

Title:

Family Efficacy on Decision Making for Kin With Cancer in Terminal Stage: A Literature Review

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Session Title:

Clinical Posters Session 2

Keywords:

decision making, family and terminal stage

References:

A literature review of nursing care for Japanese family members making decision about Do Not Attempt Resuscitation. Kataoka E & Ito M. Japanese Journal of Research in Family Nursing, 2016;22(1): 37-47.

Preparing Family for their Involvement in Health Care Decision Making at the End of Life. Nolan M. Japanese Journal of Research in Family Nursing, 2015;21(1): 85-92.

Abstract Summary:

The purpose of this paper was to clarify how family interact with kin with cancer in terminal stage for decision making and what kind of issues were involved through a review of the literatures.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify what kind of issues regarding family decision making for kin with cancer in terminal stage.	To describe what kind of factors are influenced on the decision making among a patient with cancer in terminal stage and family by the cancer diagnosis disclosure or not.

The learner will be able to know how nurses assist family of kin with cancer in terminal stage making decision.	When a patient is in terminal stage, it is difficult situation for making decision of end of life care.
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Abstract Text:

OBJECTIVE:

The number one cause of death in Japan has been related to cancer since 1981 and one of three persons have contracted cancer. The purpose of this paper was to clarify how family interact with kin with cancer in terminal stage for decision making and what kind of issues were involved through a review of the literatures.

METHODS:

We conducted a search of the online version of the *Ichushi Web* by Japan Medical Abstracts Society using the key words 'cancer', 'family', and 'decision making' excluding conference abstracts. 9 reports including 32 cases of a family of kin with cancer in terminal stage were targeted for this review.

RESULTS:

Family thoughts of decision making from the cases of the literatures were different between disclosure and non-disclosure of cancer diagnosis. The factors influencing on the decision making for a patient with cancer in terminal stages were extracted 8 categories in the cancer diagnosis disclosure cases: 'physical and mental distress', 'consideration for patient', 'information collection for decision making', 'expectation for peaceful death', 'stress of treatment environment', 'accessibility of a patient's and family visit', 'economy of recuperation place' and '. 6 categories in non-disclosure cases were 'relationship with health care professionals', 'expectation for medicine', 'the last hour of a patient', 'hope for caring', 'anxiety of caring' and 'special feeling of a hospital' In the disclosure cases, the family thoughts were categorized into the following six categories: 'difficult feelings of unknowing patient's wish', 'bewilderment of knowing patient's wish', 'decision differing from patient', 'regret after the death' and 'satisfaction by trying one's utmost best'. On the other hand, in the non-disclosure cases, the family thought 'fluctuation by non-disclosure', 'regret of non-disclosure' and 'good decision of choosing non-disclosure'.

CONCLUSIONS:

It's necessary for a patient and family to discuss well about medical care and way of life in order to make decision about the terminal care and to spend the limited time in terminal stage better. Health care professionals should inform them for certain, think of and care for family.