

論 文 要 旨

進行がんを有する高齢患者の化学療法継続に  
おける意思決定の構造

Structure of Decision-Making in Continuing  
Chemotherapy for Older Patients  
with Advanced Cancer

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## **Purpose**

In cancer treatment for older patients, no established standard chemotherapy treatment currently exists, and decision-making support for treatment is an important issue. However, the need for support, which includes psychosocial support, remains unclear. In this study, we aimed to understand the viewpoint of older patients with advanced cancer about receiving chemotherapy and their reasons to continue the treatment. Additionally, we aimed to elucidate the decision-making mechanism consisting of factors that affect the decision-making process and choice. We believe that by elucidating the decision-making characteristics that reflect the thoughts and standards of patients with cancer we can identify the specific forms of support required.

## **Methods**

In this study, we interpreted data obtained from the stories of older patients with advanced cancer to understand the factors involved in the continuation of chemotherapy. To this end, we chose a qualitative research design using the Modified Grounded Theory Approach proposed by Kinoshita (2003).

### **I. Participants**

The participants included 17 older patients aged  $\geq 70$  years with advanced cancer from two hospitals in Hokkaido who had developed recurrence or metastasis and satisfied the following inclusion criteria:

1. Patients who had received at least two courses of cytotoxic antineoplastic drugs or molecular targeted agents.
2. Patients whose Clinical Dementia Rating (CDR) has been assessed and who do not have CDR2 (moderate dementia) or above.

### **II. Data collection**

1. Interview survey by semi-structured interview: The interview content included the following: 1) how the participants feel about receiving chemotherapy, 2) the decision to continue treatment and factors that affect such decision, and 3) confusing details about treatment continuation and the decision when such confusion arises.

2. Interview survey method

The interviews were conducted once per person for a duration of approximately 30–60 minutes. With regard to the venue, the interviews were conducted in a room where privacy could be ensured. Furthermore, the interviews were recorded on an IC recorder with the approval of the participants. The interviews were held during the period from January 2019 to August 2020.

3. Demographics

Age, sex, medical history, family status, diagnosis, stage of disease, treatment details, treatment duration, the presence of adverse events and degree thereof, place of treatment, and performance status.

### **III. Data analysis method**

The analytic target was “older patients with advanced cancer who have recurrence or metastasis receiving chemotherapy”, and the analytic theme was defined as “the decision-making process to reach the decision to continue chemotherapy.” The procedure used was as follows:

1. Verbatim records were created from data, after which portions pertaining to the analysis theme were extracted from a selected patient.

2. The extracted content was interpreted, and concepts were created to represent the meaning of the content.
3. Constant comparative analysis was performed from the perspective of similar cases to consolidate the content of the concept generated, after the second case, and opposing cases to confirm the absence of exceptional data.
4. With regard to the relationship between concepts, concept absorption, integration, and abolition were repeated by comparing with other concepts, and subcategories and categories were created.
5. Upon examining the relationship between categories and consistency overall, we found concepts forming the core with the ability to explain at the same level as categories, and then we created a figure of the results presenting the process corresponding to the analysis theme and a storyline to put the figure of the results into a sentence.

#### IV. Ethical considerations

The present study was performed with the approval of the Ethics Committee of the Graduate School of Nursing and Welfare, Health Sciences University of Hokkaido (approval number: 18N025025) and the approval of the Ethics Committee of institutions cooperating in the study.

### Results

#### I. Overview of the study participants

The participants (13 men and 4 women) had a median age of 74.0 years (71.0–79.5 years). The CDR assessment was 0 (normal) in 15 participants and 0.5 (questionable) in 2 participants. The mean interview duration was 41.5 minutes. The main diagnosis was gastric cancer, and the stage of disease was III–IV.

#### II. The decision-making mechanism for the continuation of chemotherapy in older patients with advanced cancer

As a result of our analyses, we found a result figure consisting of four “categories”, 1 ‘subcategory’, 1 \*<core concept>, and 2 <concepts>. This figure includes the decision-making process involved in continuing chemotherapy, with the health outlook combining the overall process and effects, and implied that discovering the judgment that the older patients with advanced cancer is in moderately good condition will lead to the decision to continue treatment. For the patients, “reconciling about the future way of life and harmful effects of treatment” implied that the patient ‘hesitates whether or not to accept treatment considering old age’, and “feelings drawn to continue” implied that the patient ‘feels no harmful effects in receiving treatment’ and ‘criteria by which to continue’. Consequently, in order to “incorporate cancer treatment in the aging process”, it was necessary for the patient to perceive ‘the existence of cancer as a process of aging’ and that they ‘faced cancer and treatment together’. Furthermore, \*<the judgment that one is in moderately good condition for one’s age> implied that the patient acknowledged that they were in moderately good condition; thus, <focusing on the positive aspects of treatment> and <accepting the uncertainty of treatment due to old age> implied that the patient has changed how they perceive old age in consideration of treatment. Finally, “softening of one’s outlook on health in anticipation of the rest of one’s life” implied that one’s outlook on health changes as this process progresses.

The storyline of the result figure was that older patients with advanced cancer receiving chemotherapy have their “feelings drawn to continue” upon “reconciling about the future way of life and harmful effects

of treatment”. Furthermore, one’s own perception that discovering \*(<the judgment that one is in moderately good condition for one’s age> made it possible to <focusing on the positive aspects of treatment> and to “incorporate cancer treatment in the aging process” by <accepting the uncertainty of treatment due to old age>. Together with the progression of this process, the “softening of one’s outlook on health in anticipation of the rest of one’s life” to <be able to accept treatment with their perception of old age>, <live while cherishing the present>, and <accept that the way things will be in old age will be affected somehow > in accordance with their perception of functional decline with aging and the effect of treatment.

## **Discussion**

The process found in the decision-making mechanism of older patients with advanced cancer implies that the decision to continue chemotherapy is determined upon careful consideration of their condition that has arisen from their treatment thus far. This characteristically involves switching from not wanting to receive treatment owing to one’s advanced age to thinking that treatment can be received because of one’s advanced age upon discovering \*(<the judgment that one is in moderately good condition for one’s age> and having a softer outlook on one’s health associated with the progression of the process. Having one’s “feelings drawn to continue” contributes to discovery of \*(<the judgment that one is in moderately good condition for one’s age>. It can be said that the patients discover that they are in moderately good condition upon determining the basis for continuing treatment by integrating the realization of the subjective sense that symptoms of side effects are within permissible range, and that they will recover their physical strength between treatments, and the objective fact that their cancer is controlled. Nurses need to understand the position and health outlook of patients in the treatment process, and to share this understanding when thinking together with the patient about their condition and how they can incorporate treatment in the aging process.