

# ELEMENT TO DISCUSS, METHOD OF RECORDING AND APPOINTING OF A DECISION MAKER TOWARDS ADVANCE CARE PLANNING (ACP) AMONG MALAYSIAN PUBLIC

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## INTRODUCTION

Advance Care Planning (ACP) is the ability to identify objectives and preferences for future medical treatment and care, discuss these goals and preferences with families and healthcare providers, and record and evaluate these choices as needed. (Rietjens et al. 2017)

ACP involved the process of thinking and learning about what your belief and about the medical procedures that might involve in your decision making. The next step is about choosing someone you trust and talk to them about your intention. The final steps is to record your intention in the form of audio, video or in writing. (What is Advance Care Planning, 2016).

ACP documented as a declaration of preferences and wishes or as a more formal legal instrument. It minimizes unneeded or undesirable treatments during discussions between patients, healthcare personnel, and surrogates. It is regarded to empower patients and increase rather than decrease hope (Davison and Simpson, 2006).

## OBJECTIVE

To identify the element of discussion, method of recording and whom to appoint as a decision maker towards ACP among the Malaysian Public

## MATERIALS AND METHODS

Study design	Cross-sectional study (online survey)
Study population	Public residents in Malaysia
Sample size	1,227 respondent
Sampling technique	Snowball sampling
Inclusion criteria	Malaysians aged 18 years and older with internet access
Data collection period	March – April 2022

## DEMOGRAPHIC PROFILE

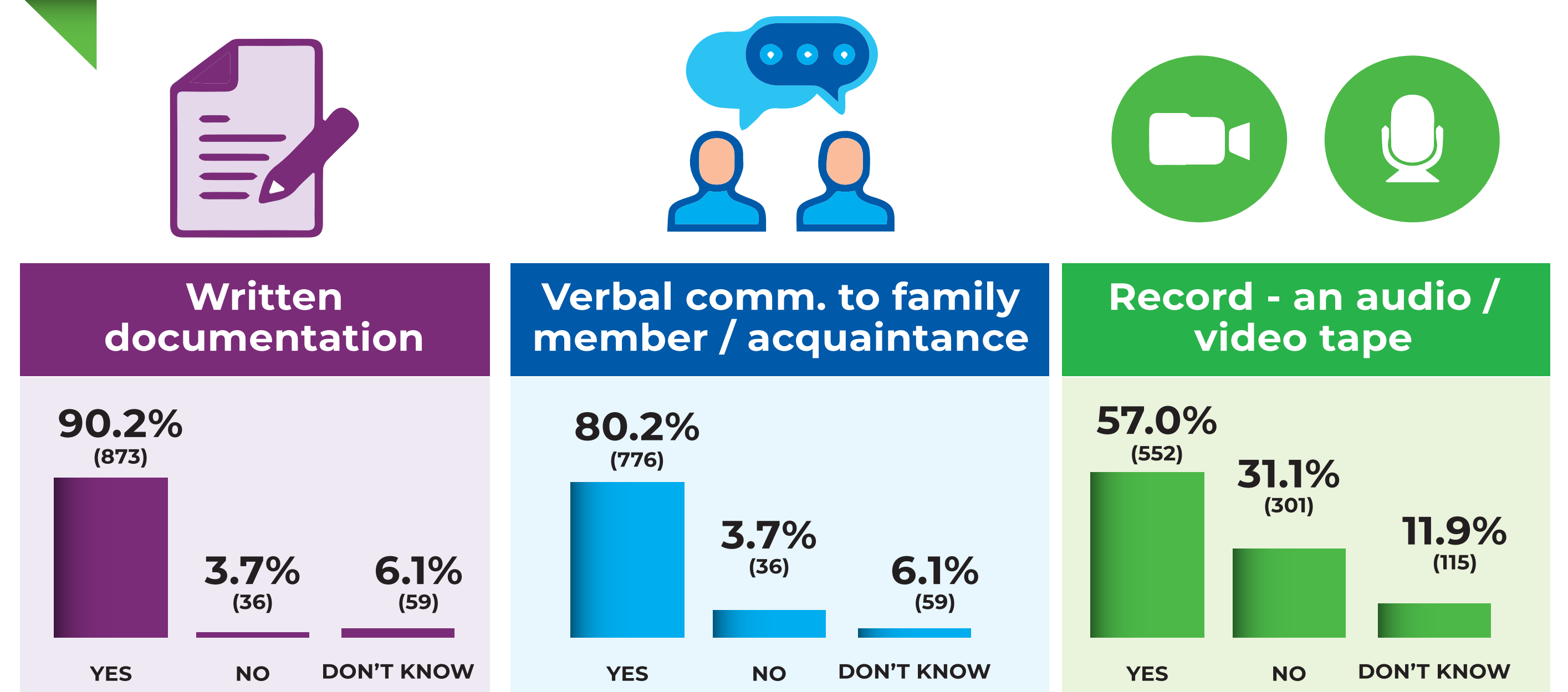
<b>Gender</b> Male (32.6%) Female (67.4%)	<b>Religion</b> Islam (74.8%) Christian (9.9%) Buddhism (9.1%) Hinduism (5.0%) Others (1.1%)	<b>Education level</b> Primary (0.1%) Secondary (12.0%) Cert/Dip/Found./ Matriculation (23.1%) Tertiary (64.8%)	<b>Having healthcare insurance</b> Yes (62.0%) No (37.9%)	<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%) Divorced (1.9%)	<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

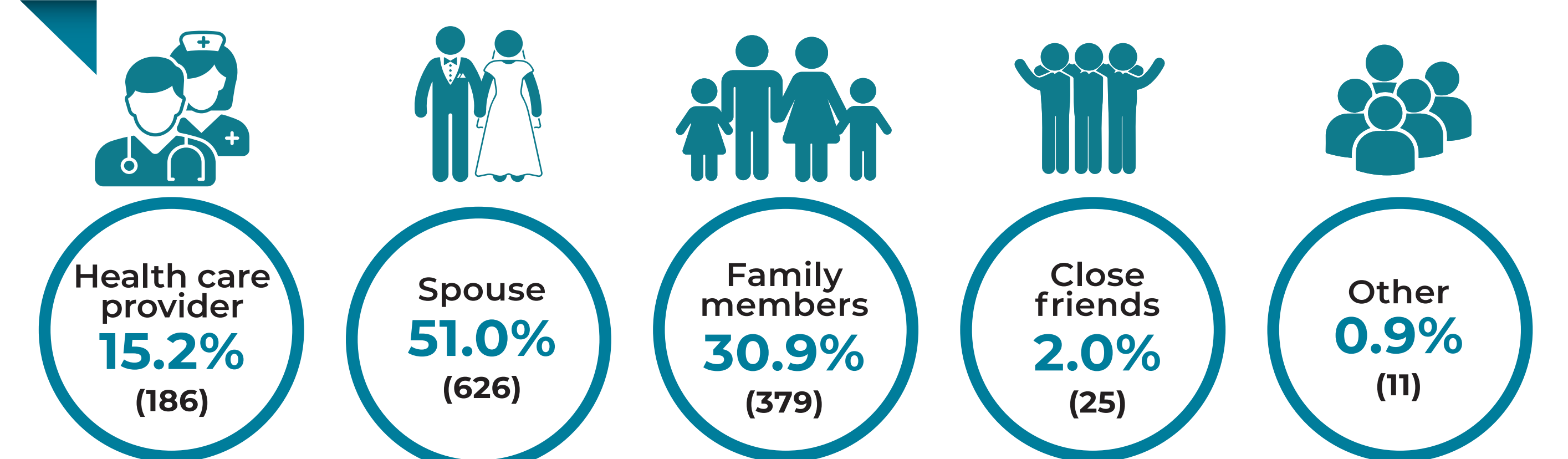
### The Element to Discuss In ACP

	YES % (n)	NO % (n)	DON'T KNOW % (n)
Cardiopulmonary resuscitation (CPR)	87.0 (842)	8.3 (80)	4.8 (46)
Artificial breathing, ventilation machine	88.0 (852)	7.0 (68)	5.0 (48)
Tube breathing for nutrition support	84.7 (820)	9.7 (94)	5.6 (54)
Intravenous drip (IVD)	83.8 (811)	10.7 (104)	5.5 (53)
Blood taking	83.9 (812)	12.0 (116)	4.1 (40)
Antibiotics	86.6 (838)	9.7 (94)	3.7 (36)
Hemodialysis	82.5 (799)	9.5 (92)	8.0 (77)
Place of care (nursing home/hospital)	89.2 (863)	6.4 (62)	4.4 (43)
Place of death	73.0 (707)	13.4 (130)	13.5 (131)
Chemotherapy	81.8 (792)	9.8 (95)	8.4 (81)

### Method of ACP Recording



### Appointment of Decision Maker



## CONCLUSION

This study revealed that most respondents preferred to record their ACP in a written form followed by verbal communication with family members and acquaintances. It is because people forget what they have said, and ideas change when they are discussed again.

The majority of respondents desired that spouses and family members be designated as decision-makers. It clearly demonstrates the importance of spouses and family influence in Malaysian society.



## RECOMMENDATION

The development of any ACP program in the future must be carefully crafted and include the importance of family function. Training of healthcare providers in order to explain the element of discussion and properly writing of the ACP documentation is important in ensuring its success of adoption among Malaysian public



## REFERENCES

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