

The Impact of Advance Care Planning (ACP) on Quality of Life (QoL), Quality of Care (QoC), and Quality of Death (QoD) for Older People in Palliative and End-of-Life Care (PEoLC): A Qualitative Study in Thailand

Kamolwan Janpanao, Prof. Judith Sixsmith, Dr. Meiko Makita, Dr. Tharin Phenwan

School of Health Science, University of Dundee

Introduction and Background

- Due to an ageing population in Thailand, the demand for palliative and end-of-life care (PEoLC) is on the rise.
- In Thailand, 55% of patients needing PC had cancer, while 44.4% had non-cancer life-limiting illnesses (Figure 1).
- However, non-communicable diseases (NCDs) are the leading cause of mortality among older people.
- This prevalence of NCDs significantly impacts overall health and well-being in the aging population, driving the demand for long-term care and an increased need for PEoLC.
- ACP has been shown to enhance QoL for those nearing end-of-life by enabling individuals to input their preferences for future care, ensuring their wishes are respected and supported.
- While ACP is essential for ensuring dignity in end-of-life care, there is limited research on its impact in Asian contexts, particularly within community settings.

Aims and Objectives

Aim

To explore the relationship between ACP, quality of life, quality of care, and quality of death from the perspectives of older people

Objectives

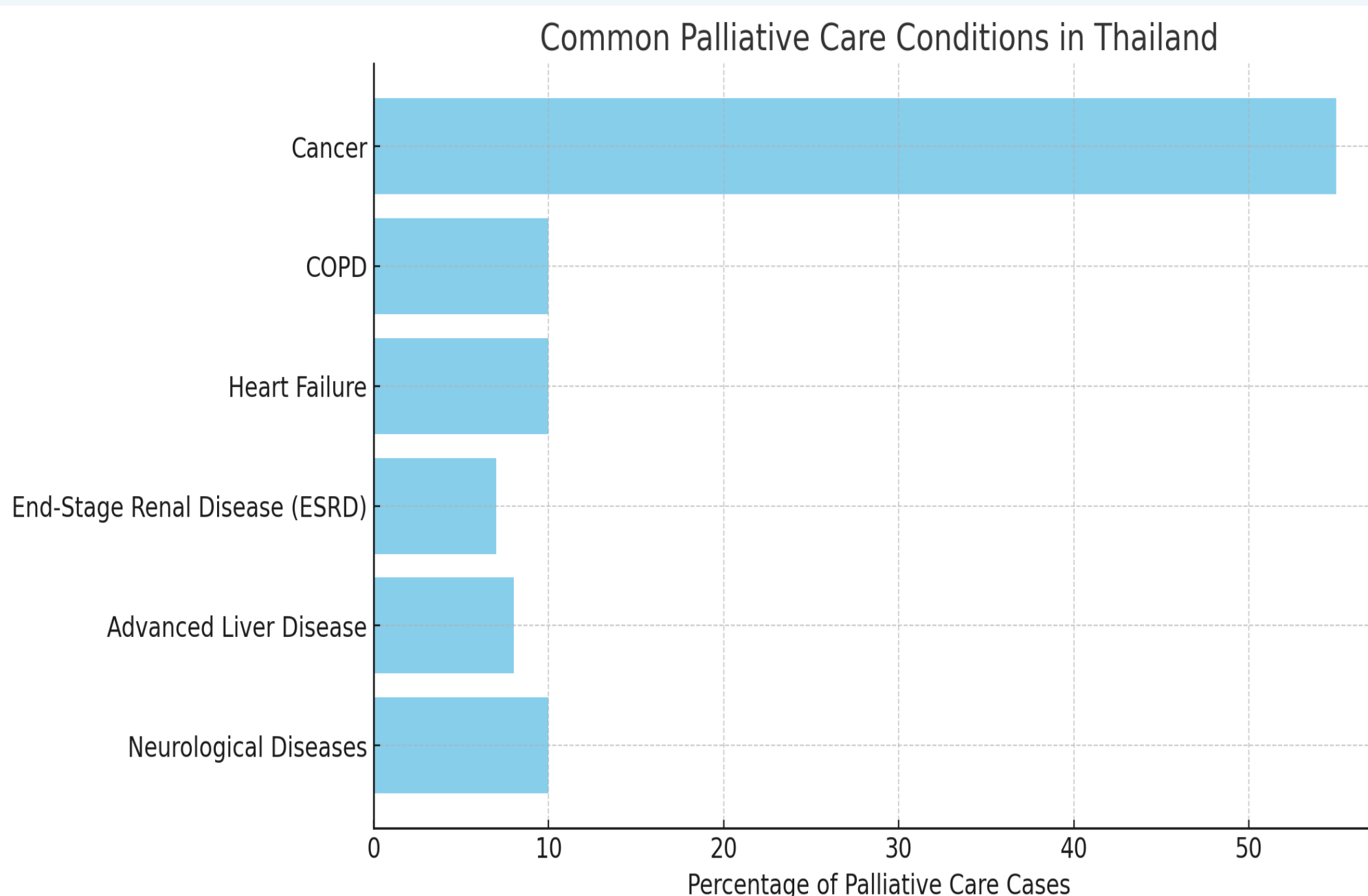
- To explore the relationship between ACP, QoL, QoC and QoD among older people with chronic illness living at home and in the community in Thailand.
- To explore experiences of engaging in ACP in Thai older people with chronic illness living at home and in the community in Thailand.
- To examine the role of healthcare providers and caregivers in promoting ACP and improving the QoL, QoC, and QoD of older people with chronic illness living at home and in the community in Thailand.

Research Question

“How does advanced care planning impact quality of life, quality of care and quality of death in older people in Thailand who receive palliative care and end of life care?”

Methods

- A qualitative case study was conducted. Fieldwork took place between December 2023 and May 2024.
- Three participant groups were recruited (N=36) through a purposive sampling, including older people (N=12), caregivers (N=15), and healthcare providers (N=9) from the Comprehensive Palliative Care Centre (CPCC) at Maharaj Nakorn Chiang Mai Hospital.
- Data were generated through semi-structured interviews with older people and primary caregivers at their homes and a focus group with healthcare providers at the hospital.
- A reflexive thematic analysis (Braun and Clarke 2019;2021) was applied to identify key themes across three domains: QoL, QoC, and QoD.



Data Analysis

Seven themes were identified across the three domains: QoL, QoC, and QoD

Domain1 : QoL

1.ACP as a “Compass”

2.Empowerment through Decision-Making

“ACP is a compass to me (pt10, 70 yrs)”

“It’s (ACP) good ...very good...I can ask for anything...well.. not everything (laugh), but at least I know what I want and I wish doctors, nurses, and my family would follow my wishes. I feel like my life is in my own hands (pt3, 73yrs) ”

Domain2: QoC

1.Enhanced Communication and Coordination through ACP

2.Reducing Caregiver Burden and Supporting Families

3. Clarity in Healthcare Decisions and Cultural Sensitivity

“My life is easier with ACP .. It’s easier to discuss with doctors and my children because I have a written plan so... I don’t have to explain my wish all the time (pt8, 89 yrs)”

Domain3: QoD

1.Dignity and Peace at the End of Life

2.ACP as a Legacy Plan

“I want a peaceful death and I am sure that it (ACP) could help me achieve my life goal (pt1, 76 yrs)”

“feel like.. I have a prepared death note... everything is in there.. I don’t have to worry what will leave behind when I’m gone (pt3, 73 yrs)”

Conclusion

- **Empowering Autonomy:** ACP enables older adults to shape their care journey, enhancing their autonomy and reducing anxiety around end-of-life decisions.
- **Culturally Aligned Care:** Tailoring ACP discussions to reflect each patient’s cultural and personal beliefs, building trust in diverse populations.
- **Supporting Emotional Well-Being:** ACP provides a platform to address personal preferences and emotional needs which promote well-being.
- **Enhanced Communication:** Consistent ACP discussions strengthen relationships among patients, families, and healthcare providers, guaranteeing that care plans align with the patient's needs.
- **Ensuring Dignity in End-of-Life Care:** ACP enables older people to express their wishes for a dignified end-of-life experience, ensuring that care reflects their preferences and promotes peace during their final moments.



Contact
Kamolwan Janpanao
Postgraduate Research student
School of Health Sciences, University of Dundee
+44 (0) 7915147789 | kjanpanao@dundee.ac.uk

References