

# UNCOVERING THE AWARENESS OF ADVANCE CARE PLANNING (ACP) AMONG MALAYSIAN PUBLIC

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## Introduction

Advance Care Planning (ACP) encompasses the capacity to empower individuals in articulating their future medical treatment and care objectives, engaging in dialogues about these intentions with family and medical professionals, and documenting and revisiting these preferences as deemed suitable (Rietjens et al., 2017).

Moreover, it prevents unnecessary or unwanted interventions by fostering dialogue between patients, healthcare providers, and surrogates. This practice is believed to empower patients and bolster hope rather than diminish it (Davison and Simpson, 2006), with mounting evidence demonstrating its enhancement of end-of-life care, leading to heightened satisfaction levels among patients and their families (Tierney et al., 2001).

As of now, there is no legal framework endorsing ACP in Malaysia. When a patient in Malaysia enters a crucial juncture demanding a significant choice regarding the necessity of aggressive medical measures to extend life, the responsibility for the decision typically rests with either the medical professionals or the patient's closest relatives. (Lai et al., 2016).

**Objective** — To identify the awareness of ACP among the public.

## Methodology

Study Design	Cross-sectional study (online survey)
Study population	Public residents in Malaysia
Sample size	1227 respondent
Sampling technique	Snowball sampling
Inclusion criteria	Malaysians aged 18 years and older with internet access
Data collection period	March – April 2022



## Demographic Profile

<b>Gender</b>	Male (32.6%) Female (67.4%)	<b>Religion</b>	Islam (74.8%) Christian (9.9%) Buddhism (9.1%) Hinduism (5.0%) Others (1.1%)	<b>Education level</b>	Primary (0.1%) Secondary (12.0%) Cert/Dip/Found./ Matriculation (23.1%) Tertiary (64.8%)	<b>Having healthcare insurance</b>	Yes (62.0%) No (37.9%)	<b>Household Gross Income</b>	Below RM2000 (7.5%) RM2001-RM5000 (32.4%) RM5001-RM8000 (23.1%) Above RM8001 (37.1%)
<b>Ethnicity</b>	Malay (68.5%) Chinese (15.4%) Indian (6.6%) Bumiputera Sabah (6.0%) Bumiputera Sarawak (2.6%) Others (0.9%)	<b>Age Group</b>	18-25 (2.4%) 26-35 (22.5%) 36-45 (41.3%) 46-55 (21.8%) 56-59 (3.4%) Above 60 (8.5%)	<b>Marital status</b>	Single (23.1%) Married (71.3%) Widowed (3.7%)	<b>Living alone</b>	Yes (11.9%) No (88.1%)	<b>Main Employment Status</b>	Full Time (83.8%) Part Time (2.9%) Student (1.9%) Government Pensioner (4.3%) Private Pensioner (3.4%) Unemployed (3.7%)

## Result

Among respondents who knew about ACP, 63.9% had insurance and 72.4% understood its meaning. Primary sources of ACP information included healthcare personnel (70.8%), social media (48.8%), and mass media (30.6%). The study revealed higher awareness of ACP among women and individuals with tertiary education, consistent with previous research.

Ever Hear of ACP Based On	n	%
<b>Gender</b>		
Male	129	33.2
Female	259	66.8
<b>Having Insurance</b>		
Yes	248	63.9
No	140	36.1
<b>Ethnicity</b>		
Malay	234	60.3
Chinese	87	22.4
Indian	32	8.2
Sabah Native	24	6.2
Sarawak Native	8	2.1
Others	3	0.8
<b>Income</b>		
Below RM2001	27	7
RM2001- RM5000	117	30.2
RM5001-RM8000	84	21.6
Above RM8000	160	41.2
<b>Education Level</b>		
Tertiary Education	251	64.7
Cert/Dip/Found. /Matriculation	98	35.3
Secondary School	38	9.8
Primary School	1	0.3
<b>Age</b>		
18-25	30	21.4
26-35	276	22.5
36-45	507	41.3
46-55	268	21.8
56-59	42	3.4
≥60	104	8.5

Table 8: Ever Heard of ACP Based on Different Sociodemographic Characteristics

Ever Knew ACP Based On	n (281)	%
<b>Medium</b>		
Health Care Personnel	199	70.8
Social Media	131	48.8
Mass Media	86	30.6
Friends	41	14.6
Relatives	30	10.7
Others	13	4.6

Table 9: Ever Knew ACP based on Various Sources

## Conclusion

Respondent's awareness of ACP led to a notable intention to discuss it in the future, highlighting its relevance for decision-making in times of incapacity. Promoting ACP to the Malaysian public, particularly among those aged 36 to 45, is crucial to ensure widespread access to ACP.

## Recommendation

Incorporating ACP models should acknowledge the significance of family dynamics, particularly in broader Asian contexts. The establishment of consistent guidelines and methodologies could grant healthcare practitioners the authority to facilitate ACP processes.

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