I Don’t Want to Make My Own Decisions: Decision-Control Preferences Among Diverse Older Adults, Advance Care Planning, and Satisfaction with Communication (FR415-D)

Rebecca Sudore, MD, San Francisco VA Medical Center Home and University of California, San Francisco, San Francisco, CA
Catherine Chiu, BS, University of California, San Francisco, San Francisco, CA
Mariko Feuz, BS, University of California, San Francisco, San Francisco, CA
Ryan McMahan, University of California, San Francisco, San Francisco, CA
Yinghui Miao, MPH, San Francisco VA Medical Center Home, San Francisco, CA

Objectives

- Learn about the level of control diverse older adults prefer to have over their medical decisions.
- Understand what patient characteristics are associated with a preference for wanting to relinquish control over medical decisions to their doctor, and whether decision-control preferences are associated with advance care planning, decision making, and communication.

Original Research Background: Older adults from diverse cultures may prefer varying control over medical decisions. Decision-control preferences (DCPs) may profoundly affect decision making and communication.

Research Objectives: To determine the DCPs of diverse, older adults and whether DCPs are associated with participant characteristics, advance care planning (ACP), question-asking behavior, and satisfaction with communication.

Methods: 146 participants were recruited from clinics, senior centers, and cancer-support groups in San Francisco. We assessed DCPs using the Control Preference Scale: doctor makes all decisions (low DCPs), shares with doctor (medium), or makes own decisions (high). We assessed associations between DCPs and participant characteristics, prior advance directives, ability to make in-the-moment goals-of-care decisions (eg, comfort care), question-asking behaviors (self-efficacy, readiness [5-pt Likert], and prior asked questions), and satisfaction with patient-doctor communication (5-pt Likert) using Chi-square and Kruskal-Wallis analysis of variance.

Results: Mean age was 71 ±10 years, 53% were nonwhite, 47% completed an advance directive, and 70% made a goals-of-care decision. Eighteen percent wanted their doctor to make decisions, 33% to share, and 49% to make their own. Older age was the only characteristic associated with DCPs (75 years ±11 low, 69 ±10 medium, 70 ±9 high; p=0.003). DCPs were not associated with ACP, in-the-moment decisions, or communication satisfaction. Readiness was the only question-asking behavior associated with DCPs (3.8 41.2 low, 4.1 41.2 medium, 4.3 41.2 high; p=0.05).

Conclusions: Nearly one-fifth of diverse, older adults wanted their doctor to make their medical decisions. Low DCPs were associated with older age and lower readiness to ask questions but not race/ethnicity, yet older adults with low DCPs still engaged in ACP, made goals-of-care decisions, asked doctors questions, and reported communication satisfaction.

Implications for Research, Policy, or Practice: Regardless of DCPs, clinicians can encourage ACP, goals-of-care decision making, and questions from all patients. However, clinicians need to ask about DCPs to provide the desired amount of decision support and ensure informed decision making.