Thinking Ahead: the perspectives of ethnic minority communities on resuscitation decisions

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Background
Improving Advance Care Planning and increasing its equitable access is a key government strategy.1 People from black and minority ethnic (BAME) communities access palliative care services less, and are less likely to undertake formal Advance Care Planning.2 As a result, they are more likely to continue to receive aggressive interventions and are less likely to die in their preferred place.3,4

As Leicester has such a diverse population, it is an ideal location to explore a rich range of opinions, especially of South Asian communities.

Aims
• Identify barriers and enablers to healthcare professionals (HCPs) discussing deterioration and decisions about resuscitation with patients and families from BAME communities
• Define person-centered outcomes in decision making about resuscitation in advanced disease
• Identify HCP training needs to support them in caring for patients and families from BAME communities
• Add to evidence base regarding public opinion about resuscitation decisions and Advance Care Planning

Methods
A mixed methods, largely qualitative study guided by a Patient and Public Involvement (PPI) group.

Literature Review
I conducted searches on Medline, Embase, PsychInfo, ASSIA and Web of Science. The key findings include:

The Western model of candour and patient autonomy is not a universal value. The beliefs, values and needs of ethnic minority populations in the UK have not been explored to see if the Advance Care Planning model 'fits' for them.5

Patients from some minority ethnic groups are more likely to desire aggressive medical interventions regardless of prognosis and impact on quality of life. The reasons for this are complex and not yet established.2

Healthcare professionals do not feel confident in providing culturally appropriate care for BAME patients and families.2,6

What is Advance Care Planning?
Formally discussing, documenting, and reviewing patients’ preferences for future care:

Cardiopulmonary resuscitation
Place of death
Artificial hydration/ nutrition
Lasting Power of Attorney
Mechanical ventilation

References