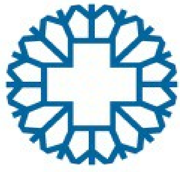
CULTURAL AND FAMILY STRUCTURE FACTORS AFFECTING END-of-LIFE DECISION-MAKING and END-of-LIFE CARE IN THE PHILIPPINES



Maria Fidelis C. Manalo, MD, MSc.
Email: palliativecareunit@themedicalcity.com

INTRODUCTION

There is complete centrality of the family for the Filipino. Most informal care for chronically-ill and terminally-ill people is provided by partners and adult children. But today, the Philippines ranks as the third largest migration sending country in the world. As of December 2008, an estimated 9 million Filipinos live and work abroad, which is about 10 % of the population. Changes in family structure, whether it may be from having fewer children and starting families later, increased levels of marital disruption and more complex family relationships or greater geographical separation of families due to migration, may have an effect on the availability of care.

OBJECTIVES

To identify the cultural and family structure factors that influence the end-of-life decision making and EOL care.

METHODS

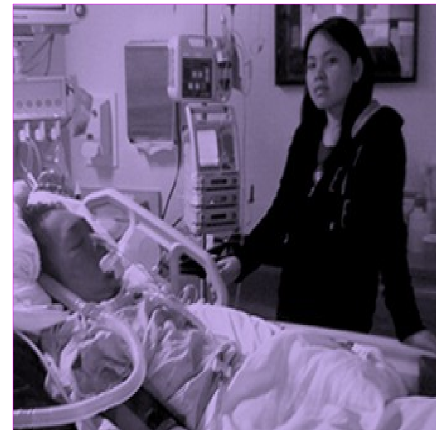
Ethnographic case study, which used the theoretical framework of medical anthropology. Data were collected through semi-structured interviews with family caregivers of patients admitted in the ICU in a private tertiary hospital in the Philippines.

RESULTS

Identified cultural factors affecting end-of-life decision-making and EOL care include: the patient and family's perspective on death and dying, collective decision-making, perception of pain and request for pain relief, role of religion and faith, and perception regarding hospice and palliative care.

When it comes to making end-of-life health care decisions, religion, family and home are powerful influences on many terminally ill Filipino. Advance-directive completion rates among Filipino patients were at 10 percent. "Only God can decide when life ends" or "while there's life there's hope, so we cannot give up on our patient" are a few of the reasons why many seriously ill Filipino patients and their family members tend to balk at approving advance care directives.

The Filipino family unity is more and more disrupted by migration. It is becoming increasingly common to conduct family meetings using Face Time or Skype conferencing. It is the children abroad who serve as financier and primary decision-makers. Two out of five Filipino patients' relatives refused to make a 'Do not resuscitate' order when it is initially offered upon admission. Many patients are thus transferred to the ICU and stay there for prolonged periods of time while the family here wait for overseas family members to come home before considering possible withdrawal or withholding of artificial life-support measures. Meantime, the burden of aggressive, heroic measures on the patient begin to outweigh the benefits, and the hospital expenses continue to rise to exorbitant levels.



Regarding Lung Cancer 51 year old patient intubated in the ICU:

"I don't want to sign that Advance Directives. My mom will improve. She will not die. But if we put it in writing, then that is sort of like we hasten the death. And we need to wait for my father working in Germany to arrive first; he can be the one to decide." – Son, 31 years old

Regarding Colon Cancer 60 year old patient intubated in the ICU:

"I cannot decide about dad. Let's wait for my brother who is a practicing doctor in the US"– Daughter, 41 years old

Regarding 78 year old Stroke patient GCS=3/15 patient intubated in the ICU:

"Do everything possible. My mother is a fighter and she wants to live. We didn't discuss her wishes for end of life care because you don't talk about those things. My siblings abroad said they leave it up to me to decide and I think we should fight with her."– Daughter, 45 years old

CONCLUSION

A greater awareness and understanding of cultural and family structure factors influencing end-of-life decision-making will assist the hospital staff in providing effective end-of-life care. Correcting misperceptions regarding advance directives and palliative care is crucial to the quality of end-of-life care received.

REFERENCES

- Wright M, Hamzah E, Phungrassami T, Bausa-Claudio [accessed 22 February 2011];Hospice and palliative care in Southeast Asia: a review of developments and challenges in Malaysia. Thailand and the Philippines. 2008. www.eolc-observatory.net/global/pdf/seasia_aug08.pdf.
- Coolen P. (2012). Cultural Relevance in End of Life Care. https://ethnomed.org/clinical/end-of-life/cultural-relevance-in-end-of-life-care
- Gysels M , Evans N, Meñaca A, Andrew E, Toscani F, Finetti S, H. Pasman R, Higginson I, Harding R, Pool R. (2012). Culture and End of Life Care: A Scoping Exercise in Seven European Countries. https://doi.org/10.1371/journal.pone.0034188
- Migration Profile, The Philippines. http://eeas.europa.eu/archives/docs/philippines/docs/migration_profile_annex3_en.pdf
- Tullao T, Cabuay C. [accessed 22 February 2017]; International Migration and Remittances: A Review of Economic Impacts, Issues and Challenges from the Sending Country's Perspective . http://www.dlsu.edu.ph/research/centers/aki/_pdf/_workingPapers/Tullao%20&%20Cabuay.pdf
- Sprung, C. L., Maia, P., Bulow, H. H., Ricou, B., Armaganidis, A., Baras, M., Ethicus Study Group. (2007). The importance of religious affiliation and culture on end-of-life decisions in european intensive care units. *Intensive Care Medicine*, *33*(10), 1732-1739.doi:10.1007/s00134-007-0693-0