



## RESEARCH HIGHLIGHT

# INSIGHT ON MALAYSIAN AWARENESS, ATTITUDE, ACCEPTANCE AND INTENTION TOWARDS ADVANCE CARE PLANNING (ACP)

This research highlight is based on Malaysian awareness, attitude, acceptance and intention towards advance care planning.

### Who is this publication for?

Stakeholders involved in policy-making and strategic planning in the Ministry of Health.

### Purpose of this summary

To inform the policy makers and stakeholders of the research finding.

## ISSUE

ACP is a process that expresses the preference of an individual via verbal or written communications, for future health and personal care, and helps prepare people for healthcare decision-making [1]. Currently there is no legislation for ACP in Malaysia whereby when a medical intervention is needed to prolong lives, the decision falls onto the doctors or the next of kin [2]. Malaysia has seen an increment in the population aged 60 years and above from 1.4 million in 2010 to 2.3 million in 2020 [3]. Although the majority agrees on the importance of planning for future medical management and having open discussion on end-of-life issues with their doctors, most failed to make a formal written or verbal discussion. Cardiopulmonary resuscitation, mechanical ventilation and dialysis were considered by most to be invasive life-prolonging treatments [4]. Therefore, there is a need for Advance Care Planning programme to be implemented.

## KEY MESSAGES

The study shows that the acceptance of ACP amongst Malaysians is encouraging despite the lack of promotion of the service.

## KEY FINDINGS

From the total respondents of 1227, 31.6% (388) have heard about ACP of which:

- **72.4% (281)** know about it
- **86% (1055)** agree that ACP should be available in the health care system
- **78.9% (968)** intent to discuss ACP
- **89.4% (1097)** accept ACP in advance if they are no longer able to make decisions

Having Intention towards ACP by Demographics –

| Gender         |
|----------------|
| • 32.2% Male   |
| • 67.8% Female |

| Marital Status  |
|-----------------|
| • 24.1% Single  |
| • 70.2% Married |
| • 3.9% Widowed  |
| • 1.8% Divorce  |

| Age           |
|---------------|
| • 2.5% 18-25  |
| • 22.7% 26-35 |
| • 42.4% 36-45 |
| • 21.1% 46-55 |
| • 3.9% 56-59  |
| • 7.4% ≥60    |

| Ethnic                    |
|---------------------------|
| • 68.6% Malay             |
| • 16.2% Chinese           |
| • 6.1% Indian             |
| • 5.8% Bumiputera Sabah   |
| • 2.3% Bumiputera Sarawak |
| • 0.3% Orang Asli         |
| • 0.7% Others             |



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## KEY CONSIDERATIONS FOR POLICY MAKERS

Ministry of Health

- To equip healthcare practitioners with the necessary ACP knowledge to ready them to initiate the discussion.
- To increase promotions and educational campaigns on the importance of ACP to the Malaysian public.
- To provide a platform for the public to register their interest in ACP (example: Mysejahtera, SMS, emails)

## METHODOLOGY

- Nationwide cross sectional online survey. (Google form)
- Components in the survey include awareness, attitude, acceptance and intention towards ACP
- Single proportion formula used
  - Inclusion criteria:
    - a. 18 years old and above
    - b. Have internet access
    - c. Understand English or Bahasa Malaysia
  - Exclusion criteria:
    - a. Non-citizen
- Data collection from March 2022 until April 2022
- Information obtained kept and handled confidentially

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**Conflict of interest:**

There is no conflict of interest

**Disclaimer**

The views, interpretation, implications, conclusions and recommendations are those of the author alone and do not necessarily represent the opinions of the investigators participating in the project nor the views or policy of the Ministry of Health, Malaysia.

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