

Barriers and Facilitators to Advance Care Planning Among Seriously Ill Chinese Americans and Their Caregivers

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Background

- Chinese American cancer patients are known to experience disparities at the end-of-life (EOL)¹
- High quality advance care planning (ACP) may improve EOL outcomes²⁻⁵
- No studies have explored seriously-ill Chinese Americans' preferences for ACP⁶

Objective

- Explore barriers and facilitators to ACP among Chinese advanced cancer patients and their caregivers

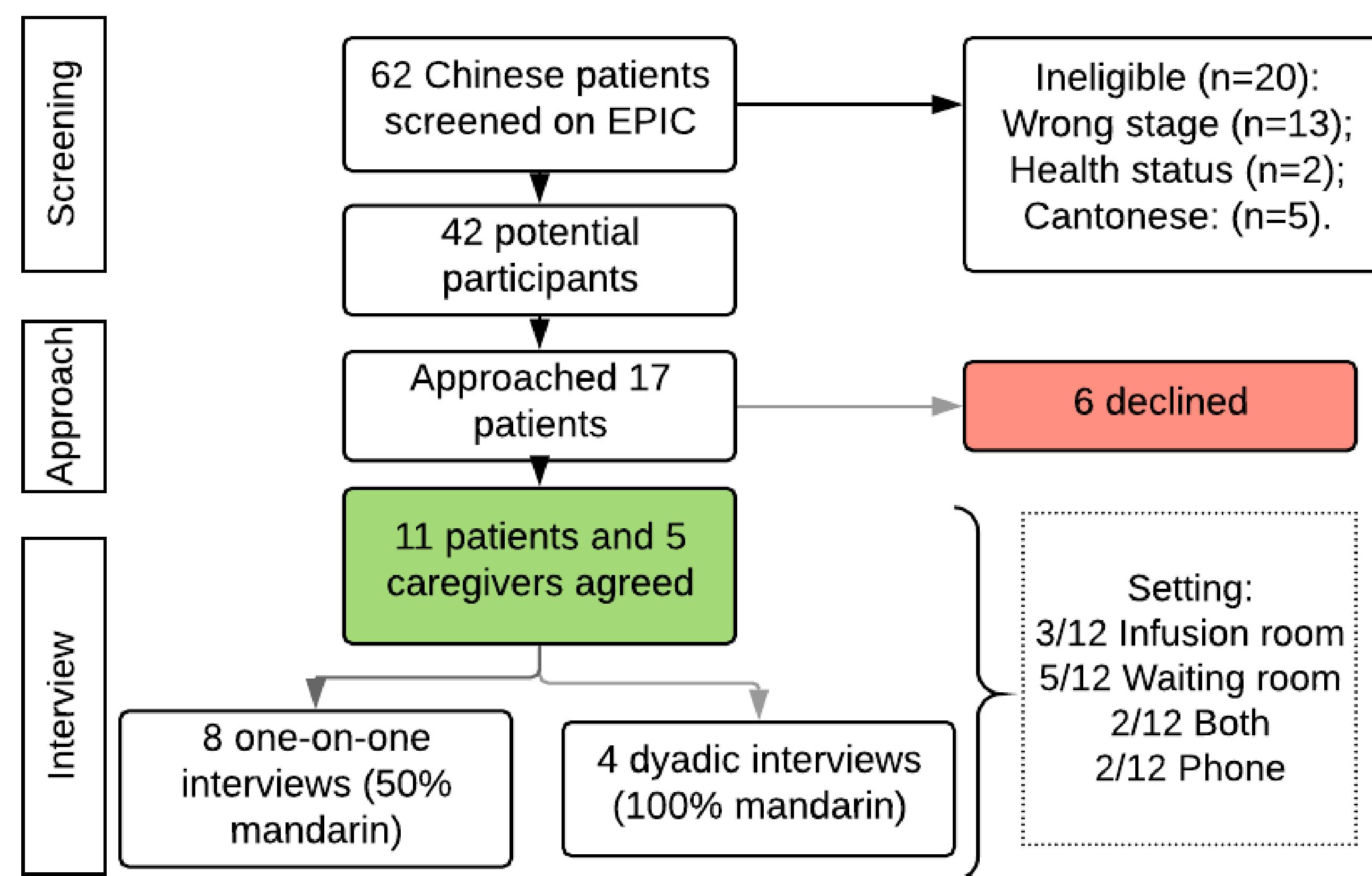
Methodology

- Socioecological Model:



- Instruments: Demographic survey, acculturation scale, bilingual interview guide
- Thematic analysis

Participant Recruitment



Characteristics	Patients (n=11)	Caregivers (n=5)
Age, mean ±SD	58.6±13.3 yr	54.0±18.3 yr
Male, n (%)	6 (54.5%) Male	3 (60%) Male
Place of birth, n (%)	10 (90.9%) China	4 (80%) China
Education, n (%)	10 (90.9%) College	5 (100%) College
Years in the US, median [IQR]	18 [2-40]	14 [2-40]
Acculturation, mean±SD	2.0±0.9	2.0±1.0
Diagnosis, n (%)	6 (54.5%) Lung	-
Insurance, n (%)	5 (45.5%) Medicare	-
Relationship to patient, n (%)	-	2 (40%) Children 3 (60%) Spouses

Emergent Themes

"It comes as it comes. **You can't predict it...** So you kind of like, you have to deal with it as it comes."

But I, maybe, it maybe the communication mode **here is that the patient needs to ask first before the doctor will answer?**

"At least in north America, you feel that people are nice superficially. They don't criticize. **But it's also hard to form relationships and bonds with locals.**"

"talking about it **puts more pressure psychologically and emotionally**"

"I **haven't had these experiences.** Maybe because my illness is not that severe."

Barriers to ACP

- Views of the future
- Patient role uncertainty
- Lack of community resources
- No prior ACP discussions

Facilitators to ACP

- Respect and trust
- Clinician guidance

"I'm just really satisfied with the doctors. **They're doing their best.** Let's put it this way."

"So if the doctors just leave the medical decision to the patients, how can the patients decide? How do they know what's good and what's not? **Our decisions are also blind.**"

"Yes, I would like the **doctor to bring it up.** Because most time patients don't have the foresight..."

Recruitment lessons

- Maximize institutional affiliation
- Appeal to altruistic community goals
- Cognitive testing with constituents
- Brevity

Conclusion

A routinized, clinician guided approach that addresses uncertainty by using indirect strategies, instilling hope, and building community resources may help overcome barriers to ACP among seriously ill Chinese Americans.

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