



Knowledge, attitudes, behaviors, and barriers to Advance Care Planning among Terminally Ill Cancer Patients in the Philippines

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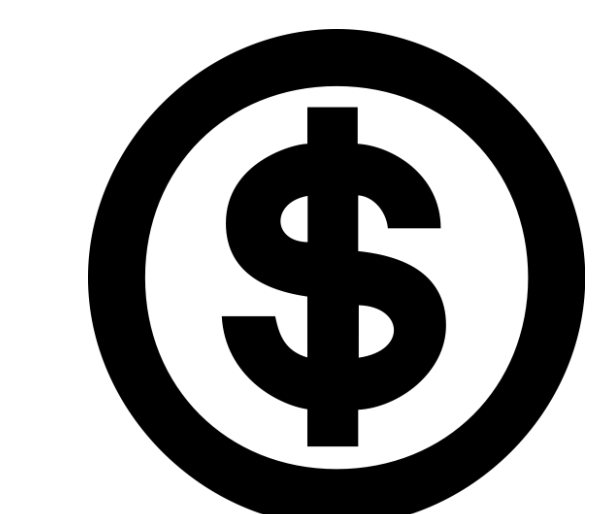
BACKGROUND

- The **Philippines** enforced one of the world’s longest COVID-19 lockdowns – 518 consecutive days – yet it had the 5th-highest cumulative death toll in Southeast Asia and faces resurgences even today.
- Militarized enforcement, misinformation, and inconsistent government messaging worsened public distrust and highlighted **systemic weaknesses in public health infrastructure**.
- These weaknesses continue to disproportionately affect **medically vulnerable** populations, especially cancer patients.
- **Advance Care Planning (ACP)** empowers patients with life-threatening conditions to define their end-of-life preferences in advance – improving care quality, reducing unnecessary interventions, and alleviating emotional and financial strain on families.

BARRIERS TO ACP



1. **No national legislation** protecting ACP rights or standardizing implementation.
2. **Lack of training**: 2023 data show that oncology residents at Philippine General Hospital never receive formal ACP training.
3. Absence of ACP leads to unexpected costs and emotional hardship.



4. **84% of the average Filipino funeral cost (\$1,279 USD) is covered by gambling pots and community donations, with the remainder by remittances and informal loans.**



5. Deep-rooted **Roman Catholic beliefs** discourage open discussion of death.
6. **Collectivist family structures** often override individual patient wishes.

STUDY OVERVIEW

- **Goal**: This project describes a Fulbright-funded study to assess and strengthen Filipinos’ ACP practices. By gathering data on patients’ knowledge, attitudes, and barriers, this project aims to build culturally sensitive, legally informed frameworks that improve end-of-life communication, reduce suffering, and promote equitable, patient-centered care.
- **Research Questions**:
 1. **What are current patient attitudes and knowledge about ACP?**
 2. **What ACP practices, if any, exist among PGH cancer patients?**
 3. **What obstacles limit ACP implementation?**
- **Participants**:
 - **Sample size**: 350 cancer outpatients recruited from five UP-PGH specialty clinics (Medical, Hematologic, Radiation, Gynecologic, and Surgical Oncology)
 - **Sampling**: Systematic sampling – 10 patients per weekday over 40 days.
 - **Eligibility**: Filipino adults (≥18 years) with a confirmed cancer diagnosis who can provide informed consent
- **Methods**:
 - **Mixed-methods design**: 15-item quantitative and 30-item qualitative instruments, adapted from existing evidence-based surveys.
 - **Framework**: TRAPD (Translation–Review–Adjudication–Pretesting–Documentation) for cultural adaptation.
 - **Timeline**: 9 months total

Table 1. Timeline of Study Activities	Month								
	1	2	3	4	5	6	7	8	9
Community Integration and Hospital Orientation									
Survey Development									
IRB Application									
Literature Review and Research Preparation									
Data Collection									
Data Analysis and Reporting									

- **Data Analysis**: chi-square tests, ANOVA, correlation analysis, and logistic/multiple linear regressions performed by PGH biostatisticians.

STUDY PARTNER

- The **University of the Philippines–Philippine General Hospital (UP-PGH)**, is the nation’s primary and largest government hospital.
- Nearly **70,000** cancer patients are seen annually, but the number of patients seeking treatment is **400%** higher than the number of beds available.

BUDGET NARRATIVE

- **Fulbright Grant Total**: \$12,000 USD
- **Patient Compensation**: \$2,160 USD in meal cards
- **Survey Materials and Supplies**: Printing, Redcap data storage, translation services.
- **Personnel**: Language translators, research assistants, and biostatisticians.
- **Community Dissemination**: Infographics for clinic lobbies and a town hall meeting to share results.

LIMITATIONS AND IMPACT

- **Cultural Factors**: Religious and family beliefs may influence how participants discuss end-of-life care.
- **Response Bias**: Addressed through anonymous, neutrally worded surveys.
- **IRB & Logistics**: Possible ethics review delays and limited clinician training may affect timelines.
- **Language**: TRAPD translation ensures clarity and cultural accuracy.
- **Scope**: Findings reflect one hospital and may not generalize nationwide.
- **Impact**: This study will generate the first patient-centered data on ACP in the Philippines to inform culturally sensitive care, strengthen communication, and improve quality of life for patients with serious illness.

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