FAMILY EFFICACY ON DECISION MAKING FOR KIN WITH CANCER IN TERMINAL STAGE: A LITERATURE REVIEW

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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.

METHOD

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. Nine reports including 32 cases of a family of kin with cancer in terminal stage were targeted for this review.

Table 1 Overview of Cases Featured in the Articles

		Cases
Patient Gender	Male	19
	Female	13
Patient has decision-making capacity	Yes	19
	No	0
	Short-term memory impairment	2
	Not specified	11
Presence or absence of disclosure	Full disclosure of the nature of the illness, life expectancy, and treatment methods	14
	No disclosure	4
	Disclosure of only the nature of the illness	3
	Disclosure of life expectancy	0
	Not specified	11
Decision-making format	Family only	14
	Patient and family	6
	Patient and medical staff	1
	Patient	0
	Not specified	11
Decision-making content	Recovery location, treatment method, whether to undergo surgery	19
	Disclosure	7
	DNR	1
	Not specified	7

RESULTS

Family thoughts of decision making from the cases of the literatures were different between disclosure and non-disclosure of cancer diagnosis.

Six articles featured accounts relating to decision-making, namely articles (Hoshina, et al, 2010), (Yoshida & Kojma, 2006), (Miyazai et al, 2012), (Yokouchi, et al, 2007), (Sakurai & Mashima, 2013), and (Ando, et al, 2007). Four discussed non-disclosure of the nature of illnesses to patients, as in the 18 cases discussed in the articles (Hoshina, et al, 2010), (Miyazai et al, 2012), (Sakurai & Mashima, 2013, and (Ando, et al, 2007). Conversely, articles (Yoshida & Kojma, 2006) and (Yokouchi, et l, 2007) discussed 9 cases featuring accounts involving disclosure of the nature of illnesses to patients. Table 1 showed overview of cases featured in the article.

As shown in Table 2, the factors influencing on the decision making for a patient with cancer in terminal stage were extracted 8 categories in the cancer diagnosis disclosure cases: 'physical and mental distress', 'consideration toward patient', 'gathering information for making decision', 'expectation for peaceful death', 'stress over the treatment environment', 'accessibility of a patient's and family visit', 'economic considerations toward the treatment location' and 'relationship with health care staff'. 6 categories in non-disclosure cases were 'relationship with health care staff', 'treatment expectations', 'time of patient death', `hopes for long-term nursing care', anxieties when providing long-term nursing care', and `emotional attachment to the hospital'.

Five articles featured accounts relating to confidence, namely (Miyazai et al, 2012), (Yokouchi, et l, 2007), (Sakurai & Mashima, 2013), (Kanno, 2009), and (Shimizu, 2004). Here, disclosure of the nature of illnesses to patients was discussed with reference to 2 cases in articles (Yokouchi, et l, 2007), (Sakurai & Mashima, 2013), and (Shimizu, 2004), while non-disclosure of the same was discussed with reference to 2 cases in articles (Miyazai et al, 2012), (Kanno, 2009), and (Shimizu, 2004).

In the disclosure cases, the family thoughts were categorized into the following six categories: 'difficult feelings of unknowing patient's wish', 'a quandary due to knowing the patient's feelings', 'a decision that differs from the patient's own intention', 'regret after bereavement', `conflict after bereavement', and 'satisfaction from having done one's best'. On the other hand, in the non-disclosure cases, the family thought 'Indecision about non-disclosure', 'regret s over non-disclosure' and 'relief at having chosen non-disclosure'.

Table 2 Factors affecting decision-making

	Category	Subcategory
Disclosure Cases	Physical and mental distress	Exacerbation of symptoms and anxiety
		Discomfort associated with curative treatment
	Considerations toward patient	A desire not to be a burden on the family
	Gathering information for making decisions	Gathering information for making decisions about treatment and care location
		Various means of gathering information
	Expectation of a peaceful death	The desire for a peaceful death
	Stress over the treatment environment	A hospital environment inconsistent with the patient's desires
	Accessibility of a patient's and family visit	The convenience of outpatient care and consultation
	Economic considerations toward the treatment location	Stress over excessive fees
	Relationships with health care staff	Honest engagement with patients
Non-disclosure Cases	Relationships with health care staff	Appropriate explanation is given when necessary
		Honest engagement with patients
		Desire for a trusted doctor to remain in attendance to the end
		Desire for the patient's and family's thoughts to be understood
		Distrust of nurses using dubious nursing techniques
		Distrust of physicians who disregard patients' feelings
	Treatment expectations	(Advance) treatment expectations for receiving treatment
	Time of patient death	Explanation by the physician and prognosis of remaining life expectancy given the current state of the patient's health
	Hopes for long-term nursing care	Hopes for long-term nursing care
	Anxieties when providing long-term nursing care	Anxieties about providing long-term nursing care in the home
	Emotional attachment to the hospital	Emotional attachment to a familiar hospital

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.

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