Understanding the needs of end-of-life care for older adults in Korea: a literature review

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Abstract. Recent years have seen marked improvements in end-of-life care, however end-of-life care in Korea has been focused mostly on cancer patients. Thus, this review focuses on understanding the needs of end-of-life care for older adults with terminal chronic illness. A literature review synthesized the qualitative and quantitative evidence on end-of-life care for older adults with terminal chronic illness in Korea. A literature search pertaining to older adults and hospice/palliative/end-of-life care was conducted using electronic databases from January 1990 to July 2013 to cover published research in health and social science. Studies that focused of death or resuscitation decisions were excluded. Each study selected was screened independently by two investigators. A narrative synthesis was used. Twenty-three studies were included in the review. Results suggest that research on end-of-life care for older adults with terminal chronic illness is limited to developing intervention for older adults with terminal chronic illness. Therefore, more research is required on the needs of older adults entering the terminal phase of chronic illness to assist in developing intervention for those with terminal chronic illness as well as their caregivers.

Keywords: End-of-life care, Hospice, Palliative care, Older adults

1 Introduction

The older Korean population continues to increase. Currently at 13.1%, the Korean older adults aged 65 years is expected to increase to 40.1% by 2060 [1]. As the population ages, more people suffer and die from progressive chronic illnesses such as dementia, chronic obstructive pulmonary disease and heart failure [2, 3]. The proportion of older adults living with chronic illness will continue to increase with the accelerated aging of the Korean population [4].

Chronic illness is progressive, and as it worsen, integrating end-of-life care approach is appropriate, with a focus on optimizing quality of life and relieving symptoms [2]. However, there are still many needs to reduce the burdens of older adults with terminal chronic illness as well as their caregivers. Also, it is unclear whether end-of-life care frameworks for cancer patients address the needs of older adults with terminal chronic illness [3, 5]. Therefore, we need to understand the needs
of end-of-life care for older adults with terminal chronic illness as well as their caregivers. These efforts would improve terminally ill older adults’ quality of life at end-of-life and sublimate the end-of-life care to national movement.

This study reports on a literature review of research that synthesized the qualitative and quantitative evidence on end-of-life care for older adults with terminal chronic illness.

2 Methods

2.1 Search methods

The aim was to undertake a literature review of the literature concerning the needs of the older adults, caregivers, and health care providers to discussions about end-of-life care for older adults with terminal chronic illness. Our research questions were as follows:

(1) What are needs to end-of-life care for older adults with terminal chronic illness?
(2) What are the present condition or difficulties, focusing on end-of-life care for older adults with terminal chronic illness in Korea?
(3) What are the evidences for end-of-life care for older adults with terminal chronic illness?

An electronic literature search of RISS, DBpia, KISS, Kmbase, and NDSL databases from January 1990 to July 2013 was undertaken to cover published research in health and social science. The search included the following terms: palliative, hospice, end-of-life care, and older adults. Studies included were those that focused on present condition or needs to end-of-life care, and interventions for older adults with terminal chronic illness in Korea.

2.2 Selection criteria and data synthesis

Studies were excluded when they were:
(1) On patients with cancer or under 65 years old.
(2) Focused of the concepts related to death or resuscitation decisions.
(3) Not in the Korean or English language.

Electronic search results were downloaded into bibliographic software screened using the predefined inclusion criteria. These were then screened independently by two investigators. All included studies were analyzed according to the following major categories:

(1) Needs to end-of-life care for older adults with terminal chronic illness
(2) Present condition focusing on end-of-life care for older adults in Korea
(3) Evidences for end-of-life care for older adults with terminal chronic illness
Regardless of quality or type of research, most studies were included in an attempt to capture a broad range of studies with varied methodologies. The literature review used a narrative synthesis approach.

3 Results

3.1 Search results

A total of 2,065 abstracts were retrieved. Among these, 1,556 studies were excluded either because they were duplicates or irrelevant to the end-of-life care for older adults with terminal chronic illness. The second step excluded 486 studies that focused on the concepts related to death (e.g., attitude, fear, and anxiety of death) or resuscitation decisions, or were relevant to end-of-life care for cancer patients. Thus, a total of 23 studies were selected for review (Fig. 1).

Fig.1. Flowchart of the literature review process
3.2 Review results

The studies grouped into three broad categories: Needs to end-of-life care (56.5%, n=13), present condition focusing on end-of-life care (30.4%, n=7), and evidences for end-of-life care for older adults with terminal chronic illness (13.0%, n=3). The majority of studies were descriptive (87.0%, n=20).

**Needs to end-of-life care for older adults with terminal chronic illness.** To identify needs to end-of-life care for older adults, we classified the 13 studies according to participant’s type: older adults, caregivers, and health care providers including nurses. Then, needs to end-of-life care for older adults of the 13 studies were categorized as physical, emotional, instrumental, and informational support.

Nine studies were explored older adults’ needs on physical or emotional support to end-of-life care. Three studies of caregivers’ and/or health care providers’ needs focused on informational or instrumental support to end-of-life care for older adults. One study compared older adults’ needs with health care providers’ needs in long-term care facilities.

**Present condition focusing on end-of-life care for older adults in Korea.** Little was known about how caregivers or health care providers engage with the end-of-life care for older adults with chronic illness, although seven studies reviewed present condition focusing on end-of-life care for older adults.

Training caregivers or health care providers, especially in the area of palliative symptom management for older adults with chronic illness such as dementia, was a major concern, as there was no certified training program. The lack of government support has also hampered the spread of end-of-life care for older adults with terminal chronic illness. There is a need for government legislation, and financial support.

**Evidences for end-of-life care for older adults with terminal chronic illness.** Only 3 of 23 reviewed studies provided interventions such as hospice education program/music therapy, even though three studies were not randomized controlled trials.

4 Discussion and Conclusion

Although research on end-of-life care for older adults is limited to developing intervention, this study explored needs, and present condition focusing on end-of-life care for older adults with terminal chronic illness in Korea. Evidence suggests that comprehensive care can be effective in the management of terminal chronic conditions [6]. Therefore, more research is required to further explore age-related issues contributing to access to end-of-life care. Also, given the findings of this review it would be able to expand the discussion that more should be done to understand the needs and promote quality of life of the older adults with chronic illness towards the end of their life.
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References