

# Medication Hesitancy in Palliative Care: A Systematic Review Using the Theory of Planned Behaviour

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## Background

The demand of palliative care is increasing due to the ageing population and treatment hesitancy or intentional avoidance compromises symptom management.



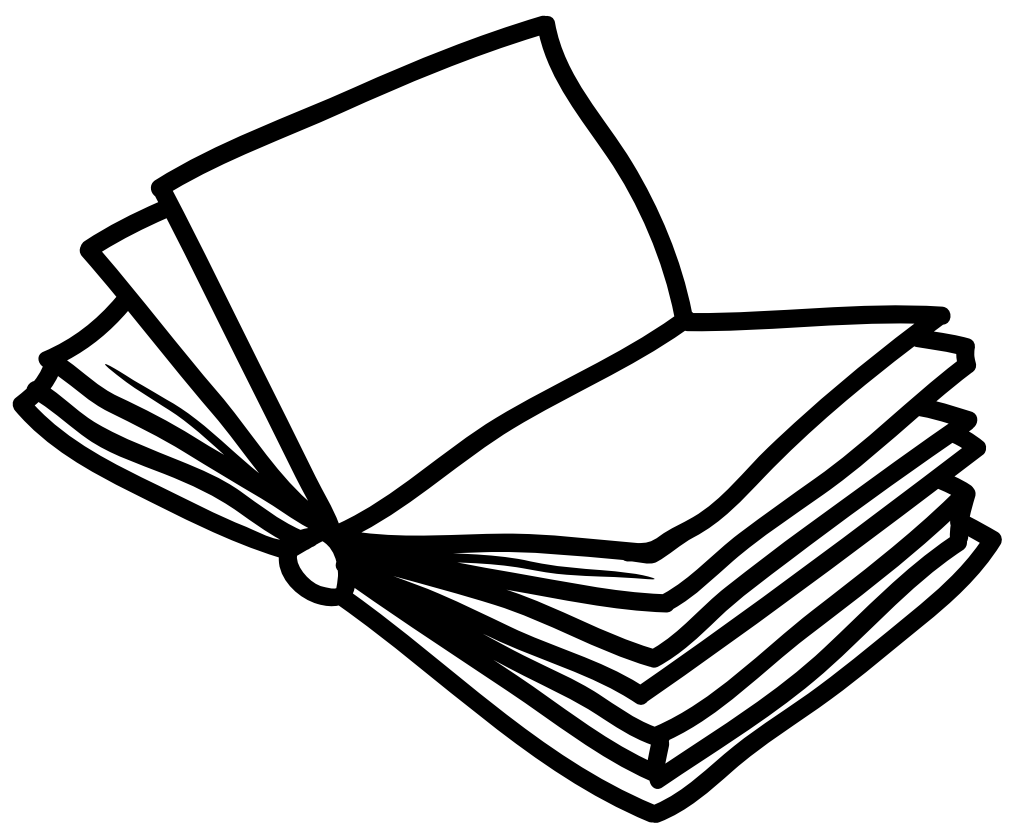
## Objective

To identify patient beliefs associated with medication hesitancy by using the *Theory of Planned Behaviour (TPB)* namely, *attitudes, subjective norms, behavioural intention, and perceived behavioural control* associated with medication hesitancy or intentional non-compliance by avoidance.



## Results

554 articles were retrieved from the literature search and 17 articles were included based on the eligibility criteria.



## Method

Literature search was conducted in CINAHL, EMBASE, PsycInfo, MEDLINE

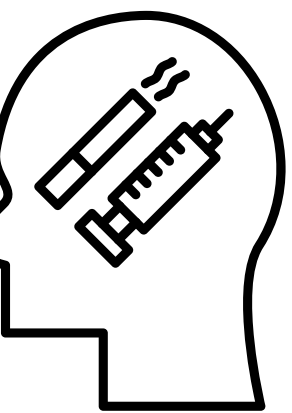


### Attitude

Patient's overall evaluation of their own medication avoidance

Negative attitude towards medications

Side effects  
Fear of addiction



### Subjective norm

Belief about whether most people (friends, family, healthcare professionals, colleagues, peers etc.) approve or disapprove of their medication avoidance

Passive attitude towards illnesses

Hopelessness



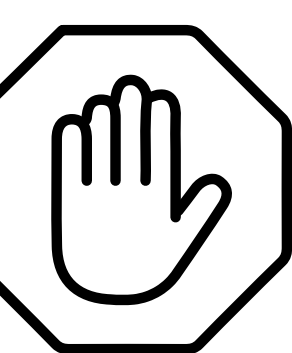
Inaccurate information about disease or medication

Unclear direction and information



Perceived negative opinions from others

Social stigma



Perception of manageable symptoms

Endurable symptoms



### Perceived behavioural control

Overall measure of perceived control over abstain from taking prescribed medication

## Conclusion

- A proportion of patients would intentionally avoid medications.
- *Attitude, subjective norms and perceived behavioural control* contributed to medication hesitancy or avoidance.
- Clinicians should take patient considerations into account when discussing medication regimens with palliative patients to achieve shared decision-making.
- With patients' fear of addiction, side effects and confusion about medications, pharmacists have a significant role in supporting palliative patients and normalising medication use in society to prevent stigmatisation, as well as providing adequate medication education in order to improve compliance and optimise quality of care.

## Acknowledgment

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