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Advance Directive Rates are the Lowest in Asian American Trauma Patients

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We read with great interest the article by Haines et al¹ regarding the presence of advance directives (ADs) for trauma patients among different populations based on the primary factors of race, ethnicity, and health insurance status. This was a retrospective study that gathered data of trauma patients between 2013 and 2015 from the American College of Surgeons Trauma Quality Improvement Program database. Their findings revealed that when controlled for covariables, African American (odds ratio (OR) .53, confidence interval [CI] .36–.79) and Asian (OR .22, CI .05–.91) trauma patients were less likely than their white counterparts to have pre-admission AD.

This study highlights the need to increase AD awareness, particularly among the Asian population who had the lowest percentage of pre-admission AD, prior to trauma-related hospitalizations when end-of-life decisions are needed with limited time for discussion. Since this study grouped all Asians into a single category and established that Asians have the lowest percentage of pre-admission AD, future studies should further specify the percentages among the various Asian subgroups as Asian Americans are heterogeneous. Within the Asian population, there is a diversity of subgroups that have vastly different cultures, languages, and acculturation levels that influence their thoughts related to end-of-life care. For example, Japanese Americans are more open to discussions about end-of-life care compared to Chinese Americans who find discussions about death and dying to be taboo.² We suggest a future study could break down the Asian population to examine potential underlying factors contributing to the overall low possession of a pre-admission advance directive and to discover if there is any particular Asian subgroup driving down the overall pre-admission AD completion rate.

The Pew Research Center, using data from U.S. Census Bureau, have shown that Asians have the largest income inequality between the richest and the poorest when compared to all the other racial ethnic groups in America.³ The study suggest that insurance can be used as a proxy for health care access, as indicated by the results that uninsured patients were less likely to have ADs. The authors found that Medicaid and Medicare coverage were associated with an increased odds of having prior ADs compared to uninsured and private coverage. Their results further revealed that Asians have the highest percentage of patients with private coverage. Future studies can further breakdown the insurance coverage among the various ethnic Asian populations to better understand the

differences in health care access and how that correlates to the income inequality.

As this study concludes, there should be efforts to expand the use of ADs, particularly among the minorities. A recent study suggests the potential of using social media, such as YouTube, to disseminate language-appropriate and culturally sensitive educational videos about health education to elderly Chinese Americans.⁴ Utilizing social media to disseminate information to specific populations about various health topics can be efficacious and can be employed to provide early intervention for advance care planning in order to increase pre-admission AD completion rates.

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Author Contributions

A. Guan and W. Kuang had equal responsibilities and contribution in writing the article. B. Woo was responsible for assisting in editing the article.

Declaration of Conflicting Interests

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