

Advance Directives by Terminally Ill Patients: A Grounded Theory

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Abstract - *Truth, death is inevitable. With life comes death and it is only a matter of when and how. The how part always come in either of the three, by accident, old age or disease. And most often than not it is disease which caused most deaths in the world. This study is focused on determining the effects of terminal illness in every aspect of a patient's life and the advantages and disadvantages of advance directives in their decision-making for their health care administration. The researchers used a single group of 10 respondents suffering from terminal illness, from different cities and municipalities in Batangas. The primary gathering instrument used by the researchers was personal interview of the informants structured interview for a more focused collection of the necessary data. As can be gleaned from the responses of the participants to the questions propounded to them regarding their illness in relation to advance directives, the researchers were able to draw themes which are Advance Directives awareness, attitude towards Advance Directives, Advance Directives as a family decision, perception and organ donation, plans for the family and divine intervention as a replacement.*

Keywords: *Advance Directives, Terminally Ill*

INTRODUCTION

It is an established fact that in human life, death is inevitable. Death will always come no matter what the time is or what the cause may be- be it an illness or disease, old age or accident.

According to Smeltzer, Bare, Hinkle and Cheever [1], a terminal illness is a progressive, irreversible illness that despite cure-focused medical treatment will result in the patient's death.

Despite this fact, most people have the difficulty of talking about matters of death and dying and the concept of preparedness in terms of end-life medical care. With this in mind, the concept of advance directive was introduced. Advance directive is based on

the principle that adults have the right to control their medical treatment as long as they are mentally able to do so.

It is a legal document that allow people to communicate their decisions about medical care to family, friends, and health care professionals in the event that they are unable to make those decisions themselves- for example, due to being unconscious or in a coma.

The two main types of advance directives are the living will and the medical power of attorney. In the living will, people indicate what kind of medical care, especially life-sustaining care, they would or would not like to receive if they become unable to speak for themselves. The most common types of care that are addressed in a living will include the use of life-sustaining equipment and procedures.

Whereas in the medical power of attorney, it allows people to name another person to make decisions about their medical care if they are temporarily or permanently unable to communicate or make these decisions for themselves. The scope of a medical power of attorney is not limited to choices at the end of life but also includes decisions in other medical situations. The document goes into effect when a doctor declares that a person is unable to make his-her own medical decisions.

In the Philippine setting, the idea of having discussions about death is regarded as taboo and usually done in hushed tones. Nevertheless, there will come a time when one will be faced such, albeit in different ways (Leido, 2012).

The Senate Bill No. 1887 of the Sixteenth Congress of the Republic of the Philippines entitled Natural Death Act discusses the fundamental right of every adult te diced for their own health care including their decisions to have life-sustaining treatments to be withheld or withdrawn in instances of a terminal condition or permanent unconscious condition.

Advance directives are seen as a concrete guide in making decisions for a person who could no longer decide for himself by virtue of his condition. The reason why the researchers chose this study was that they have felt the need in raising the awareness of everyone, not only those who are terminally ill, about the use of advance directives. Moreover, the researchers believed that there are only a few studies about advance directives here in the Philippines.

Aim of the Study

This study explored the perceptions of terminally ill patients about advance directives.

Reconnaissance

This part presents relevant literature and studies which were measured and gauged to supply the basis of opinion and information, main concepts and ideas which are relevant to the current study. Both foreign and local sources were included in the presentation of literature so that the over-all view of the study can be gleaned.

Advance directives are written documents that allow the individual of sound mind to document preferences regarding the end-of-life care that should be followed when the signer is terminally ill and unable to verbally communicate his/her wishes. The documents are generally completed in advance of serious illness, but may be completed after a diagnosis of serious illness if the signer is still of sound mind. The most common types are the durable power of attorney for health care and the living will [1].

The concept of advance directives is related to ethical, legal and cultural considerations of patients' rights and determinations about their end-of-life care and treatment. Studies showed that advance directives can help to improve patient's autonomy, end-of-life care and treatment, grief and bereavement process about death and dying [2].

The Agency for Healthcare and Research and Quality funded studies have shown that discussing advance care planning and directives with their doctor increased patient satisfaction among patients age 65 years and over [3]. Likewise, Patients who talked with their families or physicians about their preferences for end-of-life care: had less fear and anxiety; felt they had more ability to influence and direct their medical care; believed that their physicians had a better understanding of their wishes and indicated a greater understanding and comfort level than they had before the discussion [4].

According to Smeltzer, Bare, Hinkle, and Cheever [1], patients approaching the end of life experience many same symptoms, regardless of their underlying disease processes. Symptoms in terminal illness may be caused by the disease, either directly or indirectly, by treatment for the disease or by a coexisting disorder that is unrelated for the disease.

Advanced health care technology does not just prolong people's life, but also increase the utility of life-sustaining treatments. Over the past few decades, the achievement in the world technology brought a lot of hopes to many people. Effective preventive measures and early detection of diseases prevent many serious illnesses. In addition, advanced medication and antibiotics treat and control many diseases. The technology and medical devices help many chronically, critically and terminally ill patients. Nevertheless, not all patients or their families want to receive life-sustaining therapies for every health care [5].

Moreover, this choice arises from an adult's right to control his medical treatment as long as he is mentally able to do so. He can choose which course of treatment he would like from those the doctor offers. He can likewise select the kind of treatment (aggressive, comfort care, or even none) that he wants to undergo to. This right is called informed consent, which means that the doctor or nurse explains the purpose, benefits, risks, and alternatives of the treatment before one decides whether to get it.

However, it is never easy to make final decision on end-of-life medical care, no matter by patients, their families, or by the health care team. End-of-life care sometimes arouse emotion and conflicts between health care providers and patients' significant others. People are reluctant to face death and seldom plan for how and when to die before they are terminally or critically ill. If patients' wishes or decisions were not clear, conflicts would be aroused between the families and the health care team for proceeding or forgoing the life-sustaining treatment. Hence, a clear documentation on patient's preference and determination on the final decision about receiving or forgoing medical intervention is crucial and essential [6].

Advance directives allow people to have conversations about illness, death and with their family, loved ones, which often are avoided. Research shows that patients and health care providers avoid discussing end-of-life issues, both wait for the other to breach the topic, but neither does so [7]. However, advance directives may allow people to have hoped that their pain will be controlled and may relieve some of the fear and suffering that accompany a diagnosis of

terminal cancer and the expectation that they will be provided with the care that they choose [8]. This document allows the patient to describe preferences regarding specific treatment options as well as to name successive agents should be the first person be available to take the role of proxy or agent [9].

The Agency for Healthcare Research and Quality (AHRQ) research shows that despite the patient's rights to determine their future care, only less than fifty percent of the severely or terminally ill patients had an advance directive in their medical record, only twelve percent of which had received input from their physician in its development [10].

Moreover, another study from Teno, JM et al., [10] revealed that the care at the end-of-life sometimes appear to be inconsistent with the patients' preferences to forgo life-sustaining treatment and patients may receive care they do not want. The examples of this are the preferences of patients in declining cardiopulmonary resuscitation (CPR) were not translated into do-not-resuscitate (DNR) orders.

DNR orders are requests from the patient or the patient's surrogate to the physician that certain forms of treatment or diagnostic testing not be performed. CPR is a procedure frequently addressed in DNR orders. Another study found that patients received life-sustaining treatment at the same rate regardless of their desire to limit treatment [12].

Same with the study of McAdam, et., al. [13], only 5 percent to 25 percent of Americans have advance directives. This low percentage most likely is due to patient's lack of knowledge about advance directives and the lack of discussion about the documents with physicians.

The significance of advance directives has been proven since according to the patients who are dying and their families who survive them, lack of communication with physicians and other health care providers causes confusion about medical treatments, conditions and prognoses, and the choices that patients and their families need to make [11]. Furthermore, the study indicated that about one-third of patients would discuss advanced care planning if the physician brought up the subject and about one-fourth of patients had been under the impression that advanced care planning was only for people who were very ill or very old. Only five percent of patients stated that they found discussions about advanced care planning too difficult.

Compared to surrogates of patients who did not have an advance directive, surrogates of patients with an advance directive who had discussed its content with the patient reported greater understanding, better

confidence in their ability to predict the patient's preferences, and a stronger belief in the importance of having and advance directive [4].

An organ donor card is also a form of advance directive. From another vantage point, the history or organ donation and procurement may hold valuable lessons about the widespread reluctance to execute advance directives and the difficulties in implementation that they have encountered [14].

However, according to Albright et al. [15] the identified major themes related to organ donation are awareness of organ donation, family beliefs, religion/spirituality, attitude/emotions, personal experience with organ donation, health profession and cultural issues.

Uriarte [16] stated that there are 16% of Filipinos who are willing to become deceased donors in a survey last 2001 while last 2005, it increased to 78%. Furthermore, the motivation to donate organ has been shown to have a relationship with knowledge and awareness towards organ donation. Pham and Spinger [23], in their study for the U.S that included 278 respondents, found that 69.1 percent knew that blood-type made a difference in donation; 61.6 percent knew that transplant survival rates were high, and 75.9 percent knew that transplants could come from living donors. A study by Mossialos et al., [24] in European Union found that more educated, younger age, and expressing some sort of political affiliation determined the willingness to donate one's own organs and consent to the donation of those of a relative.

The social and legal evolution of advance directive documents represents some progress in people's willingness to both contemplate and communicate their wishes concerning the end of life [1].

Patients who had advance planning discussions with their physicians continue to discuss and talk about these concerns with their families. Such discussions enabled patients and families to reconcile their differences about end-of-life care and could help the family and physician come to agreement if they should need to make decisions for the patient [25].

Most of the terminally ill patients are not aware that the principle of autonomy is exercised by the use of written advance directives, which are prepared in advance of illness and must be written when a person has the ability to make informed decisions [20].

Nishimoto and Foley (2001) stated that Filipinos found a strong influence of filial piety, or the obligations of the family member to care for one another. Luckman [22] also stated that it is also

common for Filipino patients to assume a passive role when they are sick and to expect family assistance.

Emphasis on meeting the total needs of the patient in a holistic manner has stimulated greater concern for the psychological and spiritual care of the dying. In addition, there is now recognition that family members and significant others play a vital role in the dying process and must be considered by the attending medical agents. In this regard, acceptance should not be mistaken for a happy state; it implies that the individual has come to terms with death and has found a sense of peace [17].

Moreover, Eliopoulos also stated that by discussing advance care planning during routine outpatient visits, during hospitalization for exacerbation of illness, or when the patient or physician believes death is near, physicians can improve patient satisfaction with care and provide care at the end of life that is in accordance with the patient's wishes.

Verder-Aliga [26] stated that Filipinos believed that certain illnesses that could not be treated by modern medicine could be cured through divine intercession.

Cruz [18], Filipino terminally ill patients often ask for aggressive care that is often based on religious beliefs, including divine healing. Cruz [18] also stated that prayers and devotional acts are common weapon in Filipino patients' arsenal for healing.

Conceptual Framework

The concept of making an advance health care planning is continually being recognized as an important aspect of lifelong planning. Various countries have already recognized the concept of advance directive and its importance in the administration of different treatment approaches based on an individual's personal wishes. Advance directives are seen as a concrete guide in making decisions for a person who could no longer decide for himself by virtue of his condition [7].

Philippines are yet to recognize the concept of advance directive. The idea of placing the continuance or end of one's life in the hands of a person raises serious legal and moral issues needed to be addressed first before full implementation of such may be undertaken by health care professionals.

Conceptual Paradigm

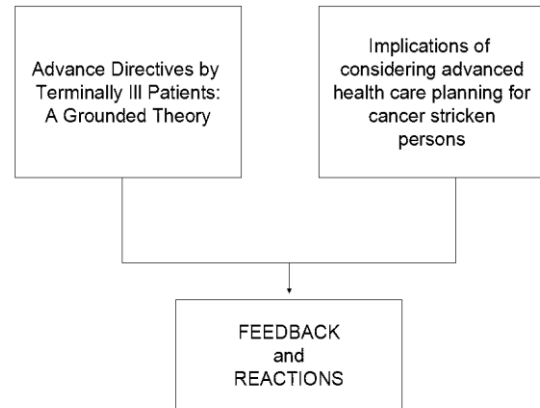


Figure 1. Advance Directive by Terminally Ill Patients

Figure 1. shows the relationship between advance directives, its implications for advanced health care planning with regards to the feedback and reactions of the terminally-ill patients. Through this, ACROSS model was made in order to portray the perception of the said patients about advance directives. Advance directives is yet to be recognized here in the Philippines that is why the feedback and reactions of the terminally-ill patients must be taken into consideration when approving advance directives.

According to Smeltzer, Bare, Hinkle, and Cheever, [1] the social and legal evolution of advance directive documents represents some progress in people's willingness to both contemplate and communicate their wishes concerning the end of life.

METHODS

Research Design

The researchers used the grounded theory design. In conducting this study, Grounded theory as a research method was used in order to discover new dimensions of the social processes in the people's lives. Moreover, grounded theory method is rooted in the precepts of symbolic interactions and was developed by two sociologists as an alternative to theory verification. Once key concepts and dimensions are identified, the researcher must also develop a theoretical connection among the concepts, explaining what is going on in the are being studied [19].

Informants of the Study

Twenty (20) informants were selected purposefully to participate in the said study. Inclusion criteria were set for the purpose of delimitation which includes as

follows: (a) terminally ill patients, (b) diagnosed with a terminal illness and (c) residing in the Province of Batangas. In addition, the informants were the patients of Batangas Medical Center who have terminally ill cases such as chronic kidney disease and cancer.

Data Gathering Instrument

The primary gathering instrument used by the researchers was personal interview. The interview guide was generated by the researchers and was analyzed and validated by the panelists. This enabled the researchers to draw out information verbally in a face-to-face scenario. One advantage if the interview over the other data gathering device is that people usually are more willing to talk than to write. Furthermore, the genuineness of the responses of the informants are easier to detect.

Data Gathering Procedure

In gathering the needed data, the researchers first wrote a letter of request to the Dean of the College of Nursing concerning the conduct of their study in selected places in the Province of Batangas. The researchers then purposively selected the informants. A schedule was set with regards to the date, time, and place convenient to the interviewees for the conduct of the interview proper. Proper demeanor and ethical standards were observed by the researchers in the conduct of the interview. Furthermore, the researchers also asked for permission in recording the entire interview session. After conducting the interview, the data gathered was transcribed and analyzed.

Data Analysis

In analysing the results of the interview, the researchers made use of the grounded theory process by Dr. Richard B. Wallace. First, after gathering the insights and perceptions of terminally ill patients, the researchers generated relevant categories. The said categories were then refined by defining relationships and by validating it with previous related studies. This paradigm was adopted by the researchers in order to come up with a grounded theory about advance directives among terminally ill patients. Planning during the end stage of life is influenced by knowledge, learning, individual perspective and culture. These factors are interrelated to each other as they influenced individual's decision making that could be vital not only to the individual who are in the end stage of life but also to their family and significant others.

RESULTS AND DISCUSSIONS

Core Categories

As can be gleaned from the responses of the participants to the questions profounded to them regarding their illness in relation to advance directives, the researchers were able to draw core categories. Though these categories were taken from the answers of the participants, they were summarized, given that there's not much variations among categories and thus may be compacted with each other.

Thus, based on the data gathered and collected from the informants, the following compacted findings were drawn:

Advance directives awareness

The informants revealed that they have minimal knowledge and they are not aware of advance directives. When asked about advance directives, the informants stated: "*wala akong ideya, ngangayon ko lang din narining yan*" (I have no idea, I only heard it now), "*Ano ga yung advance directives?*" (What is advance directives?), "*Ay hindi ko alam yun eh, pasensya na sa inyo*" (I don't know it, I'm sorry) and "*wala akong alam, wala akong ideya dyan*" (I don't know, I have no idea about it).

All of the informants voiced out that the concept of advance directives is new to them and they only learned that there is such during the interview. This is due to the fact that advance directives is a relatively new concept here in the Philippines and institutions should still consider not just its medical implications but also its legal implications since it also deals greatly in the concept of prolonging or ending life

Same with the study of McAdam, et., al. [13], only 5 percent to 25 percent of Americans have advance directives. This low percentage most likely is due to patient's lack of knowledge about advance directives and the lack of discussion about the documents with physicians. It is also supported by the study of Teno, JM et. al, [10] which stated that despite the patient's right to determine their future care, only less than 50 percent of the severely or terminally ill patients had an advance directive in their medical record and only 12 percent of which had received inputs from their physician in its development.

Open mindedness on advance directives

The concept of advance directives was discussed to the informants. Each of them has different reactions. But mostly, they have a different knowledge about it. This was due to the fact that they are not well informed about it and it is not practiced here in the Philippines.

They also have different opinions about the benefits of advance directives.

Some of the informants agreed that it is helpful when they said, "*Nakakatulong din para sa pamilya ko na hindi sila mahihirapan kung ano yung gusto ko*" (It will help my family, so that they will not find it difficult to know what I want), "*Oo dahil malalaman nila ang dapat gawin pag dumating ako sa ganong stiwasyon na naayon sa aking kagustuhan*" (Yes because they will know what to do when the situation comes which is what I wanted) and "*Magandang tulong yun, paano kung halimbawa dumating sa punto na wala ng pagasang magamot pa ako eh pwede ko naman siguro ilagay na itigil na lang ang gamutan para hindi na nahihirapan ang aking mga anak tsaka tulong na din iyon sa kanila kung anung mga gusto ko at ayaw*" (It is beneficial, for example it came to the point that I can no longer be cured and I can put it that they should stop the treatments then my children will not be burdened, it will also be of help in order for them to know what if I want it or not).

While others disagreed because they stated, "*Parang wala naman eh. Hindi mo naman mapipigilan kung mamamatay kana eh*" (I think there is none, you cannot stop death), "*Nakakatulong sya pero hindi sa akin*" (It is helpful but not for me).

The mixed responses of the informants regarding the use and approval of advance directives was caused by their lack of knowledge about it. Since it was not fully practiced here in the country, people are yet to consider whether they will agree or not since they are not well-informed regarding its positive benefits and negative effects.

According to Anderson-Shaw [20], most of them are not aware that the principle of autonomy is exercised by the use of written advance directives, which are prepared in advance of illness and must be written when a person has the ability to make informed decisions.

Moreover, in the study of McAdam et. al., [13], they found out that although the Filipino American subjects had positive attitudes about advance directives, very few subjects had completed one.

Advance directives as a family decision

The informants were also asked who will decide their treatments when they are don't have the capacity to do so. They all agreed that the responsibility will be passed to their families. The informants said "*Ang magdedesisyon na non ay ang mga kasama ko*" (My significant others will decide), "*Alam ng aking pamilya kung ano ang dapat na gawin at hindi din nila ako*

pababayaan" (My family knows what to do and they will always be there for me). They also said "*May mga pamilya naman ako na hindi ako pababayaan kapag umating yung mga oras na iyon*" (I have a family and they will be the one to decide when the time comes) and "*Siguro naman ay gagawa sila ng paraan para lang ako ay mabuhay*" (I think my family will find a way in order for me to live).

With regards to their health and with consideration to advance directives, the informants believed that familial decisions. The choice will not lie to a single person only but rather a collaborative decision. Since the family will be the one to decide, the patients will be relieved with the burden of selecting specific interventions and approaches to their care that they would want.

This only indicates that the terminally ill patients will let their own families to decide the treatments they will receive when they cannot make the decision for themselves. Nishimoto and Foley [21] stated that Filipinos found a strong influence of filial piety, or the obligations of the family member to care for one another.

Moreover, Luckman [22] also stated that it is also common for Filipino patients to assume a passive role when they are sick and to expect family assistance.

Perception on organ donation

The researchers also assessed the informants' willingness to donate their viable organs if the situation asks for it. Most of the terminally ill patients agreed that their organs should be donated to those who needs it.

They stated that "*Oo naman kung kailangan eh*" (Yes, if it is needed), "*Oo, kung pwede pa ay ibigay na sa iba*" (Yes, if my organ can be donated, then give it to others), "*Kung may nangangailangan eh bakit ga hindi pa ako papayag eh mamamatay na*" (If somebody needs it, then why would I not give it? I'll die anyway) and "*Oo, kung ibibigay lang naman eh. Kung importanteng importanti di ibibigay ko*" (Yes, if I will give it. If it is really important, then I will give it).

The informants' state of mind when it comes to organ donation is optimistic. They cling to the fact that if there will be someone to benefit from their functional body parts, they will gladly donate it because they want to do something good before their life ends. They perceive that, instead of putting their functional organs to waste, they will just donate it to those in need so that their life will be prolonged.

According to Albright et al., [15], the identified major themes related to organ donation are awareness

of organ donation, family beliefs, religion/spirituality, attitude/emotions, personal experience with organ donation, health profession and cultural issues.

Moreover, Uriarte [16] stated that there are 16% of Filipinos who are willing to become deceased donors in a survey last 2001 while last 2005, it increased to 78%.

Plans for the family

It was also revealed that the informants have plans for their family. All of them implied that they want their family to have a better life after they die. They want them to have a beautiful future they all deserved.

When the informants were asked about their plans for their family, they answered, "*Syempre gusto ko kahit malalaki na mga anak ko ay maayos ang kanilang buhay*" (Of course, even if my children are already adults, I want them to have a good life), "*Gusto ko sana na mabigyan sila ng magandang kinabukasan at edukasyon lang ang kaya naming maipamana sa kanila*" (I want them to have a better future since education is the only inheritance we can give them), and "*Sana tumagal pa ang aking buhay ng magabayan ko pa ng ayos ang aking tatlong anak*" (I hope I will live long so that I can guide my three kids properly).

All of the patients' only dying wish was for their family to have a good life even if they are not around anymore. They want them to be happy and to live life to the fullest, they also want their children to study hard in order for them to have a brighter future. They believe that since they are dying, they don't want to leave their family on the brink of poverty.

According to Eliopoulos [17], emphasis on meeting the total needs of the patient in a holistic manner has stimulated greater concern for the psychological and spiritual care of the dying. In addition, there is now recognition that family members and significant others play a vital role in the dying process and must be considered by the attending medical agents. In this regard, acceptance should not be mistaken for a happy state; it implies that the individual has come to terms with death and has found a sense of peace.

Moreover, Eliopoulos [17] also stated that by discussing advance care planning during routine outpatient visits, during hospitalization for exacerbation of illness, or when the patient or physician believes death is near, physicians can improve patient satisfaction with care and provide care at the end of life that is in accordance with the patient's wishes.

Divine intervention as a replacement

The informants believed that divine intercession is the most effective advance directive they can hope for. The thought that God will be there and has plans for them is enough to believe that they will survive their own journeys.

The informants said "*Lalo akong kumapit sa kanya, dahil siya ang sandata ko, sandalan ko*" (My faith strengthened, He is my sword, He is my wall), "*Diyos na ang bahala sakin*" (I leave it all to God), "*Kasi iniisip ko na may bugtong Awang Diyos na nagpapagaling sakin*" (I'm thinking that there will always be God's mercy that will heal me), "*Pinaubaya ko ang lahat sa Kanya*" (I'm leaving it all to Him) and "*Alam kong tutulongan kami ng Panginoon na maitaguyong itong pagsubok sa akin*" (I know that God will help me to surpass this trial).

Being religious is a trait that has been present in the past and has been passed from generations to generations. With these in mind, the informants trust the divine God to be their guiding light in the midst of their chronic diseases. They are putting their faith in him, to see through their illnesses and to spiritually strengthen them in dire times.

According to Cruz [18], Filipino terminally ill patients often ask for aggressive care that is often based on religious beliefs, including divine healing. Cruz [18] also stated that prayers and devotional acts are common weapon in Filipino patients' arsenal for healing.

Furthermore, Verder-Aliga [26] stated that Filipinos believed that certain illnesses that could not be treated by modern medicine could be cured through divine intercession.

Theory Construction

Based on the refined and interpreted core categories, **ACROSS** Model was therefore constructed which focuses on the following aspects about Advance directives which are Awareness, Collaboration, Replacement, Open Mindedness, Security and Saver.

Figure 2 shows the six (6) core categories that have been developed by the researchers from the respondents perspective about advance directives. ACROSS model was made in order to easily inform others about what advance directives can bring.

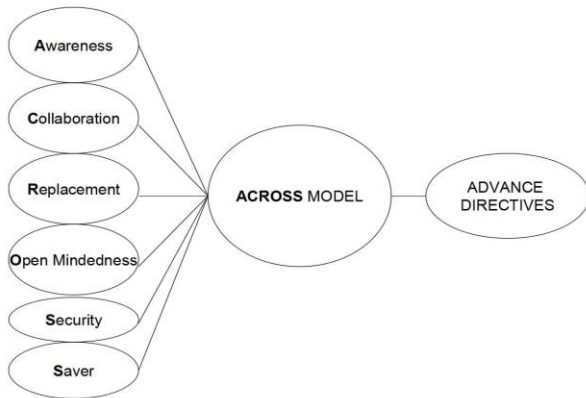


Figure 2. ACROSS Model of Advance Directives of Terminally Ill Patients

Awareness

In terms of awareness about the concepts, advantages and disadvantages of advance directives were disseminated to informants, most of them are not aware about it and it was a term unfamiliar to them. They only learned about it during the interview session with the researchers. This was because advance directives is yet to be introduced here in the Philippines and the pros and cons of legally allowing it is yet to be determined.

Collaboration

It was an established fact among the informants that when the time comes and they do not have the capacity to decide for themselves the best interventions and approaches, the decision will lie not only to a single member of their family but rather to the family as a whole. It will be a joint effort on selecting which procedures and type of care the patient will receive so that they can prolong their life.

Replacement

The informants’ unwavering faith with God serves as their own advance directive. They firmly believe that only a divine intercession can heal and make them better now. With this in mind, the patients place their trust in God, seeking for his eternal guidance and for His constant healing grace. They also believe that their disease is only a test of faith, but in the end their faith with God is even greater than their terminal illness.

Open Mindedness

There are different perceptions regarding advance directives. Some of the informants believed that it will aid their family and significant others in deciding

which care was best for them when they reached the point wherein they cannot decide for themselves anymore while others perceived that it will not be helpful since they will die anyway. But in the end, they agree to implement advance directives here in the Philippines.

Security

The mere fact that their family is secured in the future is enough for the informants. It will ease them the burden of thinking about their family when they are already gone. Their wish is that they families should have a better future and be safe on being in the brink of poverty. They also want their children to have a good education so that they will have a brighter future. Moreover, they thought that since they are dying, they don’t their family to experience what they have been through.

Saver

Advance directives will save not only a lot of lives but also a lot of time because they will already be directed of what to do and what not to do in dire times of deciding whether a care will be ceased or continued. First, the health care providers and the family will be guided on what the patients’ preferences want regarding their care and chosen procedures. Another is that advance directives will surely help those who are in need of functional organs which the terminally ill patients are willing to give. Lastly, when the time came and the patients are incapable of deciding for themselves, the responsibility will lie under the collaborative effort of the family about the interventions and procedures that will save their patient’s life.

CONCLUSIONS

Terminally ill patients are not fully aware about advance directives and the benefits and implications that it may bring. Patients with chronic diseases knew the severity of their disease but they have no knowledge or information yet with regards to advance directives however, they have a positive attitude towards the good effect of advance directives. Advance directives is a family decision since the informants believed that the said collaborative decision will relieve them the burden of selecting specific interventions and approaches that may or may not prolong their life. Despite the conditions of the chronically ill patients, they still put in mind the welfare of others who needs an organ that will surely help in extending one’s life.

RECOMMENDATIONS

Physicians who are taking care of chronically ill patients should, at the outset, bring to the attention of the patients as well as their family members, what advance directives is, explaining fully well the benefits that can be derived out of it. The information should be disseminated regularly through proper medium of communication. Advance directives should remain an option on the part of the chronically ill patient and his/her family rather than a must. Advance directives must be incorporated in the concept of Nursing Care Management 100 as it is an important issue among clients with chronically ill illnesses.

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