

Déterminants de la rédaction des directives anticipées chez les patients Martiniquais

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Hypothèse de recherche

les problématiques liées à la gestion de la fin de vie vont prendre une importance croissante au sein de la société antillaise. Il est donc crucial d'étendre aux Antilles les connaissances

Objectif:

- Evaluer la prévalence de la rédaction des directives anticipées .
- Caractériser les facteurs sociodémographiques et ceux liés à l'état de santé qui influencent la rédaction des directives anticipées

MÉTHODE: Etude épidémiologique quantitative, observationnelle et transversale , N=227(65+)

Recueil des données de juin à septembre 2024

Questionnaire papier unique pour tous

Entretiens individuels avec les patients +/- personne de confiance

CRITÈRES D'INCLUSION

- Patients hospitalisés dans un service de médecine, de chirurgie ou à domicile
- Age ≥ 18 ans

CRITÈRES D'EXCLUSION

- Absence de consentement
- Présence d'un déficit neurocognitif
- Absence de la personne de confiance lors de l'entretien

Analyses : Logiciel de statistique R version 4.4.1, Variables catégoriques: effectifs et pourcentages. Test du χ^2 /Test de Fisher ,Seuil de significativité $p < 0.05$.

Résultats :

Médecine palliative – Soins de support – Accompagnement – Éthique xxx (xxxx) xxx–xxx

Table 1 Socio-demographic characteristics of the study population according to the presence of absence of advance directives.

Characteristic	AD n= 15 ^a	No AD n= 212 ^a	Overall n= 227 ^a	P-value ^b
Age (years)				0.6
18–44 years	1 (1.4%)	40 (97.6%)		
45–64 years	5 (6.3%)	74 (93.6%)		
65–79 years	6 (8.3%)	66 (91.7%)		
80 years and more	2 (2.2%)	32 (91.4%)		
Sex				0.2
Male	10 (67%)	104 (49%)	114 (50%)	
Female	5 (33.3%)	108 (50.9%)		
Living alone	5 (33%)	115 (54%)	120 (53%)	0.12
Has children	3 (20%)	40 (19%)	43 (19%)	> 0.9
Professionally active	5 (33%)	91 (43%)	96 (42%)	0.5
Level of education				0.068
Less than high school diploma	6 (40%)	135 (64%)	141 (62%)	
Poor state of health	8 (53%)	79 (37%)	87 (38%)	0.2
Department				0.8
Surgery	3 (20%)	58 (27%)	61 (27%)	
Medicine	12 (80%)	154 (73%)	166 (73%)	
Long-term disease	13 (87%)	151 (71%)	164 (72%)	0.6
Previous received palliative care	3 (20%)	23 (11%)	26 (11%)	0.4
Ongoing palliative care	3 (100%)	21 (91%)	24 (92%)	> 0.9
Acute hospitalisation in last 3 years	10 (67%)	106 (50%)	116 (51%)	0.3
Number of hospitalisations	5 (50%)	54 (51%)	59 (51%)	> 0.9

All 15 patients who had prepared AD had previously thought about their wishes and preferences for end-of-life care. Among those who had not prepared AD, 48% had never thought about end-of-life preferences or wishes. Overall, 65% were aware that end-of-life decisions are governed by law, but only 19% were familiar with AD. The reported obstacles to AD are illustrated in figure 1. The main barriers cited by the respondents who had no AD were a lack of knowledge of AD (46.2%), a refusal to think about end-of-life (25.8%), a feeling that end-of-life matters do not apply to them (20.8%), and the fact that the general practitioner had never raised the issue (23.1%).

^a n (%).

^b Pearson's Chi-squared test; Fisher's exact test.

Barriers to the preparation of AD

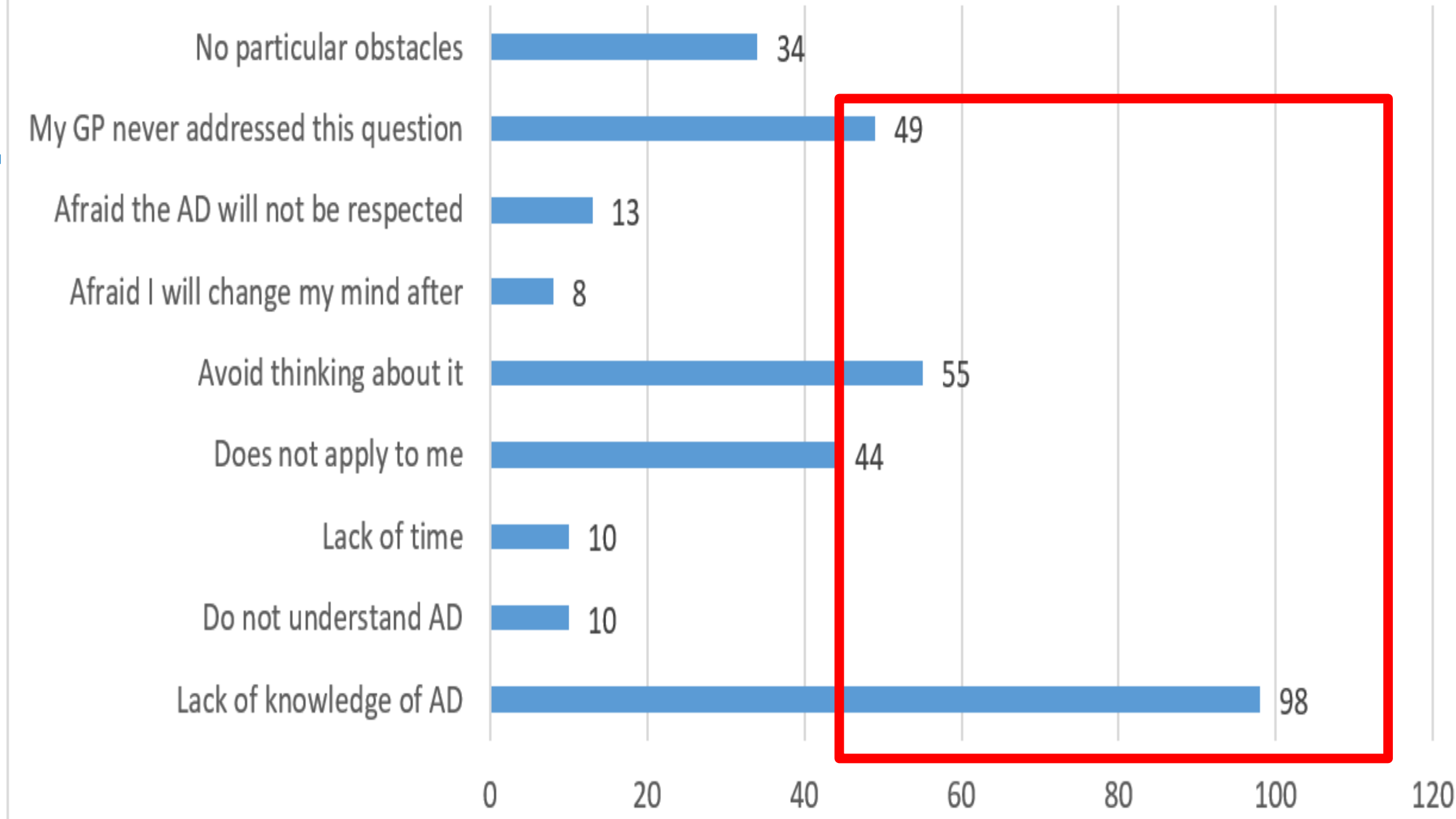


Figure 1: Barriers to the preparation of AD (among those who reported not having AD) (n = 212)

Reasons for drafting Advance Directives Action of Advance Directives

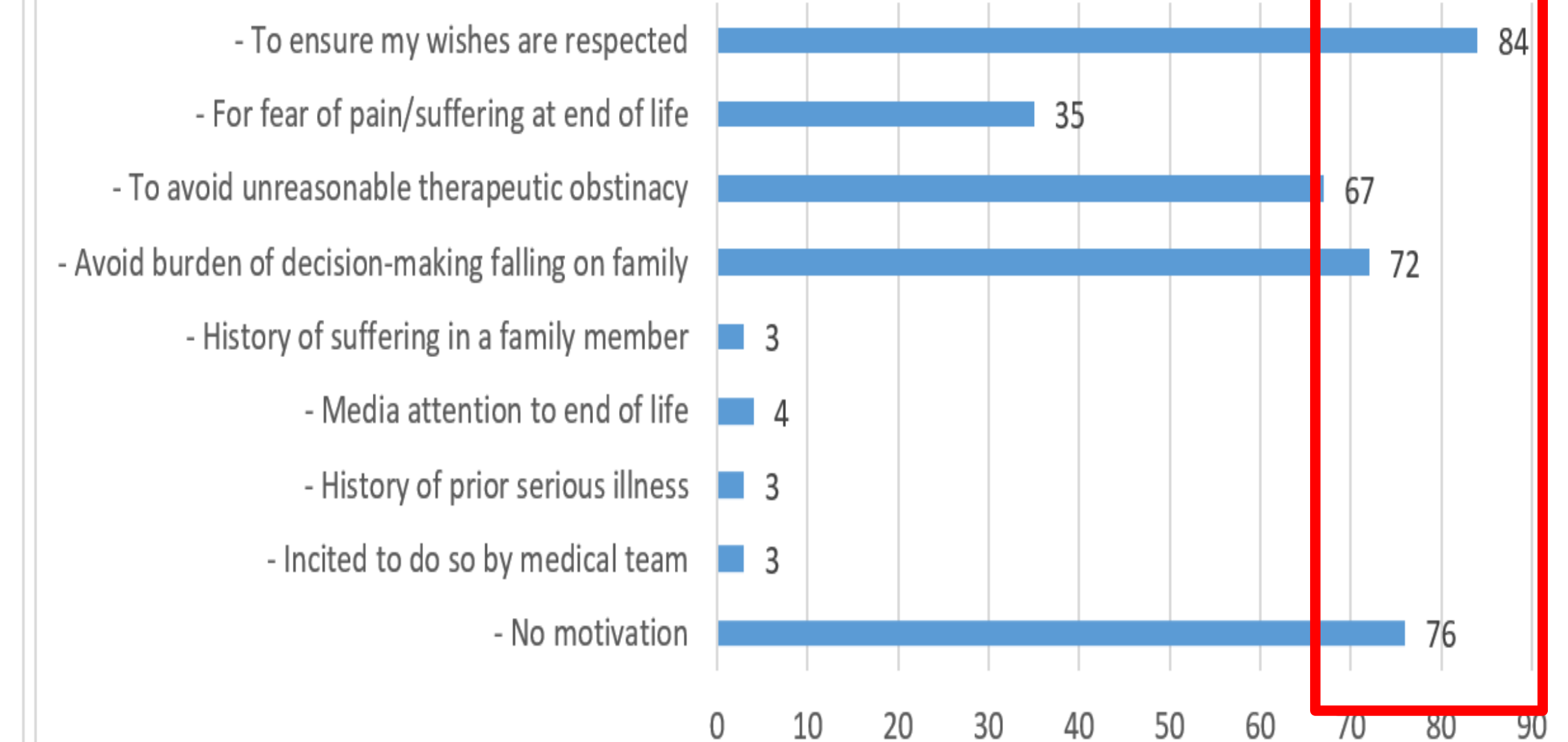
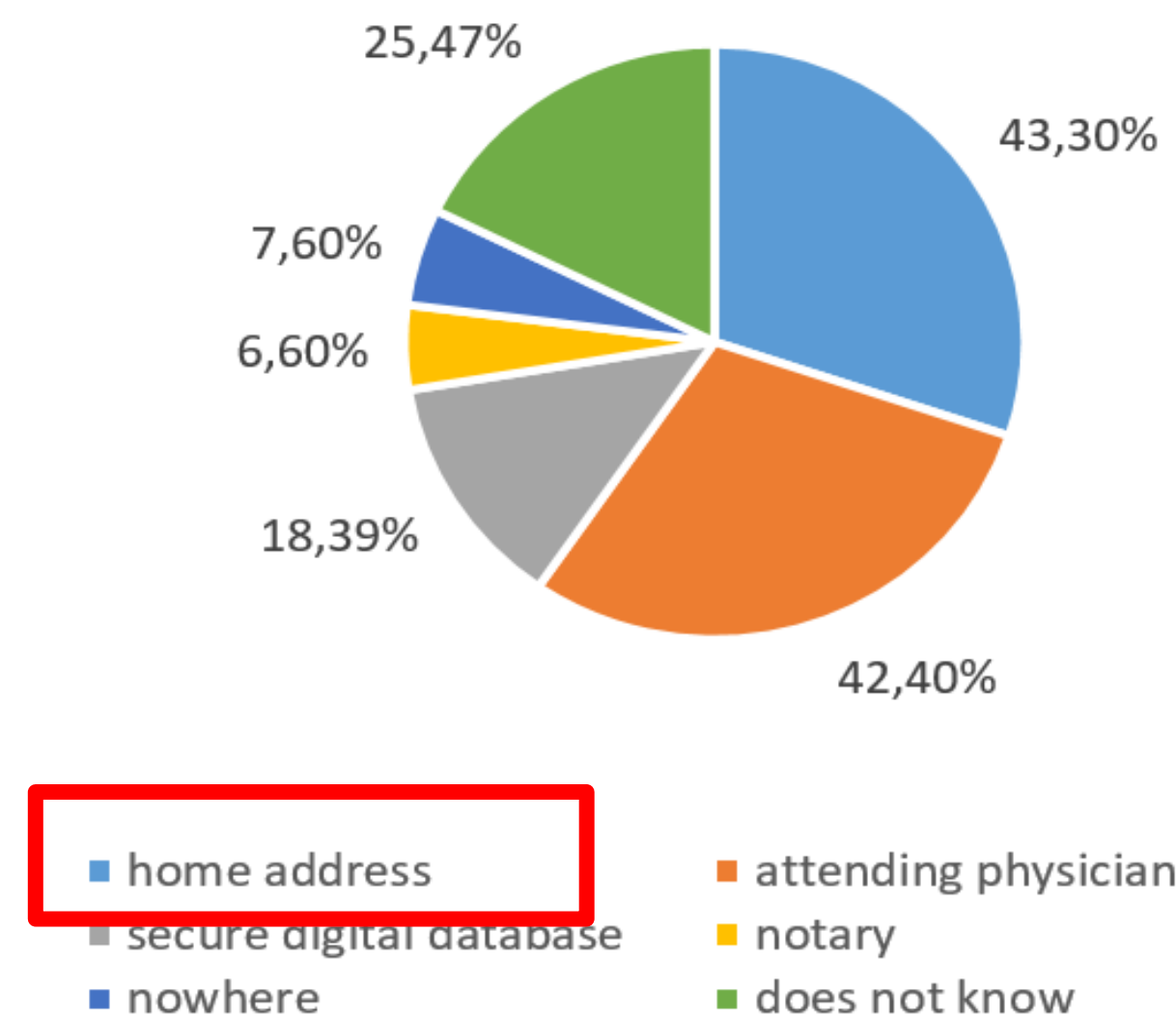


Figure 2: Factors that would motivate patients who currently do not have AD to prepare them in the future (n = 212)

patients without advance directives



patients with advance directives°

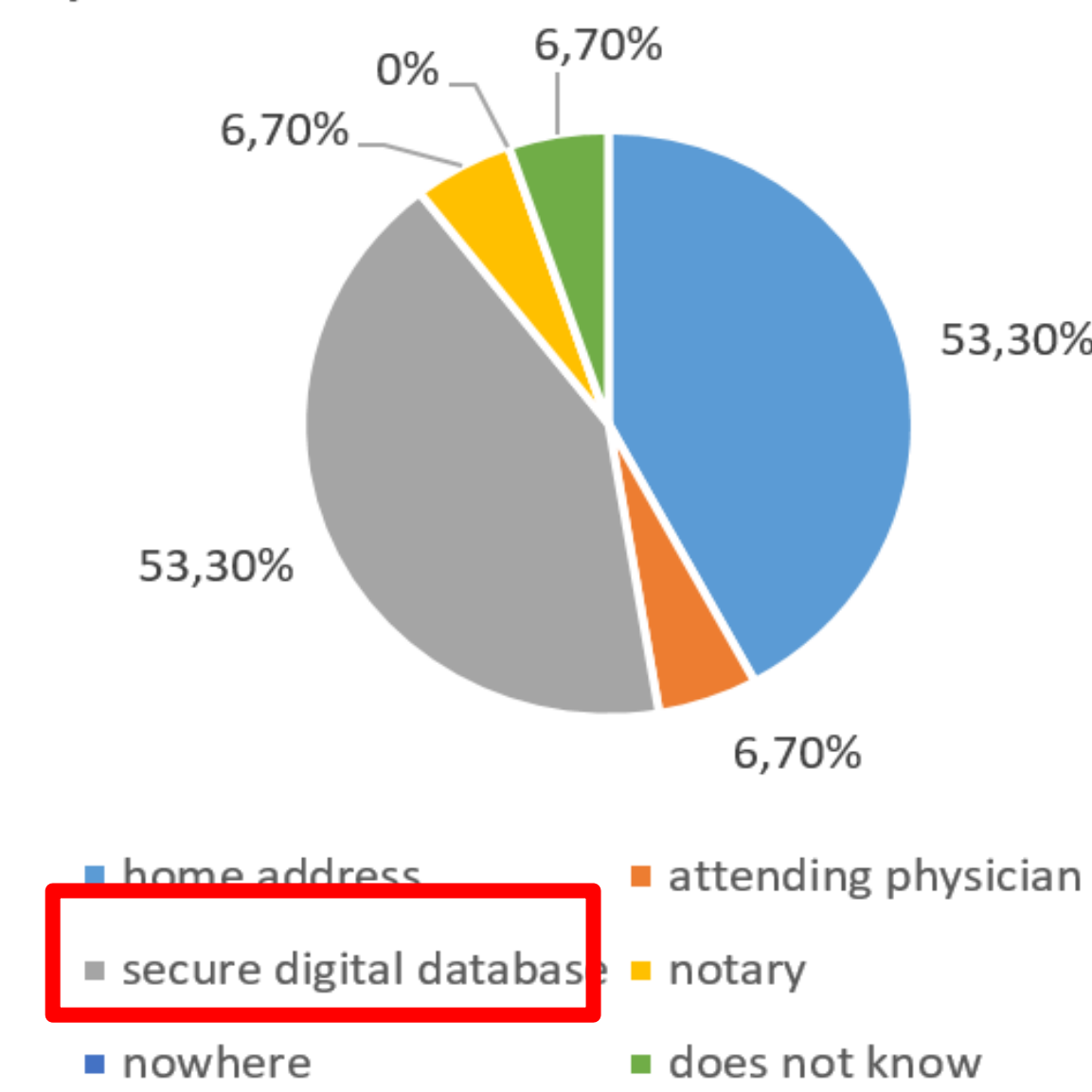
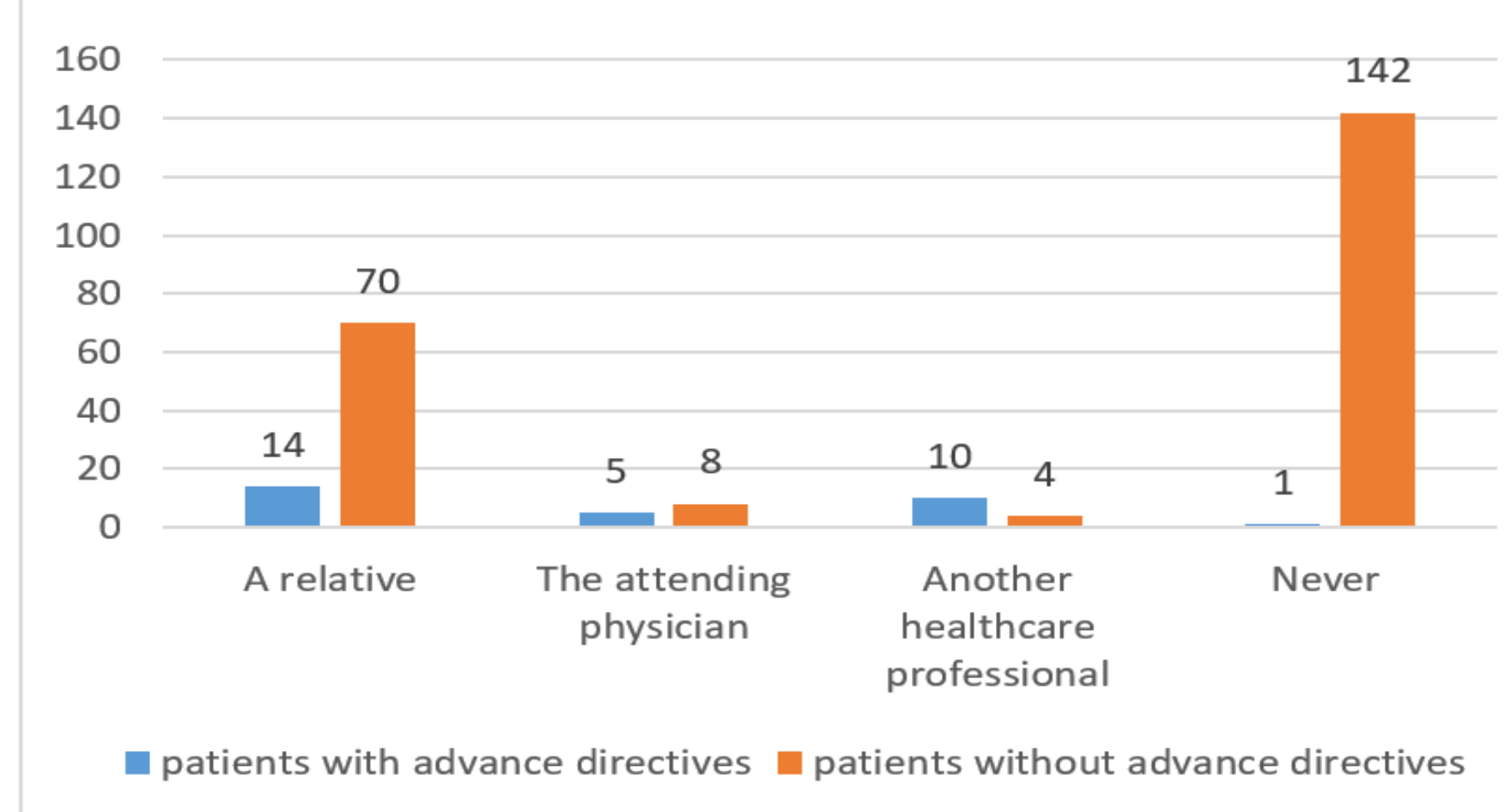


Figure 3: Preferred place for storing end-of-life wishes, depending on whether or not Advance Directives have been drawn up

DISCUSSION ABOUT THE END OF LIFE



THINKING ABOUT the end of life (EOL)

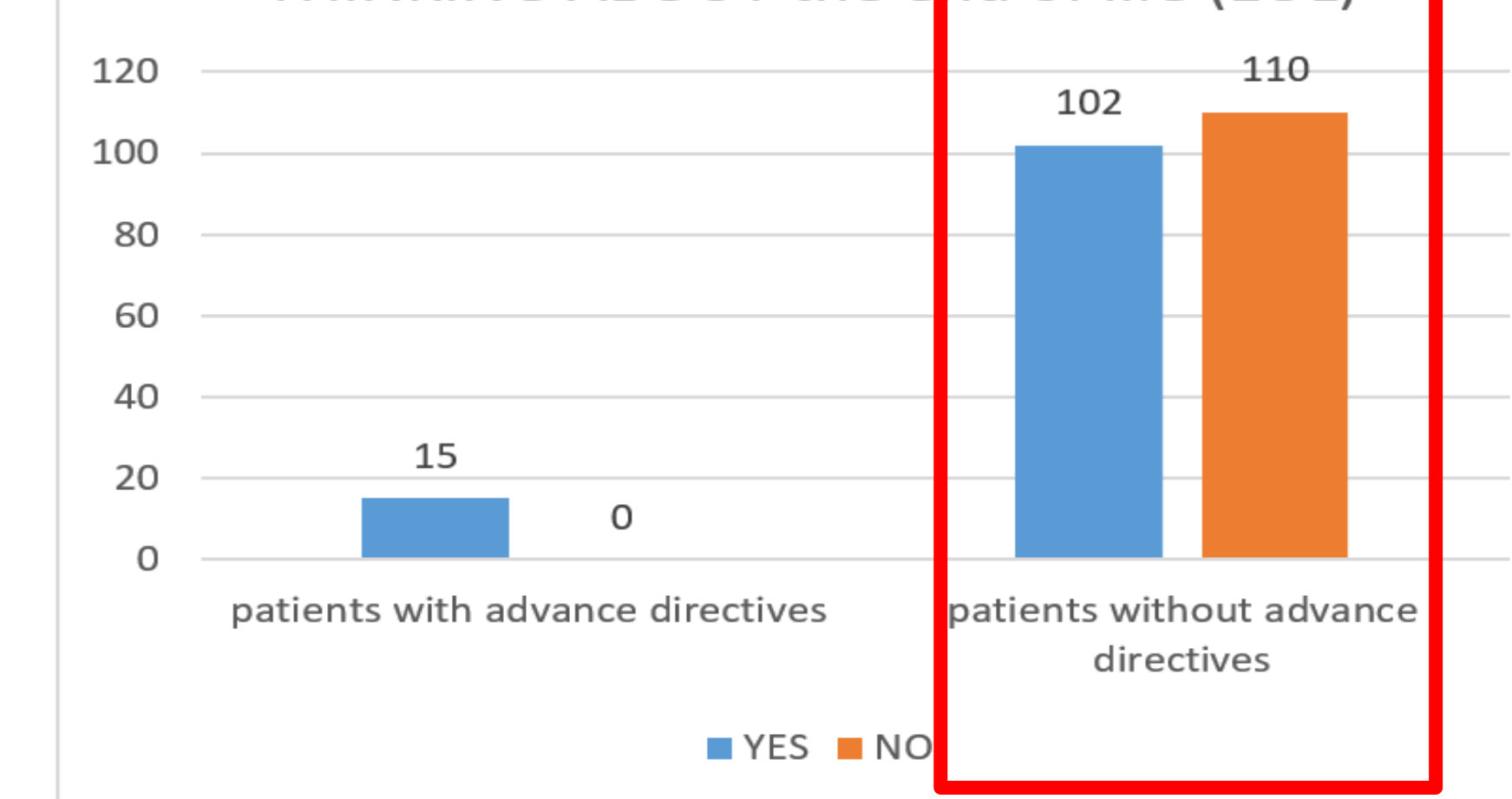


Figure 4 : Reflection and discussion of end-of-life issues for individuals with or without advance directives

6,6 % des patients hospitalisés en Martinique ont rédigé leurs DA
Taux < à la métropole et de nombreux autres pays