

Y. KATAYAMA, H. NAGAE, M. SAKAI, N. IWAKI, R. TOGASHI, M. MAKITA. *Issues of decision making for elderly cancer patients in Japan: A review of the literature*. *Gerontechnology* 2016;15(suppl):41s; doi:10.4017/gt.2016.15.s.728.00 **Purpose** Japan's aging society has resulted in an increasing number of elderly cancer patients. As they age, elderly go through physiological changes, have medical comorbidities besides cancer, suffer psychological problems such as decline in cognitive functions, and have social problems such as family care and economic distress. These issues make decision making difficult. However, there is little research concerning decision making for elderly cancer patients, and the issue is not well understood. The purpose of this study is to explain the issue of decision making for elderly cancer patients **Method** Japan Medical Abstracts Society's website and CiNii<sup>1</sup> were used for their databases, and 10 articles were analyzed that matched our search terms for 'elderly cancer patients' and 'decision making'. **Results & Discussion** Figure 1 illustrates a plot of the decision-making contents concerning elderly cancer patients. For the initial content of illness, name of disease notice and regimen are determined, as well as lifestyle. When the disease progresses cancellation and continuation of the treatment are noted, and the place of care, place of living, and place of death at the end of life. Decision maker for the life style is the patient; otherwise determined decision maker is family. Analysis showed that when it comes to choices concerning something, elderly people faced the following issues: (i) their physical condition is usually explained to the family while they themselves are not informed, regardless of being capable of making decisions or not; the family's wishes are prioritized over their own; (ii) the care giving family is also elderly and cannot care for them, not allowing them to have in-home care even if they choose to; (iii) if they have cognitive impairment, doctors and family become reluctant for cancer treatment; and their relationship with their caregiver that is built has more of an influence on decision making than their own wishes. The cultural influence and ethical issues that make for the basis of Japan's families are indicated to wrestle with these issues. Nurses should play a role as an advocate for the patient.

**Reference**

1. <http://ci.nii.ac.jp/en>; retrieved October 8, 2016

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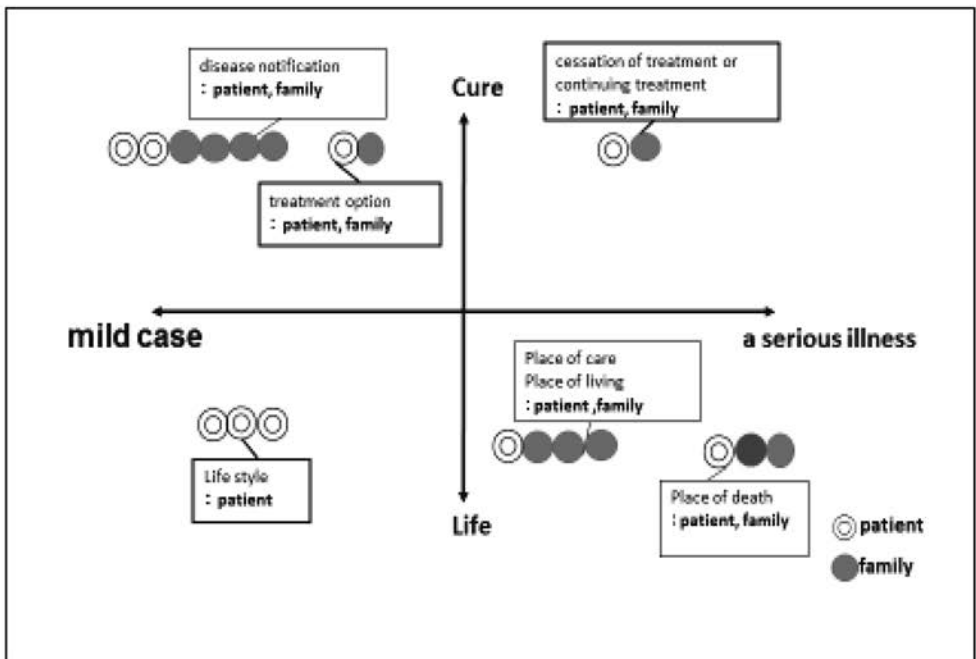


Figure1: Content of the decision maker