

Statement about Institutional Review Board approval

This capstone project is approved by St. Luke's International Hospital Institutional Review Board in Dec 2017.

Abstract

Title: Impact of doctors' perceptions of patient-doctor relationship on advanced care planning (ACP) in Japan: A mixed methods study.

Background: The patient-doctor trust relationship is typically understood through the lens of good quality of care. The impact of trust relationship with doctor, widely discussed in the literature, suggests that it may potentially work as a facilitator or a barrier. Since there is no consensus of the standard ACP initiation to date, the barriers of ACP implementation into practice are still unclear.

Objective: This study aims to explore the barriers of ACP initiation and promotion from a physician perspective. We hypothesize that a close patient-doctor relationship may hinder doctor's promotion of ACP.

Design: This is a prospective mixed method exploratory study using qualitative semi-structured interview and a quantitative questionnaire-based pilot survey on Japanese doctors in St. Luke's International Hospital. The qualitative analysis was conducted using grounded theory. The quantitative analysis used a modified tool to estimate strength of the physician-patient relationship (PPR).

Results: Seventeen doctors were recruited for the pilot phase of this study; the written script for each interview was analyzed qualitatively. Analysis revealed five categories of concepts that may be barriers to ACP implementation: *Expectation differences*, *Individual readiness*, *Clinical readiness*, *Education* and *Ownership*. Though the modified PPR tool used in the quantitative pilot survey has not yet been validated in Japan, there appears to be a weak positive correlation between time to ACP and strength of PPR. In comparison, we found no correlation between total number of ACP discussions and strength of PPR.

Conclusion: This study explored the impact of patient-doctor relationship on ACP initiation and the potential barriers of ACP in the Japanese contexts for cancer patients. Overall, the hypothesis was not supported, as stronger patient-doctor trust relationships appear to facilitate the initiation ACP from doctor's perceptions.