APPLYING THE THEORY OF PLANNED BEHAVIOR TO AGGRESSIVE TREATMENTS AT THE END-OF-LIFE

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Physicians and other health care experts are continuously studying the efficacy of treatments and their long-term effects. For instance, research has shown that aggressive end-of-life care could be potentially more harmful to the patient than previously known. Naturally, this has led to a wave of criticism towards aggressive treatments for terminally ill or dying patients. I investigated the dynamics involved with end-of-life care and why patients and their physicians seek aggressive treatment near death. Using the Theory of Planned Behavior, I deconstruct the process by which aggressive end-of-life care is pursued and show how this health behavioral model can also guide better approaches for end-of-life care in our society.

The Theory of Planned Behavior breaks down the factors that influence certain behaviors into three facets: attitude, social norms, and perceived behavioral control. By integrating several studies that analyze which factors influence quality of life at the end-of-life and several that examine the effectiveness of end-of-life chemotherapy, I offer evidence towards the need for patients and physicians to focus more on comfortable and empathetic end-of-life care rather than aggressive treatments. I also examine the utilization of end-of-life discussions between patients and physicians as a tool to improve end-of-life care. Ultimately, I argue that the dying process needs to be re-evaluated and more efforts should be made to improve end-of-life care to give the patient more control over their own death.