End-of-Life Decisions Among Japanese Americans
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Abstract
The 2007 U.S. Census Bureau identified Japanese Americans as the sixth largest Asian American subpopulation in the United States. Studies suggest barriers to decision making arise from cultural differences in values, beliefs and attitudes toward death and end-of-life care among Japanese American patients, families and healthcare providers. In order to understand how Japanese Americans make end-of-life decisions, a qualitative study including interviews, questionnaires and literature review was conducted. In the United States, advance directives protect the highly valued individual rights of autonomy and independence. Japanese prefer group-oriented decision making involving family members and do not view end-of-life documentation as necessary. Studies show that decisions by Japanese Americans may differ from those of their Japanese elders and are influenced by age and level of acculturation to American culture. Leininger’s three nursing care modes were used to identify ways to provide culture care to Japanese Americans faced with decisions about terminal illness or end-of-life care.

Purpose
This project examines end-of-life decision making among Japanese Americans and identifies their unique culture built on traditional values and expanded by American ideals. Leininger’s three modes of decision and action provide a structure for delivering culturally congruent care to Japanese Americans faced with end-of-life decisions.

Background
Studies have shown that the process of making end-of-life decisions differs among the different generations and ages of Japanese Americans. In the U.S., legal documents clarify an individual’s preferences for end-of-life care. While Japanese see value in documenting treatment preferences, they do not believe advance directives should be legally binding. Japanese depend on their physicians and family members for these decisions.

Research Results
For this project, two Japanese and three Japanese Americans completed questionnaires regarding advance directives. In addition, they were briefly interviewed regarding their beliefs and attitudes toward end-of-life decisions making.

Conceptual Framework
• Culture is a set of beliefs, attitudes and behaviors shared by a group of people.
• Nursing is a healthcare profession that provides care to people so they may maintain optimal health and quality of life.
• Transcultural nursing is the giving of holistic care within the context of an individual’s culture.
• Leininger’s Theory of Cultural Care Diversity and Universality addresses the position that care is a universal phenomenon but there are diverse forms, expressions, meanings and patterns of care in different cultures.
• Leininger stresses the need to understand individuals, families and groups within their social structures.

Three Modes of Decision and Action
An understanding of the cultural context of Japanese Americans is necessary for planning and delivering culturally congruent nursing care.
• Cultural care preservation or maintenance
  – Japanese Americans are influenced by their long history and traditionally held beliefs and attitudes.
  – While some younger generation Japanese Americans may subscribe to more independent decision making, several still prefer a family-centered decision making process.
  – Direct disclosure of information to the patient is more acceptable to younger Japanese Americans.
  – Nurses and healthcare providers should be aware of the backgrounds of and acculturation effects of an individual and on family members.
  – While an understanding of generational differences is important when approaching an individual or family, the assessment of the patient as an individual is crucial.
• Cultural care accommodation or negotiation
  – Determine who should receive information first and follow their desired course of disclosure.
  – Care should be taken to ask all clients how they prefer to make decisions (alone, as a family, with the physician) and their preferences for treatment.
  – Accommodation should be made to facilitate the involvement of the groups desired.
  – Legal documentation should not be forced on those who feel they are not necessary.
• Cultural care repatterning or restructuring
  – For older Japanese Americans who leave decision making to physicians and family, the opportunity exists to be informed and to practice autonomy and independence.
  – Younger Japanese Americans who are more acculturated may see benefits to the more family-oriented process of decision making practiced by older Japanese Americans as well as other cultures around the world.

“... there can be no curing without caring ...” ~ Madeleine Leininger