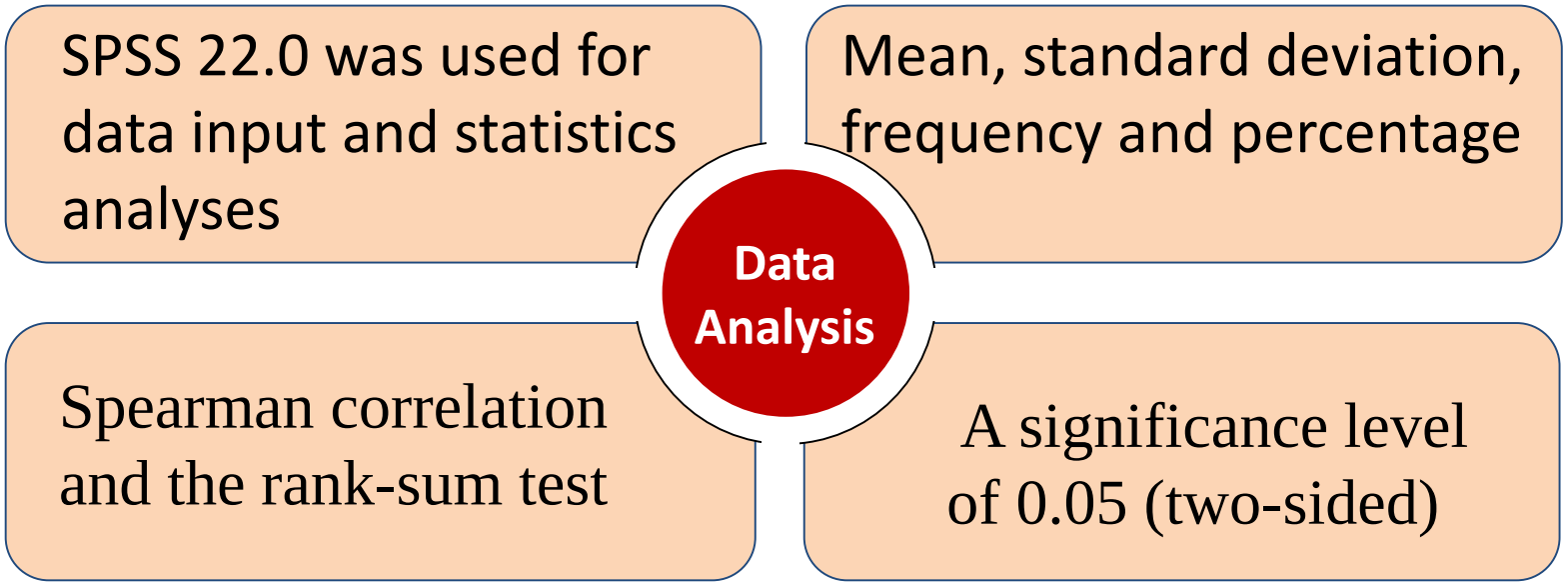
Methods

- Measurements
  - Good Death Inventory (GDI)

- If all summed proportions of three components (5~7) were >80%, the domain was a “consistently important domain” **(core domain)**
- Otherwise, the domain was a relatively less important domain **(optional domain)**

Methods

- Statistical Analysis



Methods

- Ethical Considerations
  - Ethical approval of the study (2016 KT36)
  - All participants were informed and gave their written informed consent

Results & Discussion

- Characteristics of the participants

Table 1 Characteristics of the participants

Variables	$\overline{x} \pm s$	*Range*	*Median*
Age (years)	53.94±13.09	17.0-88.0	54.0
Period since cancer diagnosis (months)	21.40±26.20	0.4-147.3	12.7

Continued table 1 Characteristics of the participants

Variables		n（%）	Variables		n（%）
Gender	Male	147 (59.3)	**Religious belief**	No	225 (90.7)
	Female	101 (40.7)		Yes	23 (7.3)
Educational status	Primary school or less	18 (7.3)	**Past experiences of hospitalization (n=230)**	0	22 (9.6)
	Junior high school	56 (22.6)		1~3	81 (35.2)
	Senior high school	70 (28.2)		4~6	40 (17.4)
	Junior college	44 (17.7)		7~9	27 (11.7)
	College or greater	60 (24.2)		10~12	20 (8.7)
Family economic status (n=244)	Very rich or rich	34 (13.9)		13~15	12 (5.2)
	Moderate	162 (66.4)		>15	28 (12.2)
	Not very rich	38 (15.6)	**Past experiences of the death of others (n=238)**	0	47 (19.8)
	Very poor	10 (4.1)		1	65 (27.3)
Subjective physical condition	Well	55 (22.2)		2	40 (16.8)
	Moderate	155 (62.5)		3	40 (16.8)
	Poor	33 (13.3)		4	24 (10.1)
	Unclear	5 (2.0)		≥5	22 (9.2)

Results & Discussion

- Preferences for a good death

•Patients put great value on the relationship with others around and consideration for others
•Support from family and outside environment pay an important role on palliative care

Table 2 The top five important domains

The domains of GDI	The score	
	Total score (Mean ± SD)	Median (Range)
6. Good relationship with family	19.80 ± 2.39	21.00 (3.0-21.0)
7.Independence	19.66 ± 2.56	21.00 (3.0-21.0)
3. Maintaining hope and pleasure	19.56 ± 2.55	21.00 (3.0-21.0)
4. Good relationship with medical staff	18.92 ± 3.73	21.00 (3.0-21.0)
5. Not being a burden to others	18.89 ± 3.30	21.00 (3.0-21.0)

Results & Discussion

- Preferences for a good death

•There is evidence that the spiritual comfort and health of terminally ill patients are closely related to their quality of life
•Thus health care providers should still actively recognize patients' spiritual need and spiritual expression

Table 2 The least five important domains

The domains of GDI10.1	The score	
	Total score (Mean± SD)	Median (Range)
2. Dying in a favorite place	16.27±5.62	18.00 (3.0-21.0)
17. Feeling that one's life is worth living	15.81±5.18	18.00 (3.0-21.0)
14. Control over the future	15.60±5.09	17.00 (3.0-21.0)
16. Pride and beauty	11.36±5.66	11.00 (3.0-21.0)
18. Religious and spiritual comfort	10.50±6.01	9.00 (3.0-21.0)

Results & Discussion

- Preferences for a good death

•Because of limited resources of community-based medical institutions in China
•Especially meeting people whom he or she want to see and saying what he or she want to dear people; that's expression of Chinese Confucius culture or filial piety

Table 3 The domains with inconsistent classifications compared with the results from Miyashita et al.

The domains of GDI	The core domain	
	In this study	In the study of Miyashita et al.
2. Dying in a favorite place	No	Yes
13. Preparation for death	Yes	No

Miyashita M, Sanjo M, Morita T, et al. Good death in cancer care: a nationwide quantitative study [J]. Ann Oncol, 2007,18(6):1090-1097.

Results & Discussion

- Factors associated with their

•Patients' age negatively correlated with preferences
•This might be because younger patients often have more worries and more things to do when confronting death, and own some new viewpoints for death as well

Table 4 The relationship between age and their preferences

Spearman r (*P*)	Age	The period since cancer diagnosis	Past experiences of hospitalization	Past experiences of the death of others
2. Dying in a favorite place	-0.142(0.027)			
13. Preparation for death	-0.131 (0.039)			0.129 (0.048)
14. Control over the future	-0.142 (0.026)			
17. Feeling that one's life is worth living		0.130 (0.040)	0.146 (0.027)	
18. Religious and spiritual comfort	-0.239 (0.000)			-0.185 (0.004)

Results & Discussion

- Factors associated with their

Longer period since cancer diagnosis and more experiences of hospitalization mean that long-term treatment may lower patients' feelings of self-worth, resulting in a higher preference for "feeling that one's life is worth living"

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Results & Discussion

- Factors associated with their

Their past experiences of witnessing inadequate preparation for death often contributed to shaping their worries as their own death approached, and influencing how they would like it to be

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Results & Discussion

- Factors associated with their preferences
  - Patients with high educational level, holding religious belief, rich family economic status, and good physical condition tended to have higher preferences for a good death

In other words, these patients put higher standards on their good death, and it is an important reminder that medical staff caring for patients suffering from terminal disease should consider patients' characteristics and discovery what a good death means to them personally

Conclusion

Although there were some similarities regarding as a good death between Chinese and patients from other cultures, we also found some differences comparing the attitudes of other countries

Some patients factors contributed to different preferences for a good death including age, the period since cancer diagnosis, past experiences of hospitalization, past experiences of the death of others, educational status, religious belief, family economic status and subjective physical condition

THANKS!

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