



Evaluating Individuals' Preferences Regarding “Advance Directive” in a Medical Institute, Tehran, Iran

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Introduction: AD Definition

- ADs are important tools for end-of-decision making.
- An advance directive provides a formal mechanism for patients with the decision-making capacity to specify their preferences for medical treatment in advance.
- In case patients lose their decision-making capacity, HCPs and SDMs can understand and probably act based on those predetermined preferences.
- The main ethical principle behind AD is respecting individuals' autonomy.

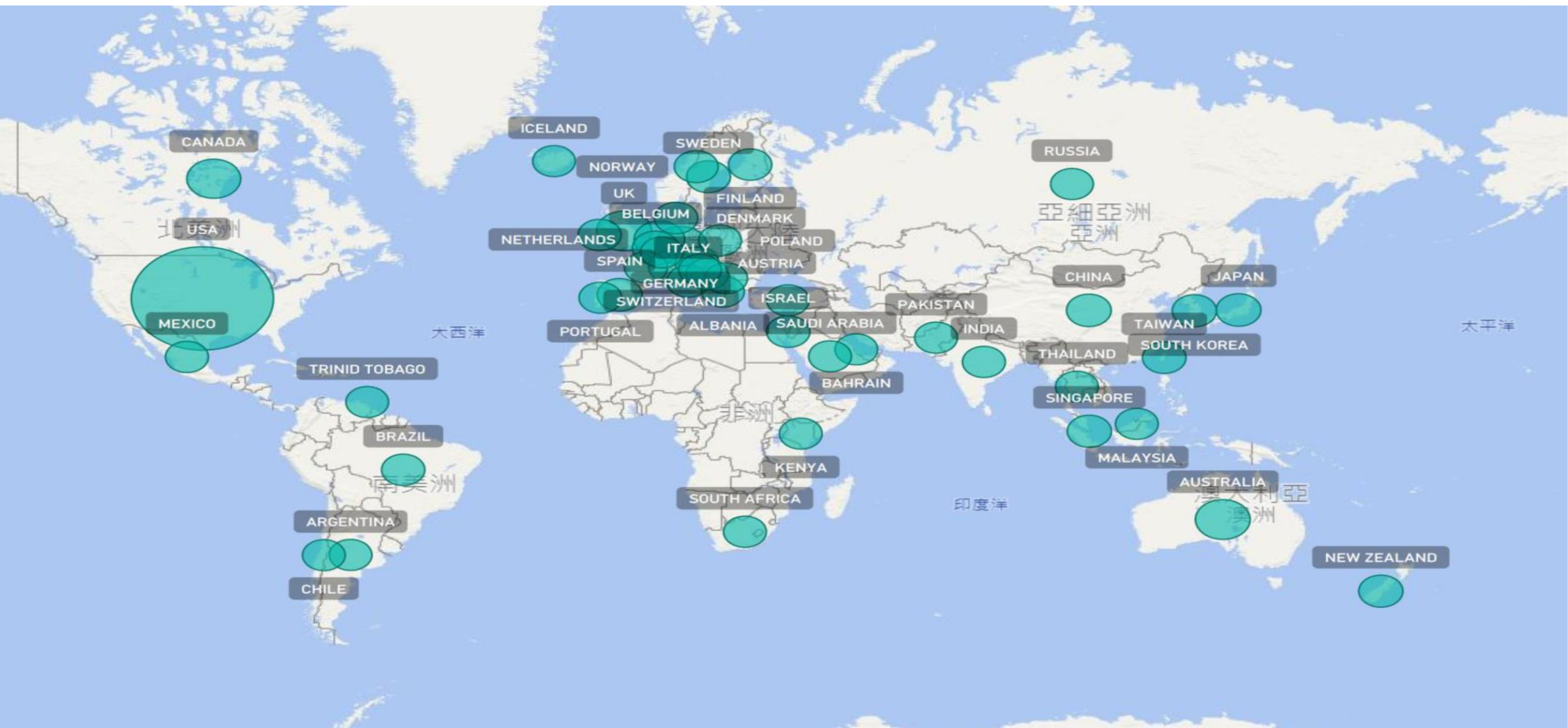


AD Legislation North-South/ Western-Non-Western Divide

	Germany	Austria	Belgium	Denmark	Slovenia	Spain	Estonia	Finland	France	Hungary	Latvia	Luxembourg	The Netherlands	Portugal	The United Kingdom
Specific regulations	Yes (2009)	Yes (2006)	Yes (2002)	Yes (2005)	Yes (2008)	Yes (2002)	Yes (2001)	Yes (1992)	Yes (2002)	Yes (1997)	Yes (2009)	Yes (2014)	Yes (1995)	Yes (2012)	Yes
Binding	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes



Analysis of Publications on Advance Care Planning in the Past 3 Decades, published in 2020 shows a similar pattern:



The growing market of digital AD tools as a necessary tool in modern medical systems



Advance Directives Market, Regional Share



MyDirectives

Who We Serve > How We Help >

Digital Access, Wherever and Whenever Needed

WiserCare

ACP PATIENT DECISION SUPPORT HOW IT WORKS WHO WE HELP

+ Choose With Confidence

Vynca Who we help

Helping those with serious illness spend more quality days at home.

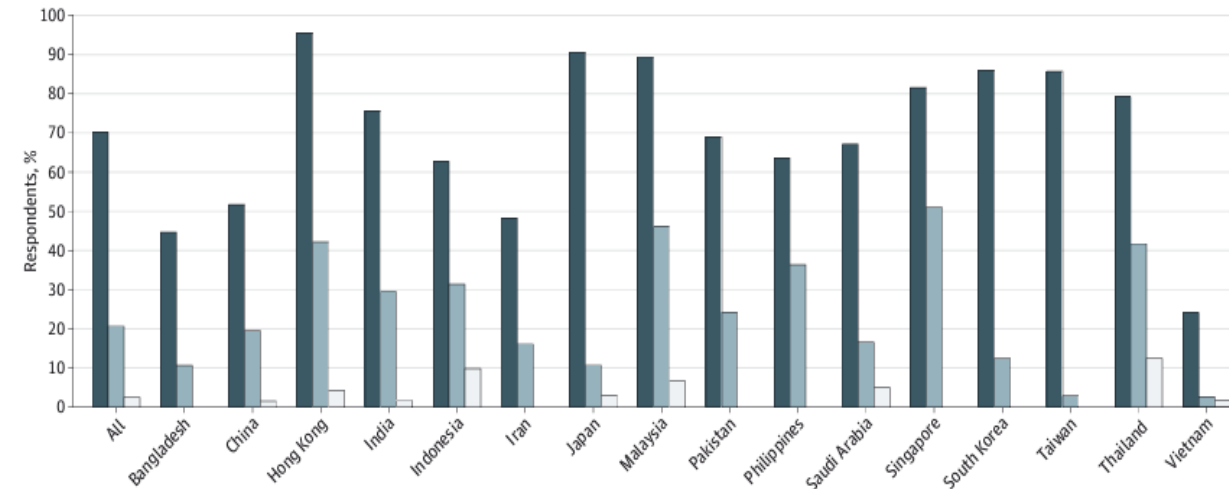


Our vision:
Excellent health and care for everyone, everywhere every time.

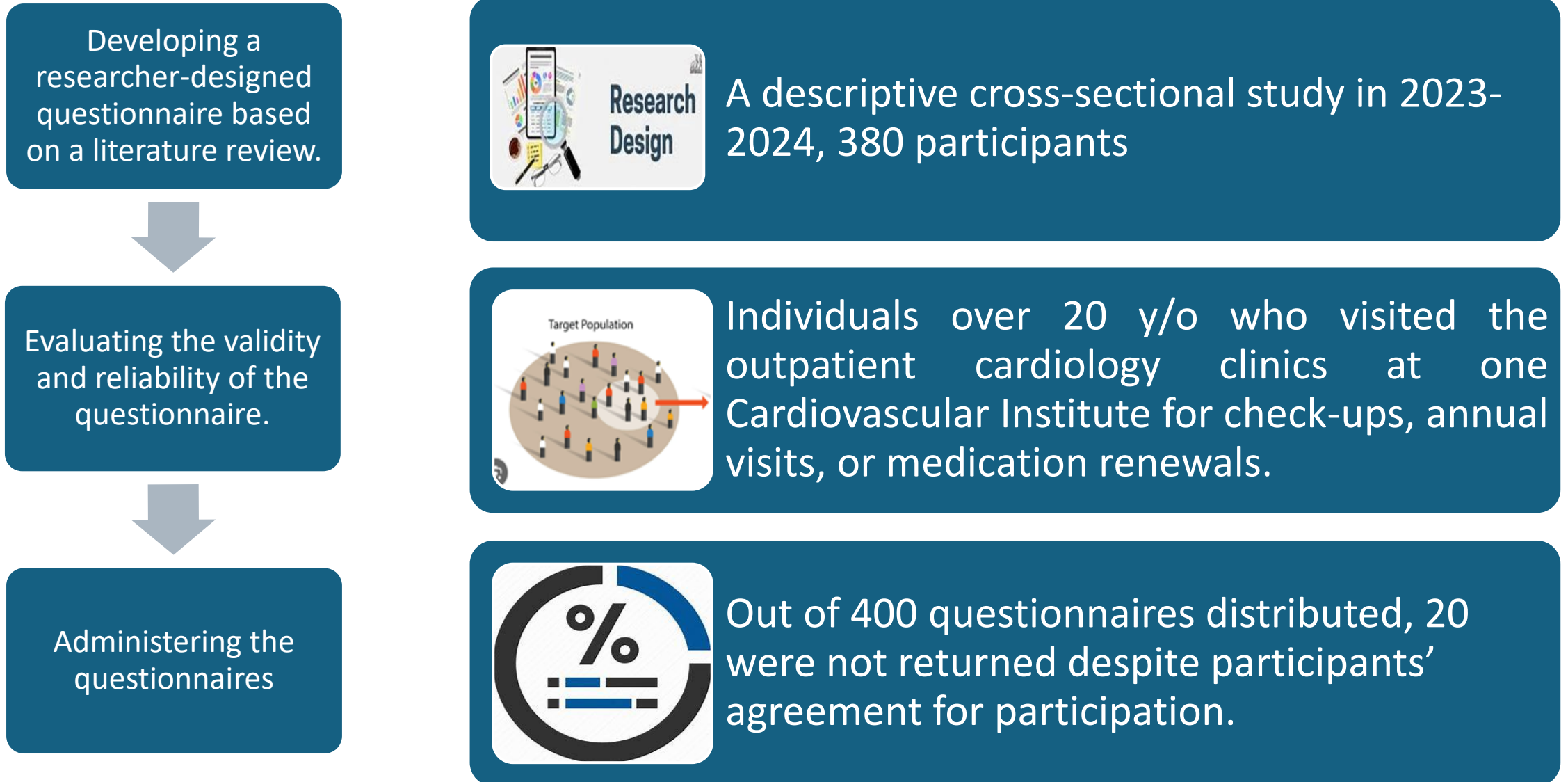
Prominent players in the advance directives market include ADvault, Inc.(US), VyncaCare (US), WiserCare Inc.(US), Sharp HealthCare(US), ACP Decisions (a DBA of Nous Foundation, Inc.) (US), Iris Healthcare(Aledade, Inc.) (US), Bronson Health Care Group, Inc. (US), Koda Health(US), ThroughCare, Inc.(US), Vital Decisions LLC (US), Affirm Health Inc. (US), MIDEO(US), New Century Health (US), Thanacare(US), Island Health(Canada), Honor My Decisions LLC (US). These companies adopted strategies such as product launches, expansions, agreements, partnerships, collaborations, and acquisitions to strengthen their market presence in advance directives market.

- In Iran, there is no parliamentary binding law on AD. However, the Patients' Rights Charter (2009), endorses them. Therefore, AD is not implemented in the Iranian health system.
- Despite that HCPs in Iran support the use of ADs for end-of-life decisions.
- A 2015 JAMA article shows that Iranian physicians were among the least likely to withhold or withdraw treatment, which could be due to a lack of clear regulation.
- No data on patients' preferences for AD

Figure. Proportion of Respondents Who Almost Always or Often Withheld and Withdrew Life-Sustaining Treatments, and Actively Shortened the Dying Process for Patients With No Chance of Recovering a Meaningful Life



Understanding Patients' Preferences of AD in the Iranian Clinical Context



Demography of Participants



Demographic variables		Number (percent)
Gender	Male	189(49.7)
	Female	191(50.3)
Age	≤ 40 yrs.	137(36.1)
	41 - 60 yrs.	190(50.0)
	≥ 61 yrs.	53(13.9)
Marital Status	Married	291(76.6)
	Single/widowed/Divorced	89(23.4)
Occupation	Unemployed	69(18.2)
	Retired	56(14.7)
	Employee	164(43.2)
	freelance work/Other	91(23.9)
Economic situation	Good	97(25.5)
	Average	41(10.8)
	Poor	242(63.7)
History of chronic disease	Yes	176(46.3)
	No	204(53.7)
Evaluate your personal religious beliefs	Completely religious	203(54.0)
	Intermediate point of view	119(31.6)
	Non-religious	54(14.4)
Having family support	Good	248(65.3)
	Average	102(26.8)
	Poor	30(7.9)

- Approximately half of the participants were female.
- About 77% were married.
- Approximately 64% reported a poor economic status, which we expect in a public hospital.
- Nearly half had a history of chronic illness.
- 54% identified themselves as highly religious, while 14% identified as non-religious.
- 65% reported having good family support.

Registering EoL Preferences: More tendency among older, unemployed and non-religious people

Question	Yes N (%)	No N (%)	I'm not sure. N (%)
Would you like to register your preferences and desires regarding the potential care and treatment process for your future (if you reach the end-of-life stage and are unable to make decisions) in advance for the information of your loved ones?	200 (52.6%)	112 (29.5%)	68 (17.9%)

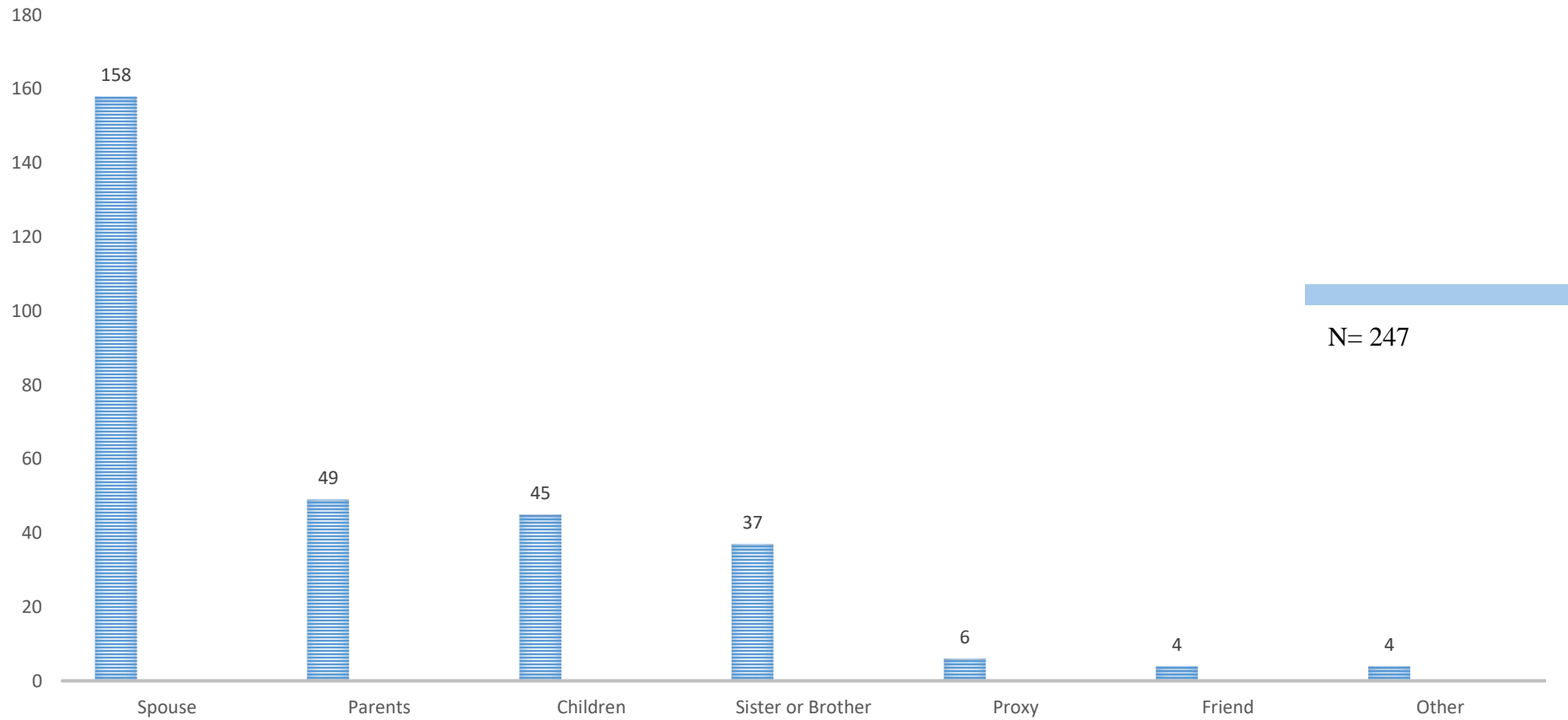
Response Variable		Yes N (%)	No N (%)	I'm not sure. N (%)	P-value
Gender	Male	110(58.2)	49(25.9)	30(15.9)	0.096
	Female	90(47.1)	63(33.0)	38(19.9)	
Age	≤ 40 yrs.	79(57.7)	30(21.9)	28(20.4)	0.030
	41 - 60 yrs.	101(53.2)	62(32.6)	27(14.2)	
	≥ 61 yrs.	20(37.7)	20(37.7)	13(24.6)	
Marital status	≤ 40 yrs.	152(52.2)	87(29.9)	52(17.9)	0.945
	Single/widowed/Divorced	48(53.9)	25(28.1)	16(18.0)	
Occupation	Unemployed/casual workers	43(62.3)	15(21.7)	11(15.9)	0.023
	Retired	19(33.9)	25(44.6)	12(21.4)	
	Employee	84(51.2)	46(28.3)	34(20.7)	
	Private business	54(59.3)	26(28.6)	11(12.1)	
Economic status	Good	53(54.6)	29(29.9)	15(15.5)	0.375
	Average	24(58.5)	7(17.1)	10(24.4)	
	Poor	123(50.8)	76(31.4)	43(17.8)	
History of chronic disease	Yes	100(56.8)	50(28.4)	26(14.8)	0.223
	No	100(49.0)	62(30.4)	42(20.6)	
Evaluate your personal religious beliefs	Completely religious	109(53.7)	62(30.5)	32(15.8)	0.009
	Intermediate point of view	54(45.4)	33(27.7)	32(26.9)	
	Non-religious	37(68.5)	13(24.1)	4(7.4)	
Having family support	Good	131(52.8)	69(27.8)	48(19.4)	0.166
	Average	53(52.0)	37(36.3)	12(11.8)	
	Poor	16(53.3)	6(20.0)	8(26.7)	

Preference to choose an SDM: Individuals with a history of chronic disease and those in private business reported a higher tendency

Question	Yes N (%)	No N (%)	I'm not sure. N (%)
When you are seriously ill (in a situation where you are at the end of life and lack decision-making capacity), would you like to choose a surrogate to make decisions about your care and medical treatments?	247 (65.0)	77 (20.3)	56 (14.7)

Response		Yes N (%)	No N (%)	I'm not sure. N (%)	P-value
Variable					
Gender	Male	129(68.2)	30(15.9)	30(15.9)	0.104
	Female	118(61.8)	47(24.6)	26(13.6)	
Age	≤ 40 yrs.	87(63.5)	26(19.0)	24(17.5)	0.123
	41 - 60 yrs.	128(67.4)	34(17.9)	28(14.7)	
	≥ 61 yrs.	32(60.4)	17(32.1)	4(7.5)	
Marital Status	Married	194(66.7)	55(18.9)	42(14.4)	0.417
	Single/widowed/Divorced	53(59.6)	22(24.7)	14(15.7)	
Occupation	Unemployed/ casual Worker	33(47.8)	26(37.7)	10(14.5)	<0.001
	Retired	46(82.1)	4(7.1)	6(10.7)	
	Employee	106(64.6)	28(17.1)	30(18.3)	
	Private Business	62(68.1)	19(20.9)	10(11.0)	
Economic status	Good	59(60.8)	24(24.7)	14(14.4)	0.265
	Average	25(61.0)	6(14.6)	10(24.4)	
	Poor	163(67.4)	47(19.4)	32(13.2)	
History of chronic disease	Yes	130(73.9)	29(16.5)	17(9.7)	0.002
	No	117(57.4)	48(23.5)	39(19.1)	
Evaluate your personal religious beliefs	Completely religious	128(63.1)	49(24.1)	26(12.8)	0.173
	Intermediate point of view	75(63.0)	22(18.5)	22(18.5)	
	Non-religious	40(74.1)	6(11.1)	8(14.8)	
Having family support	Good	167(67.3)	49(19.8)	32(12.9)	0.278
	Average	58(56.9)	24(23.5)	20(19.6)	
	Poor	22(73.3)	4(13.3)	4(13.3)	

Preference for Substitute DM: 64% preferred their spouse



Q: Suppose you intend to choose someone as your SDM for medical decision-making when you are severely ill (in a situation where you are at the end of life and lack decision-making capacity). Who would you prefer to choose as your surrogate?

Preference for prolonging the life by LSTs: less tendency in women, unemployed, without chronic disease, non-religious and with good family support

Question	Yes N (%)	No N (%)	I'm not sure. N (%)
If life-sustaining treatments do not improve your health or alleviate your suffering, would you like your life to be prolonged in any way possible?	41 (10.8)	284 (74.7)	55 (14.5)

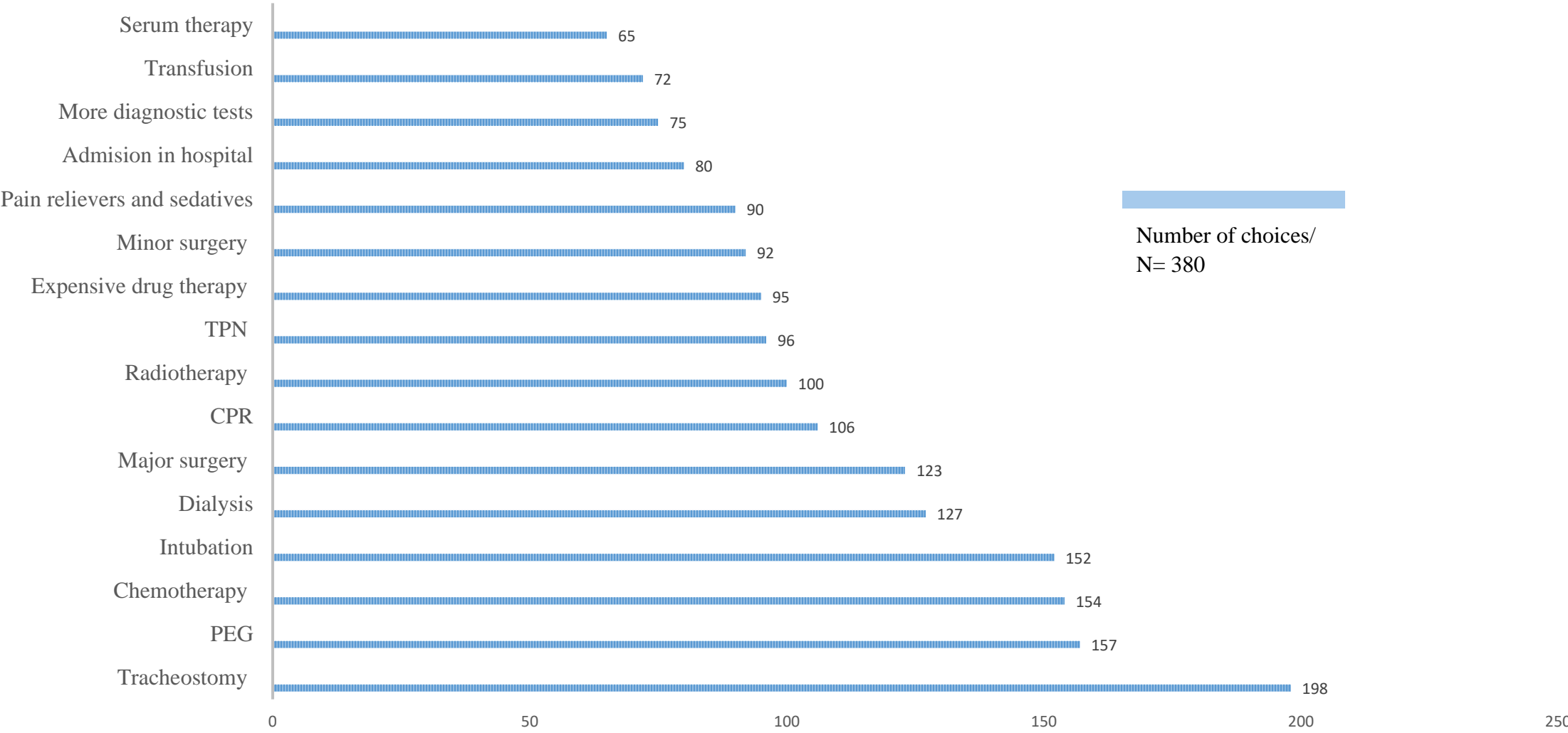
Response		Yes N (%)	No N (%)	I'm not sure. N (%)	P-value
Variable					
Gender	Male	32 (16.9)	131(69.3)	26(13.8)	<0.001
	Female	9(4.7)	153(80.1)	29(15.2)	
Age	≤ 40 yrs.	14(10.3)	108(78.8)	15(10.9)	0.246
	41 - 60 yrs.	24(12.6)	133(70.0)	33(17.4)	
	≥ 61 yrs.	3(5.7)	43(81.1)	70(13.2)	
Marital Status	Married	35(12.0)	216(74.2)	40(13.7)	0.323
	Single/widowed/Divorced	6(6.7)	68(76.4)	15(16.9)	
Occupation	Unemployed/ casual workers	5(7.2)	58(84.1)	6(8.7)	0.009
	Retired	5(8.9)	40(71.4)	11(19.6)	
	Employee	12(7.3)	124(75.6)	28(17.1)	
	Private business	19(20.9)	62(68.1)	10(11.0)	
Economic status	Good	12(12.4)	73(75.3)	12(12.4)	0.695
	Average	2(4.9)	33(80.5)	6(14.6)	
	Poor	27(11.2)	178(73.6)	37(15.3)	
History of chronic disease	Yes	28(15.9)	125(71.0)	23(13.1)	0.011
	No	13(6.4)	159(77.9)	32(15.7)	
Evaluate your personal religious beliefs	Completely religious	32(15.8)	143(70.4)	28(13.8)	0.010
	Intermediate point of view	9(7.6)	93(78.2)	17(14.3)	
	Non-religious	0(0.0)	44(81.5)	10(18.5)	
Having family support	Good	19(7.7)	206(83.1)	23(9.3)	<0.001
	Average	19(18.6)	63(61.8)	20(19.6)	
	Poor	3(10.0)	15(50.0)	12(40.0)	

Preference for the forgoing of LSTs: less tendency in younger, non-married, unemployed, chronic patients, non-religious and those with good family support

Question	Response
If you were to lose your mental function irreversibly and could only survive with artificial nutrition and a ventilator, would you want to continue life-sustaining treatment?	N (%)
Yes	35 (9.2)
No	268 (70.5)
I prefer my doctor to make decisions for me	35(9.2)
I prefer that my surrogate makes decisions for me	16(6.2)
I can't decide	26(6.8)

		Response					P-value
		Yes	No	I prefer my doctor to make decisions for me	I prefer that my surrogate makes decisions for me	I can't decide.	
Variable		N (%)	N (%)	N (%)	N (%)	N (%)	
Gender	Male	22(11.6)	128(67.7)	18(9.5)	9(4.8)	12(6.4)	0.513
	Female	13(6.8)	140(73.3)	17(8.9)	7(3.7)	14(7.3)	
Age	≤ 40 yrs.	14(10.2)	106(77.3)	9(6.6)	6(4.4)	2(1.5)	0.010
	41 - 60 yrs.	14(7.4)	128(67.3)	22(11.6)	10(5.3)	16(8.4)	
	≥ 61 yrs.	7(13.2)	34(64.2)	4(7.5)	0(0.0)	8(15.1)	
Marital Status	Married	28(9.6)	197(67.7)	33(11.3)	16(5.5)	17(5.8)	0.006
	Single/widowed/Divorced	7(7.9)	71(79.8)	2(2.2)	0(0.0)	9(10.1)	
Occupation	Unemployed/ casual Worker	9(13.0)	54(78.3)	2(2.9)	4(5.8)	0(0.0)	<0.001
	Retired	1(1.8)	37(66.1)	1(1.8)	3(5.4)	14(25.0)	
	Employee	7(4.3)	123(75.0)	20(12.2)	2(1.2)	12(7.3)	
	Private business	18(19.8)	54(59.3)	12(13.2)	7(7.7)	0(0.0)	
Economic status	Good	14(14.4)	62(63.9)	9(9.3)	6(6.2)	6(6.2)	0.057
	Average	20(8.3)	170(70.2)	26(10.7)	10(4.1)	16(6.6)	
	Poor	1(2.4)	36(87.8)	0(0.0)	0(0.0)	4(9.8)	
History of chronic disease	Yes	22(12.5)	128(72.7)	13(7.4)	1(0.6)	12(6.8)	0.004
	No	13(6.4)	140(68.6)	22(10.8)	15(7.4)	14(6.9)	
Evaluate your personal religious beliefs	Completely religious	27(13.3)	128(63.1)	18(8.9)	12(5.9)	18(8.9)	<0.001
	Intermediate point of view	8(6.7)	86(72.3)	17(14.3)	0(0.0)	8(6.7)	
	Non-religious	0(0.0)	50(92.6)	0(0.0)	4(7.4)	0(0.0)	
Having family support	Good	19(7.7)	187(75.4)	21(8.5)	9(3.6)	12(4.8)	<0.001
	Average	14(13.7)	63(61.8)	14(13.7)	5(4.9)	6(5.9)	
	Poor	2(6.7)	18(60.0)	0(0.0)	2(6.7)	8(26.7)	

Q: If you were at the end stage of life with no chance of recovery, which life-sustaining interventions would you prefer not to be performed?



Preference for being the first person informed about serious illness: Men, older people (+61 y/o) and those with good familial support had higher level of tendency

If you had a serious illness, who would you like your doctor to talk about it first?	N (%)
Myself	286 (75.3)
Family members	38(10.0)
Doesn't matter	18(4.7)
Anyone but myself	38(10.0)

Variable		Response				P-value
		I want them to tell me first N (%)	I want my family members to be informed first N (%)	It doesn't matter who is informed first N (%)	I don't want anyone but myself to know about my illness N (%)	
Gender	Male	160(84.7)	11(5.8)	2(11.0)	16(8.5)	<0.001
	Female	126(66.0)	27(14.1)	16(8.4)	22(11.5)	
Age	≤ 40 yrs.	110(8.3)	9(6.6)	6(4.4)	12(8.7)	0.004
	41 - 60 yrs.	133(70.0)	19(10.0)	12(6.3)	26(13.7)	
	≥ 61 yrs.	43(83.1)	10(18.9)	0(0.0)	0(0.0)	
Marital Status	Married	217(74.6)	30(10.3)	16(5.5)	28(9.6)	0.594
	Single/widowed/Divorced	69(77.5)	8(9.0)	2(2.2)	10(11.2)	
Occupation	Unemployed/casual Worker	52(75.4)	9(13.0)	2(2.9)	4(8.7)	0.298
	Retired	42(75.0)	6(10.7)	4(7.1)	4(7.1)	
	Employee	120(73.2)	12(7.3)	8(4.9)	24(14.6)	
	Private business	72(79.1)	11(12.1)	4(4.4)	4(4.4)	
Economic status	Good	72(74.2)	9(9.3)	6(6.2)	10(10.3)	0.216
	Average	183(75.6)	27(11.2)	12(5.0)	20(8.3)	
	Poor	31(75.6)	2(4.9)	0(0.0)	8(19.5)	
History of chronic disease	Yes	133(75.6)	14(8.0)	8(4.5)	21(11.9)	0.453
	No	153(75.0)	24(11.8)	10(4.9)	17(8.3)	
Evaluate your personal religious beliefs	Completely religious	154(75.9)	19(9.4)	12(5.9)	18(8.9)	0.684
	Intermediate point of view	88(73.9)	15(12.6)	4(3.4)	12(10.1)	
	Non-religious	40(74.1)	4(7.4)	2(3.7)	8(14.8)	
Having family support	Good	201(81.0)	21(8.5)	14(5.6)	12(4.8)	<0.001
	Average	71(69.6)	11 (10.8)	4(3.9)	16(15.7)	
	Poor	14(46.7)	6(20.0)	0(0.0)	10(33.3)	

Preference for CPR: less tendency for CPR in Younger, non-married, unemployed, chronic patients, non-religious and people with good family support

Question	Response
In the final stages of life, when there is no hope of returning to your normal life and your heart stops beating, would you want your heartbeat to be restored through cardiopulmonary resuscitation but continue living on a ventilator and in an unconscious state?	N (%)
Yes	54 (14.2)
No	202 (53.2)
I prefer my doctor to make decisions for me	70 (18.4)
I prefer that my surrogate makes decisions for me	15 (3.9)
I can't decide	39 (10.3)

		Response					P-value
		Yes N (%)	No N (%)	I prefer my doctor to make decisions for me N (%)	I prefer that my surrogate makes decisions for me N (%)	I can't decide. N (%)	
Variable	Male	22(11.6)	128(67.7)	18(9.5)	9(4.8)	12(6.4)	0.513
	Female	13(6.8)	140(73.3)	17(8.9)	7(3.7)	14(7.3)	
Age	≤ 40 yrs.	14(10.2)	106(77.3)	9(6.6)	6(4.4)	2(1.5)	0.010
	41 - 60 yrs.	14(7.4)	128(67.3)	22(11.6)	10(5.3)	16(8.4)	
	≥ 61 yrs.	7(13.2)	34(64.2)	4(7.5)	0(0.0)	8(15.1)	
Marital Status	Married	28(9.6)	197(67.7)	33(11.3)	16(5.5)	17(5.8)	0.006
	Single/widowed/Divorced	7(7.9)	71(79.8)	2(2.2)	0(0.0)	9(10.1)	
Occupation	Unemployed/ casual worker	9(13.0)	54(78.3)	2(2.9)	4(5.8)	0(0.0)	<0.001
	Retired	1(1.8)	37(66.1)	1(1.8)	3(5.4)	14(25.0)	
	Employee	7(4.3)	123(75.0)	20(12.2)	2(1.2)	12(7.3)	
	Private business	18(19.8)	54(59.3)	12(13.2)	7(7.7)	0(0.0)	
Economic situation	Good	14(14.4)	62(63.9)	9(9.3)	6(6.2)	6(6.2)	0.057
	Average	20(8.3)	170(70.2)	26(10.7)	10(4.1)	16(6.6)	
	Poor	1(2.4)	36(87.8)	0(0.0)	0(0.0)	4(9.8)	
History of chronic disease	Yes	22(12.5)	128(72.7)	13(7.4)	1(0.6)	12(6.8)	0.004
	No	13(6.4)	140(68.36)	22(10.8)	15(7.4)	14(6.9)	
Evaluate your personal religious beliefs	Completely religious	27(13.3)	128(63.10)	18(8.9)	12(5.9)	18(8.9)	<0.001
	Intermediate point of view	8(6.7)	86(72.3)	17(14.3)	0(0.0)	8(6.7)	
	Non-religious	0(0.0)	50(92.6)	0(0.0)	4(7.4)	0(0.0)	
Having family support	Good	19(7.7)	187(75.4)	21(8.5)	9(3.6)	12(4.8)	<0.001
	Average	14(13.7)	63(61.8)	14(13.7)	5(4.9)	6(5.9)	
	Poor	2(6.7)	18(60.0)	0(0.0)	2(6.7)	8(26.7)	

Preference for EoL care at home: Higher tendency in retired, low SE and religious participants

<p>If you were in the final stages of illness or at the end of life with no chance of recovery, where would you prefer to spend your dying/last days?</p>	<p>N (%)</p>
Hospital	57 (15.0)
Hospice	6 (1.6)
Home	317 (83.4)

Variable	Response	Hospital N (%)	Hospice N (%)	Home N (%)	P-value
Gender	Male	22(11.6)	2(1.1)	165(87.3)	0.125
	Female	35(18.3)	4(2.1)	152(79.6)	
Age	≤ 40 yrs.	19(13.9)	2(1.4)	116(84.7)	0.829
	41 - 60 yrs.	29(15.3)	4(2.1)	157(82.6)	
	≥ 61 yrs.	9(17.0)	0(0.0)	44(83.0)	
Marital Status	Married	47(16.2)	4(1.4)	240(82.5)	0.458
	Single/widowed/Divorced	10(11.2)	2(2.2)	77(86.5)	
Occupation	Unemployed/ Worker	7(10.1)	2(2.9)	60(87.0)	0.021
	Retired	4(7.1)	0(0.0)	52(92.9)	
	Employee	30(18.3)	0(0.0)	134(81.7)	
	freelance work/Other	16(17.6)	4(4.4)	71(78.0)	
Economic status	Good	6(6.2)	4(4.1)	87(89.7)	<0.001
	Average	50(20.7)	2(0.8)	190(78.5)	
	Poor	1(2.4)	0(0.0)	40(97.6)	
History of chronic disease	Yes	32(18.2)	2(1.1)	142(80.7)	0.233
	No	25(12.3)	4(2.0)	175(85.8)	
Evaluate your personal religious beliefs	Completely religious	13(6.4)	0(0.0)	190(93.6)	<0.001
	Intermediate point of view	38(31.9)	4(3.4)	77(64.7)	
	Non-religious	6(11.1)	2(3.7)	46(85.2)	
Having family support	Good	36(14.5)	2(0.8)	210(84.7)	0.085
	Average	14(13.7)	2(2.0)	86(84.3)	
	Poor	7(23.3)	2(6.7)	21(70.0)	

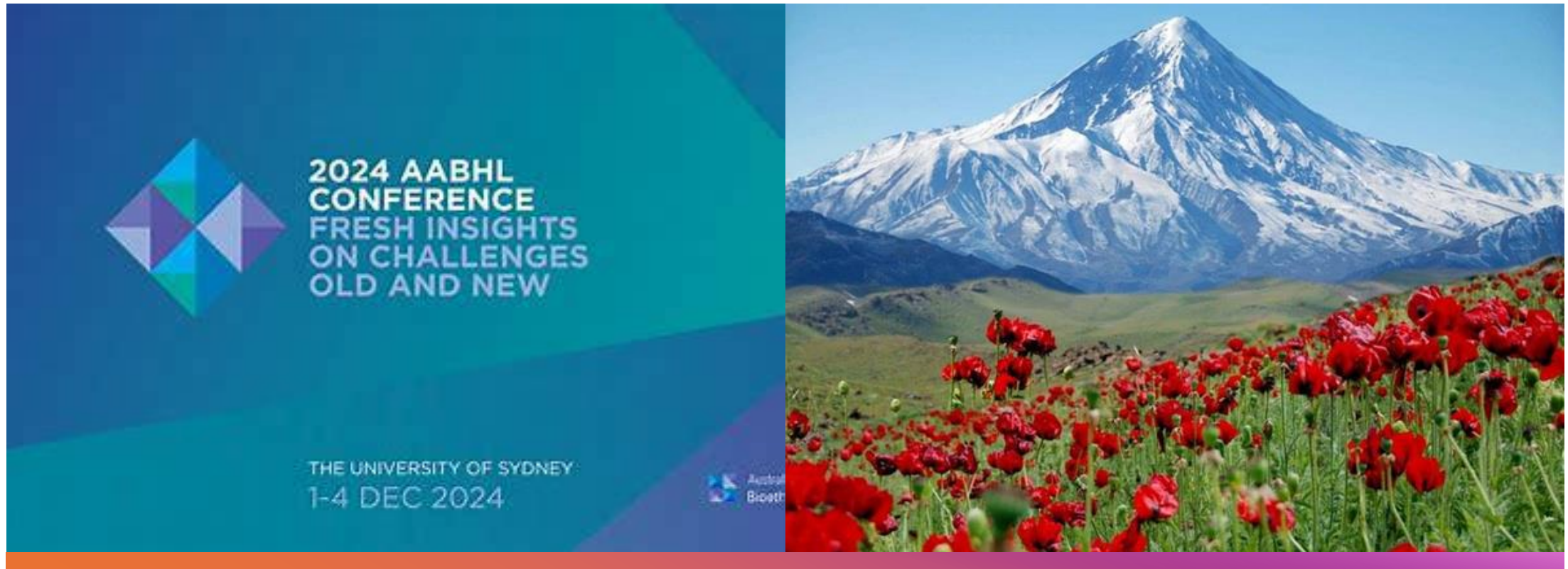
Preference for receiving only palliative care at the EoL: Higher tendency in low SE, chronic and non-religious participants

If you were in the final stage of illness or at the end of life with no chance of recovery, which medical intervention would you prefer?	N (%)
Just Palliative care	271 (71.3)
Limited care and treatment	14 (3.7)
Receiving all available and possible care and treatments	95 (25.0)

Response		Just Palliative care N (%)	Limited care and treatment N (%)	Receiving all available and possible care and treatments N (%)	P-value
Variable					
Gender	Male	134(70.9)	7(3.7)	48(25.4)	0.984
	Female	137(71.7)	7(3.7)	47(24.6)	
Age	≤ 40 yrs.	92(67.2)	9(6.6)	36(26.2)	0.107
	41 - 60 yrs.	136(71.6)	5(2.6)	49(25.8)	
	≥ 61 yrs.	43(81.1)	0(0.0)	10(18.9)	
Marital Status	Married	211(72.5)	11(3.8)	69(23.7)	0.576
	Single/widowed/Divorced	60(67.4)	3(3.4)	26(29.2)	
Occupation	Unemployed/ Worker	53(76.8)	3(4.3)	13(18.8)	0.125
	Retired	42(75.0)	0(0.0)	14(25.0)	
	Employee	112(68.3)	4(2.4)	48(29.3)	
	freelance work/Other	64(70.3)	7(7.7)	20(22.0)	
Economic status	Good	58(59.8)	1(1.0)	38(39.2)	0.001
	Average	180(74.4)	13(5.4)	49(20.2)	
	Poor	33(80.5)	0(0.0)	8(19.5)	
History of chronic disease	Yes	131(74.4)	0(0.0)	45(25.6)	0.002
	No	140(68.6)	14(6.9)	50(24.5)	
Evaluate your personal religious beliefs	Completely religious	130(64.0)	6(3.0)	67(33.0)	<0.001
	Intermediate point of view	89(74.8)	8(6.7)	22(18.5)	
	Non-religious	48(88.9)	0(0.0)	6(11.1)	
Having family support	Good	172(69.4)	10(4.0)	66(26.6)	0.483
	Average	78(76.5)	4(3.9)	20(19.6)	
	Poor	21(70.0)	0(0.0)	9(30.0)	



- Participants significantly were in favour of the registration of their ADs and assigning SDMs.
- Participants mostly prefer themselves rather than their families to be the first person informed in case of serious health issues which is similar to Western societies.
- Most of the participants were against prolonging life and were in favour of forgoing life-sustaining interventions, specifically more invasive ones in case of terminal illness. Their preference for palliative care, EoL homecare and not being resuscitated (DNR Orders) is aligned with this result.
- The Iranian legal and regulatory context is not responsive to these preferences: no law/policy is implemented for advance directives and forgoing life-sustaining treatments. As another example, while most participants want their spouse to be their SDM, Iranian law does not recognise spouses as SDMs.
- SE status, employment, religiosity, age, and sex, family support, were statistically significant factors in different questions.
- Considering the limitations, more evidence is required by more diverse participants.



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Thank you for your attention