

ประสิทธิภาพของการวางแผนเพื่อการรักษาในวาระสุดท้ายของชีวิตสำหรับ
ผู้ป่วยด้วยโรคระยะสุดท้ายในโรงพยาบาล มหาวิทยาลัยเชียงใหม่



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**THE EFFECTIVENESS OF ADVANCE DIRECTIVES FOR
TERMINAL CARE IN TERMINALLY ILL PATIENTS
IN CHIANG MAI UNIVERSITY HOSPITAL**

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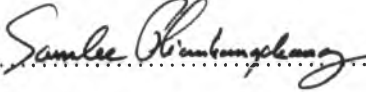
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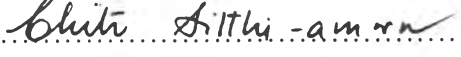
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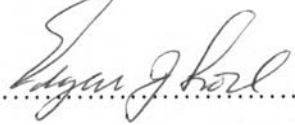
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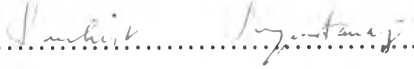
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วัตถุประสงค์ : เพื่อประเมินประสิทธิภาพของการวางแผนเพื่อการรักษาในวาระสุดท้ายของชีวิต
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วิธีการวิจัย เป็นการศึกษาเปรียบเทียบแบบไม่สุ่มตัวอย่าง และวัดผลเมื่อสิ้นสุดการศึกษา

การวัดผล สัดส่วนของการช่วยคืนชีพ คำสั่งของแพทย์ในการงดการช่วยคืนชีพ การจำหน่ายผู้ป่วย
 ออกจากโรงพยาบาลและอัตราการตายของผู้ป่วยในโรงพยาบาล และ 1 เดือนหลังการศึกษา

ผลการศึกษา การวางแผนเพื่อการรักษาในวาระสุดท้ายของชีวิต มีความเป็นไปได้และเป็นที่ยอมรับ
 ของผู้ป่วย ญาติ แพทย์และพยาบาล นอกจากนี้พบว่าลักษณะพื้นฐานทางคลินิกโดยรวมของกลุ่มตัวอย่างทั้ง
 สองกลุ่มไม่แตกต่างกัน ยกเว้น ความรุนแรงของโรคและจำนวนผู้ป่วยด้วยโรคระยะสุดท้าย แต่
 หลังจากปรับโดยใช้ Mantel Haenzel Chi-Square และทดสอบความคล้ายคลึงกัน พบว่าข้อมูลทั้งสองมีความ
 คล้ายคลึงกัน ทำให้สรุปได้ว่าการวางแผนนี้มีประสิทธิภาพ ในการลดการปฏิบัติช่วยคืนชีพและอัตราการตายใน
 กลุ่มทดลอง เมื่อเทียบกับกลุ่มควบคุม ผู้ป่วยและญาติจำนวน 80 คู่ (60.6%) ต้องการกำหนดแผนเพื่อการ
 รักษาด้วยคำพูด และมีการตัดสินใจตรงกันเรื่องการปฏิบัติช่วยคืนชีพ 71.3% การวางแผนดังกล่าวสามารถ
 กระทำได้ในทุกระยะของการเจ็บป่วย การบอกผลของการรอดชีวิต และความทุกข์ทรมานหลังการปฏิบัติช่วย
 คืนชีพ ทำให้ความต้องการที่อยากให้การช่วยคืนชีพลดลงอย่างมาก

สรุป ผลการศึกษานี้มีความจำเพาะหลายอย่าง เช่น การวางแผนเมื่อการรักษาในวาระสุดท้ายของ
 ชีวิตสามารถทำได้ ในผู้ป่วยที่มีระดับการศึกษาต่ำ มีสถานะทางเศรษฐกิจยากจน และเป็นชาวชนบท แต่ต้อง
 ปรับวิธีการศึกษาให้เหมาะสมกับการรับรู้ของผู้ป่วย ซึ่งวิธีการนี้มีความแตกต่างจากการศึกษาในอดีต นอก
 จากนี้มีปัจจัยเพียงไม่กี่อย่างที่ช่วยทำนายความต้องการเพื่อการรักษาในวาระสุดท้ายดังนั้นจึงได้ข้อเสนอ
 แนะนำว่า การวางแผนเพื่อการรักษา ควรประเมินเฉพาะอย่าง

สาขาวิชา การพัฒนาระบบสาธารณสุข.....

ปีการศึกษา 2545.....

ลายมือชื่อนิสิต

Sudarat Sittisombut

ลายมือชื่ออาจารย์ที่ปรึกษา

Chitri Sittisom

ลายมือชื่ออาจารย์ที่ปรึกษาร่วม

Edgar J. Love

PH: 991207 : MAJOR HEALTH SYSTEMS DEVELOPMENT PROGRAMME
KEYWORD : ADVANCE DIRECTIVE / TERMINAL CARE / TERMINALLY ILL PATIENTS / CARDIOPULMONARY RESUSCITATION.

SUDRAT SITTIOMBUT: THE EFFECTIVENESS OF ADVANCE DIRECTIVES FOR TERMINAL CARE IN TERMINALLY ILL PATIENTS IN CHIANG MAI UNIVERSITY HOSPITAL. THESIS ADVISOR: PROFESSOR CHITR SITTHI-AMORN THESIS COADVISOR: PROFESSOR EDGAR J. LOVE, M.D.,Ph.D. 375 pp. ISBN 974-9599-08-X.

Objectives: To assess the effectiveness of advance directives (ADs) for terminal care in terminally ill patients and to determine whether ADs could be initiated and were accepted for terminal care in terminal illnesses in CMU Hospital. Research design: Non-randomized control study and after-only nonequivalent control group design. Outcome: Three outcomes were measured; CPR/NR event; discharge; and death (in hospital and at one month).

Results: ADs was acceptable and applicable in this setting. Generally, there were no significant differences by baseline demographic and clinical characteristic between the control and the intervention groups, the exceptions were for the CPC score and the number of patients with end stage liver disease. However, these characteristics were homogeneity after adjusted with Matel Haenzel Chi square. Therefore, it was possible to conclude that AD was effective to reduce futile CPR and dead rate in the patients who received ADs as compared to the control.

Eighty pairs (60.6%) of subjects and surrogate preferred to employ AD for CPR orally. The concordance in decision-making was 71.3%. Data suggested that ADs could be initiated for patients with any condition. However, it was accepted only for DNR, no other treatment were withdrawn or withheld from the patients. In addition, the information regarding survival chance after CPR and the worst condition post CPR can dramatically decrease their preference for CPR.

Conclusion: The results must be qualified in several respects. This study proved that AD is applicable for individual who have low education, low socioeconomic status, as well as rural dwellers, but the method of implementation must be adjusted according to the patient's perceptions and this method is unique. In this study, only few variables were associated with a patient's preference for terminal care. Therefore, our investigation suggests that the AD preference of patients for each procedure should be assessed individually with adequate information.

Field of study Health Systems Development Student's signature Sudarat Sittisombut
Academic year 2002 Advisor's signature Chitr Sitti-Amorn
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DEDICATION

This work is dedicated to my DAD: Chawang Chintananucha.

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ABBREVIATION

ADs	Advance directives
AIDS	Acquired Immune Deficiency Syndrome
ARF	Acute Respiratory Failure
AV	Audiovisual Aids
CA colon	Cancer of colon with metastasis to liver
CCU	Coronary Care Unit
CHF	Exacerbation congestive heart failure
CMU	Chiang Mai University
COMA	Non traumatic and non diabetic coma
COPD	Exacerbation chronic obstructive pulmonary disease
CPC	Cerebral Performance Category
CPR	Cardiopulmonary resuscitation
DNR	Do-Not-Resuscitation
DPAHC	The Durable Power of Attorney for Health Care
ESLD	End Stage Liver Disease
ESLDC	End Stage Liver Disease with Cirrhosis
EKG	Electrocardiogram
GCS	Glasco Coma Score
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
MOSFS	Multi Organ System Failure with Sepsis
MV	Mechanical Ventilation

N, NO	Number
NR	No-resuscitation
NSCLC	Non-small cell lung cancer
PSDA	Patient Self Determination Act
SUPPORT	Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments
wk	Week