

Utilization of Advanced Directives among Migrants in Berlin

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Background

The number of patients with migratory backgrounds (migrants) in Germany will increase steadily in the future. Particularly, the former labour migrants have reached an age where many of them are in need of Hospice and Palliative Care (HPC). Only very few data about the health care of this group in HPC context are available. The utilization of Advanced Directives (AD) - as a part of Advanced Care Planning (ACP) - among migrants in Germany is unknown, presumably it is lower than among non-migrants due to language barriers. A representative population survey in 2012 demonstrates that 26% of the whole German population is in possession of an AD [1].

Aim

The aim of this survey was to quantify the percentage of migrants with and without an AD at the time of admission in a palliative care ward compared with non-migrants.

Methods

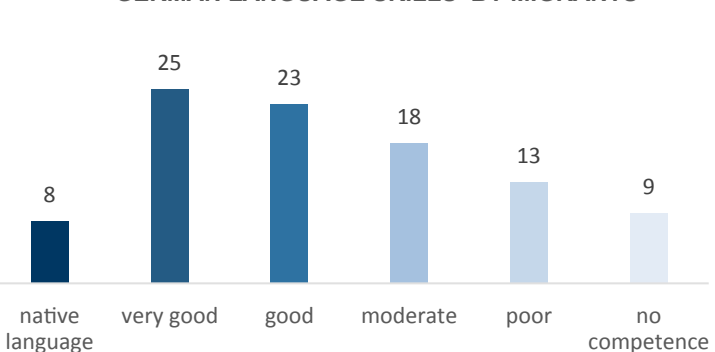
Elicitation of the following data from all newly admitted patients in 5 palliative care wards in Berlin over a period of 6 months:

- Migrant status by evaluated questionnaires
- Presence of an AD
- Self-perception of German language skills

Results

650 patient data were collected, 628 were valid for evaluation. 93 patients (14,8%) were identified as migrants according to the definition of the Federal Statistical Office. 9,7% of migrants (n=9) were in possession of an AD at time of admission compared to 219 non-migrant patients with an AD (40,9%). More than half of the migrants evaluated their own German language skills as „very good“ (n=25), „good“ (n=23) or were German native speakers (n=8).

GERMAN LANGUAGE SKILLS BY MIGRANTS

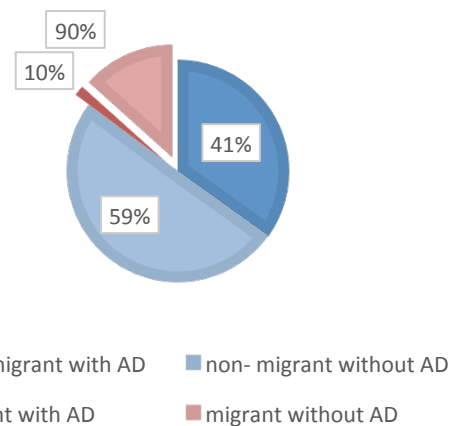


Self-perception of German language skills (n=96)

Discussion

In comparison with non-migrants, the patients with a migratory background utilize the instrument of an AD rarely. Only 10% are in possession of an AD at the time of admission to a palliative care ward, whereas 41% of non-migrants hold an AD at this time. According to the self-perception of the language skills, a lack of understanding or speaking German might not be the cause.

PERCENTAGE OF ADVANCED DIRECTIVES AMONG MIGRANTS AND NON-MIGRANTS



Proportion of patients with and without an Advanced Directive by migrant status (N=628)

Sparse informations about the possibility of preparing an AD among this group is likely to cause the disparity beside other yet unknown issues. Considering the ethnic background as an important factor in decision making at the end of life [2], comprehensive and precise AD might be appropriate to improve the quality of HPC for migrants, especially if communication borders exist. The implementation of „Cultural Sensitive Advance Directives“ can improve consideration for and realization of the presumed will of migrants [3]. But the presented data suggest that the utilization of the instrument „AD“ at the end of life is a far distant goal particularly for migrants.

Conclusion

Despite the small cohort, the results suggest low utilization of AD by migrants. Providing adequate information about AD by addressing cultural and religious communities might be an important step to implement AD for migrants. Further investigations are needed to confirm the findings and explain the striking differences.

1 Wehrauch B, Rösche E. Sterben in Deutschland – Wissen und Einstellungen zum Sterben.

In: Dt. Hospiz- und Palliativverband Hrsg. Berlin: 2012

2 Duffy S A, Jackson F C, Schim S M, Ronis D L, Fowler K E. Racial/Ethnic Preferences, Sex Preferences, and Perceived Discrimination Related to End-of-Life Care. J Am Geriatr Soc. 2006; 54: 150 – 157

3 Ilklic I. Die kultursensible und kultursensitive Patientenverfügung in einer wertpluralen Gesellschaft am Beispiel muslimischer Patienten. Ethik Med 2008; 20: 221-229