

# Qualitative insights to help develop a faith-based intervention to improve the completion of advance directives in Chinese and Vietnamese communities.

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## Results: Themes

### Chinese Themes

#### Advance directives may promote abuse or prevent proper treatment of disease:

C1: *Life and death are in God's hands... (crying)...if we really sign the paper, then you will have to die.*

C4: *They believe that the treatment should reflect the biggest effort.. all possible treatments must be tried. They believe that filling this form out or a "do not resuscitate" [form] means not trying, and it is being disrespectful to the parents for the son or daughter. As for the patient, he might think that if I give you this right you might abuse it, you might not want to make the decision of giving me treatments. You might see me as a burden.*

#### Christianity can be interpreted to support or not support advance directives:

C1: *You still need to sign this document, because this is a modern society, so basically we can totally accept this... My religious belief can easily accept it...*

C3: *I would say it is easier for Christians. I think it makes more sense to Christians.... It makes easier to complete the form for others.*

C2: *I feel that religion isn't especially encouraging for advance directives. I think that the preparation of death...because there's a religion, you don't actually have to prepare in a sense that life and death is a natural process.*

C4: *First Christianity is against euthanasia. A lot of times we might associate advanced care planning with euthanasia.*

#### Children have difficulty talking to parents about advance care planning:

C3: *It is really hard to approach this topic. If you talk to [your father], he would think that you care more about his inheritance, etc.... You want me to die so early, etc.... It is hard to talk about it. It depends on whether the parents have good relationship with their children*

C4: *For me, I don't even dare to mention death in front of my parents, let alone talk about what comes later. Sometimes, they don't even want to mention about illness. So I don't know how to talk about this issue. I guess a lot of children have the same situation....Sometimes they don't want to talk about it even when we encounter this topic.*

### Shared Themes

#### Advance Directives are important and should be completed while still healthy:

C1: *It's better to have advance directives... in America, I think [people] should think about it once they reach their legal age, which gives them the right to decide for themselves...*

V3: *I think you should fill it out when you are still healthy, because when we are sick, we are no long lucid and conscious enough to make decision. So I think we should fill it out when we are still healthy, and everyone should fill one out and give it to their family.*

#### Advance directives and advance care planning are western concepts foreign to the Chinese and Vietnamese:

C1: *I don't think this advance care planning is strange to them. They might have heard something about it or even experienced with it before. It's not strange to them, but they still wouldn't take initiative either. To a certain extent, they would think this belongs to the Americans...belongs to the Americans, not to our Chinese people...We Chinese people don't like having one, don't think it's necessary to have one...*

V4: *I feel that it is a completely new concept for Vietnamese people, especially for those who grew up in Vietnam or migrated here but still keep the Vietnamese traditions.*

#### Chinese and Vietnamese people may fear talking about or planning for death:

C1: *The verbalized communication is rare. I feel that people in this culture are scared of death.*

V1: *In my opinion, nobody in our Vietnamese community really wants...like when you have health insurance...uh...for people to buy health insurance, initially no one will accept it. They will say, "Oh, you want me to die soon, huh?"*

#### Planning for death doesn't make sense:

C1: *I think that culture is a very significant part of decision-making. The thought is that we don't need to talk about making a decision when it hasn't come yet.*

C4: *The process of death, there is always denial against it. Even if we know it for sure, there is always denial of death even at the last minute. This is the thinking of Chinese people.*

V3: *I've talked to some people within the Vietnamese community, and some of them sort of have the attitude that they will make decision when it comes, will decide when the situation arrives. Most of them think like that....Only 15% of the population plan ahead of time.*

### Vietnamese Themes

#### Advance directives may decrease family conflict by clarifying the wishes of the patient:

V1: *For myself, if a decision is made beforehand, it will reduce the anxiety for the family, lessen a burden for the people in the family.*

V4: *They usually say we need to make decisions now and my siblings are arguing over which decision is the best.... It's because the patient did not leave behind any will for their family that a situation like this would usually occur.*

#### Advance directives can be compatible with the Catholic religion:

V1: *Sometimes when the family is unable to provide care or sometimes when people have already made decisions when they were conscious, they have confidence in, faith in God and so they have prepared everything already. There are times when their faith is what helps them heal their illness.*

V3: *And about our Catholic religion, we would also be happy to accept it too if it is clearly explained, because ... we sort of believe that this is following God's guidance.*

### Contact

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### Background

- Chinese and Vietnamese Americans underuse advance directives and so, may not receive the kind of care during severe illness or at the end of life that reflects their goals or values.

- Asians are the least likely to have completed an AD, to have thought about their healthcare wishes, and to say that their wishes were known by those most likely to represent them in medical decision making (proxies).

- Only 17% of Chinese-speaking Chinese have ever had a serious conversation with their health care proxies.

- There are no published studies about the completion of ADs by Vietnamese Americans

### Objectives

- Design an effective intervention involving faith-based organizations to address advance care planning in Chinese and Vietnamese American communities; and

- Evaluate the impact and efficacy of a faith-based intervention to increase completion of advance directives among Chinese and Vietnamese Americans.

- We report on key informant interviews which are formative work for this study.

### Methods

- 2-3 key informants from each church, including pastors and church leaders, participated in an in-depth, semi-structure interview that addressed personal, spiritual, and cultural beliefs about advance directives and advance care planning.
- The 9 key informants also provided strategies to introduce advance directives to their church members compatible with spiritual and cultural beliefs.
- Each 90 minute interview was audio-taped, transcribed and translated into English. Qualitative analyses will be done in on the English transcriptions in order to compare and contrast Chinese and Vietnamese issues.
- Two coders independently coded transcripts into conceptual categories and themes.
- Emerging issues were written into memos and re-analyzed to discover new themes, categories, or hypotheses for future research..

### Conclusions

- Chinese and Vietnamese American key informants in the participating churches agree that advance directives and advance care planning are important.
- However, they identify multiple cultural beliefs and attitudes that are potential barriers to completing advance directives.
- Addressing potential misconceptions and emphasizing the compatibility of advance directives with common cultural and spiritual values may overcome barriers to completion.