

## Awareness and Willingness of Signing 'Consent Form in Palliative Care' in Elderly Patients with End Stage Renal Disease

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**Abstract :** End-stage renal disease most commonly occurs in the elderly population. Elderly people are approaching the end of their lives, and when facing major life-threatening situations, apart from aggressive medical treatment, they can also choose treatment methods such as hospice care to improve their quality of life. The purpose of this study was to investigate factors associated with the awareness and willingness to sign hospice and palliative care consent forms in elderly with end-stage renal disease. This study used both quantitative, cross-sectional study designs. In the quantitative section, 110 elderly patients (aged 65 or above) with end-stage renal disease receiving conventional hemodialysis were recruited as study participants from a medical center in Taipei City. Data were collected using structured questionnaires. Study tools included basic demographic data, questionnaires on the awareness and perception of hospice and palliative care, etc. After collecting the data, data analysis was conducted using SPSS 20.0 statistical software, including descriptive statistics, chi-square test, logistic regression, and other inferential statistics. The results showed that the average age of participants was 71.6 years old, more males than females, average years of dialysis was 6.1 years and most subjects rated their self-perceived health status as fair. Results of the study are summarized as follows: Elderly people with end-stage renal disease did not have sufficient knowledge and awareness about hospice and palliative care. Influencing factors included level of education, marital status, years of dialysis and age, etc. Demographic factors influencing the signing of consent forms included gender, marital status, and age, which all showed significant impacts. Factors taken into consideration when signing consent forms included awareness of hospice care, understanding the relevant definitions of hospice care, and understanding that consent may be modified or cancelled at any time; it was predicted that people who knew more about ways to receive hospice care or more related definitions were more willing to sign the consent forms. In the qualitative study section, 10 participants who signed the consent form, five male, and 5 female, between the ages of 65-90, have completed the semi-structured interviews. Analysis of the interviews revealed six themes: (1) passing away peacefully, (2) autonomy on arrangements of life and death, (3) unwillingness to increase family and social burden, (4) friends and relatives' experience influencing the decision to give consent, (5) sharing information to facilitate the giving of consent, (6) facing each day with ease, to reflect the experience and factors of consideration for elderly with end-stage renal disease when signing consent forms. The results of this study provides the awareness, thoughts and feelings of elderly with end-stage renal disease on signing consent forms, and serve as a future reference for the dialysis unit to enhance the promotion of hospice and palliative care and related caregiving measures, thereby improving the quality of life and care for elderly people with end-stage renal disease.

**Keywords :** end-stage renal disease, hemodialysis, hospice and palliative care, awareness, willingness

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