

Identifying the Chinese Context's Decision-Making Limitations and Facilitators in Elderly Patients

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Introduction

In order for patients who are nearing the end of their lives to pass away with dignity, the living will give them the freedom to select the medical treatment they get. This right to choose one's own people is protected by legislation in many nations, including those in Europe and the United States. However, because to a lack of legal backing, China is still in its infancy when it comes to living wills, and the Chinese people's understanding and acceptance of them are not particularly high. The elderly population in China is growing quickly, death education is receiving more and more attention, and living wills will become more and more common in the coming years. This paper's objective is to identify the barriers to and enablers of older patients decision-making in the Chinese environment and to provide solutions.

At the individual, societal, and national levels, the Chinese context may be used to characterise the constraints and enablers in the decision-making of elderly patients living will. Low-quality hospice care, social propriety, and a lack of legal backing are the challenges. Meeting psychological expectations, upholding individual autonomy, promoting the mental health of terminally ill patients and their carers, and patients readiness to adopt a living will are all helpful aspects. The analysis led to the following recommendations for action: the state should strengthen pertinent laws; society should encourage death education; medical staff should strengthen knowledge storage and training; actively understand patients cultural values; and the family should encourage patients to participate in decision-making.

China's ageing population has demonstrated a consistent and rapid development trend in recent years. The elderly are the group that is closest to "death" in accordance with the natural law of birth, old age, disease, and death. Although this group may not have severe disease, there is a significant risk of rapid physical decline and mental issues owing to old age and frailty, the decrease of many physiological processes [1]. Elderly patients with chronic, terminal, incapacitating, and incurable illnesses are considered to be populations that are particularly important to end-of-life medical decision-making. Death is considered to be a taboo subject in traditional Chinese thought, which is influenced by the idea of filial piety. For instance, when an old person has an incurable illness, the family often keeps the elderly person in the dark about the actual severity of the illness, and medical professionals are compelled to keep doing "nothing" procedures on the patient. It must be treated with meaning; else, it is not familial [2]. Rarely do elderly individuals have the autonomy to choose their own end-of-life medical treatment after they start to lose their capacity for autonomy. Living will therefore eventually take on a more significant role in assisting individuals in communicating their desires for end-of-life medical treatment. The living will is used as both an instruction document for a better comprehension of the patients previously expressed intentions and as a representation of the patient's prior decisions, including instructions on end-of-life care (for example, abandoning a specific treatment). Death in peace was underlined as an essential human right by the United States in 1990. People have recently come to the realisation that there is more to life than simply passing the time; there is also some value in dying well. Also receiving greater and

more attention is a condition for death [3-5].

Although research techniques have their limits, we found a lot of evidence in our study to support living wills. Studying China's living wills is necessary. It is essential to advance the growth of death education while progressing. It is essential to draw lessons from international experience and develop suitable policies based on China's family-oriented philosophy.

Discussion

The need to pay attention to the living is a result of the ageing population and peoples growing awareness of mortality. In the Chinese context, we discovered that there are several barriers and enabling variables that influence older patients pre-decisions. These factors may be categorised as personal reasons, societal reasons, and national reasons. Elderly patients ability to make decisions regarding their living will is said to be hampered by the low quality of hospice care, societal ethics, and a lack of legal assistance. And meeting psychological expectations of individuals, respecting personal autonomy, promoting the mental health of patients and their carers as they approach death, and patients readiness to adopt a living will are all seen to be important factors.

Conclusion

A living will is a statement of a persons wishes for medical care that is completed by a person who is mentally sound. It is anticipated that when a person can utilise this document for his or her own medical care in the future, they may not be in a sound mental condition being open to making choices that will aid in deciding how best to treat dying patients. Pre-mortems will inevitably become more common as peoples knowledge of death grows. However, there is currently no applicable document to guarantee it, and living will research in China is still in the experimental stage. Even intervention research on how to encourage older patients recognition of prejudice is lacking. Due to cultural variations between nations, it is critical to create assessment tools that are appropriate for Chinese culture and national conditions that influence elderly patients signing of living wills. These tools should also identify pertinent specific influencing factors, develop intervention strategies, and support the growth of death education in China. Elderly individuals who are no longer capable of making their own decisions at the end of life can nevertheless exercise this privilege.

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Conflict of Interest

Author declares no conflict of Interest.

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