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# End-of-Life Planning among Older Filipinos

## Abstract

**Purpose:** The number of older Filipinos continues to rise resulting in increasing numbers of people who live in a modernized world which offers numerous options to prepare for the End-of-Life (EoL). Henceforth, EoL planning among older Filipinos and the factors which could potentially influence the propensity to plan ahead needs further investigation. This study ascertained the level of health, relationship, funerary, legal and financial-related EoL planning among older Filipinos, and established the association between EoL planning and sex, chronologic age, religious affiliation, ethnicity, health and financial status.

**Methods:** The study utilized a descriptive survey design, including 400 respondents, chosen through purposive sampling and met the inclusion of Filipino, Baguio residents, aged 60 and above, able to read and understand English, Filipino or Ilokano, and without psychological disturbances or cognitive deficits. The researchers used a self-made questionnaire after establishing validity (0.96) and reliability (0.82). The Saint Louis University Research Ethics Committee ensured the ethical conduct of this research. Data were treated with statistics using frequency, mean and Chi-square test.

**Findings:** The responses indicated moderate levels of EoL planning overall. Moreover, statistical tests revealed that only health status has a significant association with EoL planning.

**Conclusions:** Based on the findings, the researchers conclude that EoL planning remains not widely used in the Philippines, thus, intensifying the call for more aggressive interventions to make EoL planning salient and acceptable to older people. In addition, health status affects EoL planning considerably, and that knowing the sex, chronologic age, religious affiliation, ethnicity and financial status did not help predict EoL planning.

**Keywords:** end-of-life planning, older people, Filipino

## Introduction

Older people are the fastest-growing section of the population worldwide. Globally, the number of people 60 years or over is expected to triple within the next decades, from 672 million in 2005 to nearly 1.9 billion by 2050 (World Health Organization, 2008). In the Philippines, the growth of the older adult population has also been dramatic. Four million six hundred thousand Filipinos aged 60 and above, increased to 6.3 million in 2010 (Philippine Statistics Authority, 2012). This scenario increased the number of people who live in a modernized world which offers numerous options to prepare for the EoL.

EoL planning, sometimes called “*Advanced Planning*” or “*EoL Care Planning*” involves thinking and talking about one's wishes for care in the final months of life (National Health Service, 2016). It entails deciding about the desired degree of family involvement in caregiving and decision-making, making legal decisions about wills and durable powers of attorney, asking forgiveness and preparing to “*meet one's maker*” (American Psychological Association, 2017). Through EoL planning, older people can articulate their wishes for the future (Go, Hammes, Lee & Mathiason, 2007).

Over the past three decades, decisions by the U.S. Supreme Court, changes in federal and state laws, and statements by multiple professional organizations have confirmed the importance of patients' rights to make decisions regarding their treatment (Kelley, 1995; Rouse et al., 1991). In addition, European countries have given priority to the achievement of high-quality care that incorporates user choice (Department of Health, 2003; Department of Environment Transport and Regions and Department of Health, 2001). As a result, EoL planning among these countries is often aggressive, respecting the individual freedom to make decisions for their welfare.

Unfortunately, the same cannot be said of the current scenario in the Philippines. EoL planning is still a new concept and is not usually practiced due to a non-confrontational attitude toward death among Filipinos, which take its roots from Filipino cultural values and beliefs that have been heavily influenced by religion, family, and close personal relationships (Manila Bulletin, 2017). Furthermore, Filipinos have limited knowledge on advance medical directives because the majority of health professionals lack confidence in initiating conversations on death and dying with them. In a local hospital alone, it has been an observation that advance medical directives are discussed with the patient's family only when the patient is already at the brink of death, is already having an arrest, or immediately after resuscitation. In these situations, the patient themselves are not capable of deciding for their treatment preferences, thus, leaving the decision-making to family members.

All told, the rising number of older Filipinos and the incidence of serious illnesses among them may be a call to determine their level of EoL planning. However, no published studies have explored this. Simultaneously, several factors which could potentially affect the propensity to engage in EoL planning exist in various settings; however, no published studies have investigated these variables in a Filipino context. These now provide an even superior exigency to conduct this study.

In particular, this study ascertained the level of health, relationship, funerary, legal and financial-related EoL planning among older Filipinos and established the association between

EoL planning and sex, chronologic age, religious affiliation, ethnicity, health and financial status.

## Methodology

### Design

This study utilized a descriptive survey design to determine EoL planning among older Filipinos and to explore the association between EoL planning and sociodemographic variables.

### Sample and Setting

Baguio City is the locale of the study. The respondents were identified through a purposive sampling method and met the inclusion of Filipino, Baguio residents, aged 60 and above, able to read and understand English, Filipino or Ilokano, and without psychological disturbances or cognitive deficits. The sample was computed using Taro Yamane's formula, resulting in 400 respondents.

### Instrumentation

A self-made questionnaire was used to gather data. It was a product of the combination of items from several EoL planning guidelines and checklists. Three versions of the tool were made using English, Filipino, and Ilokano as the medium. A panel of experts determined the content validity of the tool, where the summative content validity index was 0.96. Internal consistency reliability testing using the Kuder-Richardson 20 Formula revealed a score of 0.82.

### Ethical Approval

The Saint Louis University Research Ethics Committee ensured the ethical conduct of this study.

### Data Gathering

The researchers provided the respondents with the necessary information regarding the study before taking their consent. Subsequently, the researchers handed the questionnaires to them for completion in their pacing. Once submitted, the forms were checked for completeness and placed in an envelope for safekeeping.

### Data Analysis

The researchers utilized descriptive and inferential statistics in treating the data. The Chi-Square Test of Independence was used to test the association between EoL planning and the socio-demographics. The researchers computed manually and validated the values through the Microsoft Office Excel 2013 spreadsheet program and the Analysis ToolPak Add-in. The  $p$ -values were computed with the help of online probability computing software found at the Universal Resource Locator [www.graphpad.com](http://www.graphpad.com).

## Findings

### Level of End-of-Life Planning

Older Filipinos have moderate levels of EoL planning, that is overall evidenced by a mean score of 15.96. Mean scores of 6.61 for the health domain, 3.47 for relationships, 2.89 for legal and financial, and 2.99 for funerary were all interpreted as moderate planning. Table 1 shows the overall mean and the means for the domains of EoL planning.

### Association of EoL Planning and the Sociodemographic variables

A Chi-square test was conducted to assess whether EoL planning and the socio-demographic variables were independent of each other. The test of association resulted to a value of 1.82 ( $p=0.40$ ) for sex, 8.65 ( $p=0.07$ ) for chronologic age, 3.04 ( $p=0.22$ ) for religious affiliation, 0.93 ( $p=0.63$ ) for ethnicity, 8.12 ( $p=0.02$ ) for health status, and 0.67 ( $p=0.72$ ) for financial status. Only health status had a  $p$ -value which was less than the level of significance (0.05), resulting in the rejection of the null hypothesis. Thus, knowing the health status of older Filipinos help predict the level of EoL planning; while sex, chronologic age, religious affiliation, ethnicity, and financial status are not associated with EoL planning. Table 2 illustrates the Chi-square test statistic for each variable, together with the corresponding  $p$ -values.

## Discussion

### Level of End-of-Life Planning

EoL planning is a multifactorial phenomenon which could be explained by the complex interplay of several factors. First, health-related EoL planning is influenced by the desires of older people to assume autonomy over their health and treatment preferences. Furthermore, relationship-related planning is influenced by psychodynamics, as well as, religion and kinship bonds, which are under the umbrella of culture. In the context of the Filipino culture, the family has always affected the disposition and upbringing of its members. Thus, how the respondents express their preferences in the EoL is influenced by their families. Moreover, legal and financial-related EoL planning is dependent on the economic status of older people, where the state of being economically-constraint makes it more difficult for older people to plan for the EoL. Lastly, fear affects funerary-related EoL planning to a certain extent since funerals are realistic illustrations of one's mortality. These factors have contributed to the merely moderate levels of EoL planning among older Filipinos overall, which is on top of the inadequacies of government and non-government agencies regarding making older people aware of EoL planning.

**Table 1.** Overall Mean and Mean values for the Domains of EoL Planning

Domain	Mean	Interpretation
Health	6.61	MP
Relationship	3.47	MP
Legal and Financial	2.89	MP
Funerary	2.99	MP
Overall1	5.96	MP

<i>Health-related EoL Planning</i>		<i>Legal and Financial-related EoL Planning</i>	
6.67-10.00	Adequate planning (AP)	4.01-6.00	Adequate planning (AP)
3.34-6.66	Moderate planning (MP)	2.01-4.00	Moderate planning (MP)
0.00-3.33	Limited planning (LP)	0.00-2.00	Limited planning (LP)
<i>Relationship and Funerary-related EoL Planning</i>		<i>Overall EoL Planning</i>	
4.67-7.00	Adequate planning (AP)	20.01-30.00	Adequate planning (AP)
2.34-4.66	Moderate planning (MP)	10.01-20.00	Moderate planning (MP)
0.00-2.33	Limited planning (LP)	0.00-10.00	Limited planning (LP)

**Table 2.** Chi-square statistic and  $p$ -values for the Sociodemographic variables

Sociodemographics	$\chi^2$	$p$ -value
Sex	1.82	0.40
Chronologic Age	8.65	0.07
Religious Affiliation	3.04	0.22
Ethnicity	0.93	0.63
Health status	8.12	0.02*
Financial status	0.67	0.72

\* value significant at  $p < 0.05$

On the other hand, the moderate levels of EoL planning, on the whole, can be attributed to the older adults' longing for dignity. Older Filipinos, in general, strive to maintain dignity in old age through EoL planning, which does not only lead to having a sense of control over vital aspects of life, but also promotes well-being among them.

Lastly, it could be concluded that older Filipinos are becoming more aware of the benefits that they and their families could get from planning, thereby prompting them to engage in EoL planning, thus, the current finding.

This finding suggests that nurses, in collaboration with physicians and other members of the interdisciplinary team can further increase the level of EoL planning if they engage in EoL discussions with their older patients. As advocates for patients, nurses and other healthcare professionals can conduct information dissemination activities directed at increasing the awareness of older patients and their families about EoL planning.

### **Association of EoL Planning and the Sociodemographic variables**

The statistical analysis conducted had revealed no significant association between EoL planning and sex, chronologic age, religious affiliation, ethnicity, and financial status, which is due to a variety of factors. First, older males and females are exposed to the same social context and physiologic changes which influences their decision-making in the EoL. The roles of men and women in the society are changing too, which affects their perception of things such as EoL planning. In addition, it is a fact that people, in general, have uncertainty in life since death is inevitable and unpredictable. It can come at any age and as such, older Filipinos prepare for death regardless of age. Moreover, although various religious groups differ regarding their teachings and beliefs, the effects of this religious wisdom and philosophy to EoL planning is the same. Furthermore, acculturation is evident in the locale of the study and it could be possible that a mix of cultures among the respondents existed, making ethnicity less significant in predicting EoL planning among older people. Lastly, EoL planning is a personal choice which could be made with or without money. It is possible that financial security and financial literacy among the respondents affected the finding. Though the effects of such factors cannot be confirmed, they are still influential to the current finding.

Nurses and other healthcare professionals should be made aware that older people, whether they are male or female, are exposed to the same social happenings and physiologic changes which could affect their propensity to plan for the EoL. Thus, healthcare professionals should address the needs and concerns of older people regardless of sex in the EoL. Moreover, gone were the days when old-olds were the only ones voicing their preferences in the EoL and where young-olds were not as eager to prepare for death. Today, young-olds engage in EoL planning in the same way the middle-olds and old-olds do. Therefore, healthcare professionals should not use age as the only basis when they assist older people in EoL planning. Moreover, nurses and other healthcare professionals should address the EoL concerns of older people regardless of their religious affiliations, and should not consider ethnicity as the sole predictor of EoL planning since it may be possible that people from the same ethnic background do not share the same beliefs and value systems. As Koenig and Gates-Williams (1995) said, "discussion of the influence of culture or ethnicity on control in EoL care must not be grounded on the assumption that all members of the particular ethnic group share the same values." Therefore, nurses and other healthcare professionals should consider other factors that act on ethnicities, such as autonomy and control. Lastly, nurse and healthcare professionals alike should initiate EoL discussions with older patients, regardless of their financial status. Older patients who cannot afford the expenses involved may not necessarily engage in EoL planning immediately after discussions even though EoL discussions may encourage them--- thereby increasing the probability of engaging in EoL planning.

On the other hand, the statistical analysis conducted had revealed a significant association between EoL planning and health status, which is because the golden years is a time where older people feel the cumulative effects of wear and tear, as well as, the physiological changes that come with age. These predispose older people to multi-chronicity, and the existence of medical conditions makes it more likely for death to come early among them. As can be observed in the clinical setting these days, medical conditions affect older people in general. As such, many older Filipinos endure years of deteriorating physical function, complicated by socioeconomic dilemmas which, ultimately, has negative impact on their quality of life. The changes in physical and functional capacity, as well as, the existence of medical conditions now become intrinsic drives for older Filipinos to engage in EoL planning. This finding is supported by the study of Black and Csikai (2015) where it was said that although notable efforts have been made to improve older people's experiences in the EoL, there appears to be a rise in the number of individuals who communicate their wishes to die, particularly among those with advanced illness.

Truly, the awareness of the health status helps foretell EoL planning among older Filipinos. The current finding supports the findings of other studies which determined how the health status of individuals affects EoL planning. In particular, this finding supports the findings of Carr and Khodyakov (2007) where health status, aside from education, gender, marital status and religious affiliation, was found to influence EoL preparations. Moreover, it coincides with the findings of Ha and Pai (2012) where care recipients were more likely to engage in informal discussions on EoL care planning. Conversely, it goes against the findings of Kahana, Dan, Kahana and Kercher (2004) where only personal characteristics such as race, chronologic age and marital status were found to be related to EoL planning, and that the health status, as evaluated by the patient and the care providers had no association with the tendency to make advance care plans.

This finding suggests that health care professionals, including nurses, should consider the health status of older people as a predictor of EoL planning, especially among older patients with multi-chronicity, or those who are obviously near the EoL such as those in intensive care units or palliative wards. However, it also implies that since many older people underreport symptoms due to a variety of reasons, it is possible that existing medical conditions are left undiagnosed. Thus, health professionals should not use health status as the only basis to initiate EoL discussions.

### **Limitations**

The study has limitations that should be acknowledged. First, the sociodemographic characteristics of the participants were not comprehensively explored such as religious affiliation and ethnicity, which could have affected the findings since EoL planning differs to some extent based on the specificity of these variables. Second,

assessing for orientation and memory may not reflect the overall mental or psychological status of the respondents. Lastly, self-report surveys were used and it is possible that the responses did not accurately reflect the respondents' level of EoL planning.

## Conclusions and Recommendations

Based on the findings, the researchers conclude that EoL planning remains not widely used in the Philippines, thus, intensifying the call for more aggressive interventions to make EoL planning salient and acceptable to older people. Furthermore, health status affects EoL planning considerably, and that knowing the sex, chronologic age, religious affiliation, ethnicity and financial status did not help predict EoL planning. The findings provide insight into EoL planning among older people which could be integrated into practice both clinically and in the academe. Future studies should examine other elements which could influence EoL planning, as well as, evaluate if initiating EoL discussions among physicians and nurses increases the likelihood of planning among older Filipinos. Nurses can develop programs directed at facilitating the patient's expression of EoL preferences. Government, non-government, nursing organizations and other groups advocating for older people should develop programs designed to increase the awareness of older people on EoL planning. Ultimately, it is recommended that older Filipinos be more assertive and vocal with their preferences in the EoL to direct the actions of their families and social networks, as well as, direct their health, legal, financial and funerary decisions.

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