UNIVERSITI TEKNOLOGI MARA

ETHICO-LEGAL CONSIDERATIONS AND BEST PRACTICES FOR IMPLEMENTING PERIOPERATIVE ADVANCE CARE PLANNING IN THE MALAYSIAN HEALTHCARE SETTING

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ABSTRACT

As the number of the global elderly population continue to increase, the demand in surgical procedures to be carried out in the high-risk population continue to rise. The combination of the surgery along with the adverse effects of anaesthesia is known to increase the risk of perioperative complications in the elderly population. Hence, there is a need to develop a platform for this high-risk group to express their preferences in future medical treatment and end-of-life expectations should they lose capacity due to perioperative complications. Advance care planning (ACP) is among the methods available for patients without capacity to voluntarily share their preference in future medical treatment, including during the perioperative stage. Currently, there is no legislation to regulate general or perioperative ACP practices in Malaysia. In order to implement perioperative ACP in the Malaysian healthcare setting, this research compares the current ethical and legal landscape as well as ACP practices in the UK, US, Singapore, and Malaysia with the aim of constructing a list of recommendations in proposing best perioperative ACP practices that can applied to Malaysian hospitals. Important details that need to be highlighted during perioperative ACP discussion include the appointment of a surrogate decision maker, information surrounding the current disease and the surgical intervention needed, the possible outcomes of the treatment, preference in future medical treatment and the patient's life goals and values. Effective governance, efficient clinical application and satisfactory quality control measures are found to be essential in introducing perioperative ACP in the Malaysian healthcare setting.

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CHAPTER ONE
INTRODUCTION

1.1 Research Background

1.1.1 The global situation of elderly surgical population

Globally, it is estimated that five billion from nearly eight billion people lack access to safe surgical care when needed, which is responsible for over 17 million preventable deaths per year (Meara et al., 2015). In view of this health crisis, the World Health Organization (WHO) launched the Global Initiative for Emergency and Essential Surgical Care (GIEESC) in 2005. This initiative is defined as an area of study, research, practice and advocacy that places priority on improving health outcomes and achieving health equity for all people worldwide who are affected by surgical conditions or have a need for surgical care (Dare et al., 2014). Also, as a result of the COVID-19 pandemic, the Malaysian Ministry of Health (MOH) estimated a backlog of 200,000 elective surgical procedures (Murugiah, 2021). Adopting the GIEESC, MOH aims to improve this situation by improving surgical care access to the Malaysian population.

On a different note, the global population of elderly people has been observed to increase yearly due to improvements in life expectancies, a decline in death rates as well as lower birth rates (Ibrahim et al., 2020). In 2019, 703 million people worldwide were above the age of 65 (Dhama et al., 2020). As for Malaysia, Shair et al. (2017) predicted that it will be an ageing nation in 2030, where 14% of the population will be 60 years or older. The literature also revealed that the life expectancy of the Malaysian elder population is higher, with elderly males aged 85 and above living 123% longer in 2010-2015 than in 1950-1955 (Gu et al., 2013; Ibrahim et al., 2020).

As a result, more elderly patients in Malaysia are scheduled to undergo major surgical procedures every year. However, it is known that the combination of surgery and anaesthesia carries a heightened risk of morbidity and mortality in the elderly population and patients with chronic diseases (Ramachenderan & Auret, 2019). In anticipating the high probability of debilitating complications, mechanisms (such as advance healthcare directives) that can provide a platform for vulnerable patients to express their preferences on end-of-life care in the event of losing their capacity