



## Background

African Americans, in general, do not prepare for the end of life. The Patient-Self Determination Act, the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT) and the Institute of Medicine's report Approaching Death: Improving Care at the End of Life all contributed to improvements in end-of-life care. End-of-life care is a broad term which describes attention and support given during the period leading to death. Advance directives are a mechanism to safeguard control over decision making. The purpose of this poster is to present a review of literature on end of life in African American older adults.



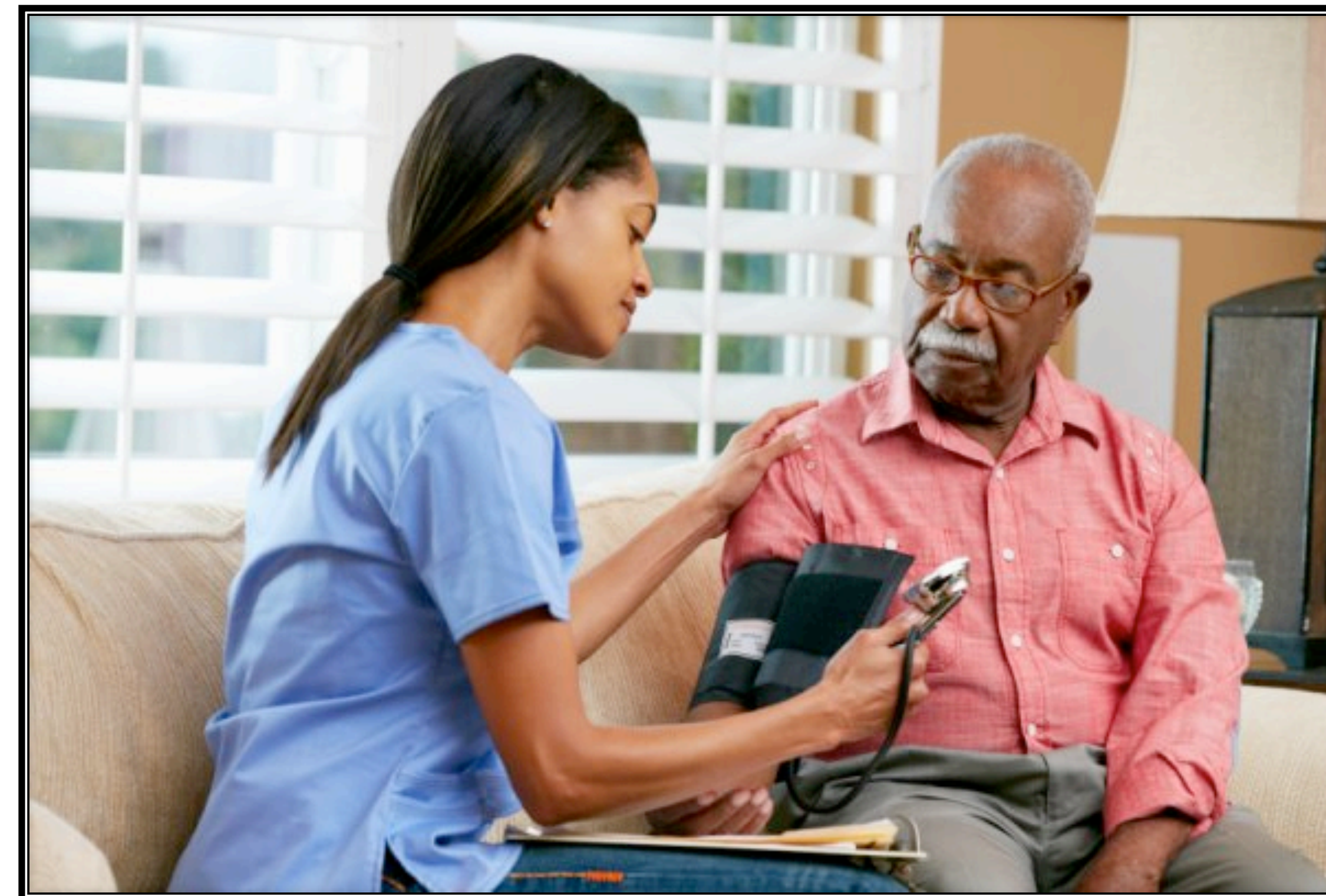
## Methods

Literature searches were conducted for studies published between 2007 and 2014. Studies were included based on the following criteria:

- (a) included African Americans
- (b) participants 60 years of age or older
- (c) end of life was addressed
- (d) research-based
- (e) published in the English language

Twenty-eight articles met these criteria using the following databases: CINAHL, Cochrane Library, Ovid MEDLINE, Pub Med, Psych Info, Web of Science and ancestry searches.

Keywords used: African American, Blacks, end of life & older adults



## Findings

- African Americans use hospice and prepare advanced directives less often than Caucasians or other races.
- Focus is often on interment preparation versus symptom management care trajectory.
- African American decedents generally received more life-sustaining interventions than non-Blacks during hospitalization near the end of life.
- Among the many factors that may contribute to African American older adult end-of-life decision making, the following were most salient:
  1. Individual & family belief systems
  2. Culture & socialization
  3. Religion/spirituality
  4. History & mistrust



## Conclusions

- Confluences of multiple factors contribute to African American older adult end-of-life decision making.
- Further research is needed in this area with an emphasis on strategies to improve this experience for older adults with cognitive impairment such as dementia using their family caregivers.
- Better understanding of end-of-life decision making processes in this population is needed for the development of culturally tailored end-of-life educational interventions.
- Improving this outcome may lead to better patient and family satisfaction with end-of-life care and subsequently improved quality of life for all involved.



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