Review Article

At Life's Crossroads: A Systematic Review of End-of-life Care Preferences in Older Adults

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Abstract

Understanding end-of-life care (EOLC) preferences amongst older adults is crucial for enhancing the quality of care and ensuring that individuals receive treatment that aligns with their values and desires. This systematic review aims to explore the preferences of older adults regarding EOLC, focusing on the factors influencing these preferences and the implications for healthcare practice. A comprehensive literature search was conducted across multiple databases, identifying studies that reported on the preferences of older adults for EOLC settings, such as hospice, home care and palliative care. The review included a range of quantitative and qualitative studies, providing a multifaceted perspective on the subject. The findings reveal that various factors, including cultural beliefs, socio-economic status and personal experiences with illness and death, shape older adults' preferences. The review emphasizes the importance of healthcare providers engaging in open discussions with older patients about their end-of-life care preferences, thereby ensuring that care plans are tailored to meet individual needs and preferences. The insights gained from this review can inform policy and practice, ultimately improving the quality of EOLC for the elderly population.

Keywords: Cultural beliefs, end-of-life care, healthcare practice, hospice care, older adults, palliative care, patient-centred care, preferences, socio-economic factors, systematic review

Introduction

End-of-life care (EOLC) is a critical aspect of healthcare, particularly for older adults who often face complex medical decisions as they approach the final stages of life.[1] With an increasing global elderly population, understanding the preferences of older adults regarding their EOLC is essential for ensuring that healthcare services align with their values and desires.[2-4] Preferences for EOLC can vary significantly based on individual circumstances, including cultural background, personal beliefs and previous experiences with healthcare systems.[5-7] Therefore, a comprehensive understanding of these preferences is vital for healthcare providers to deliver appropriate and respectful care to older patients.[8]

Multiple research indicate that many older adults express a desire for autonomy and involvement in decision-making regarding their EOLC.[9-11] Studies have shown that when individuals are engaged in discussions about their preferences, they report higher satisfaction with the care they receive and better overall quality of life.[12,13] Despite this, there remains a significant gap between the preferences expressed by older adults and the actual care they receive, often due to a lack of communication between patients and healthcare providers.[12,14,15] This disconnect can lead to unwanted interventions and a lack of supportive care at a time when comfort and dignity are paramount.

Cultural beliefs play a pivotal role in shaping EOLC preferences amongst older adults. For instance, individuals from collectivist cultures often prioritize family involvement in decision-making, whereas those from individualistic cultures tend to emphasize personal autonomy.[16,17] Moreover,

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socio-economic factors, including education and access to healthcare resources, can significantly influence older adults' understanding of EOLC options and their ability to advocate for their preferences.[18-22] These factors underscore the necessity for culturally competent care that acknowledges and respects diverse values and practices concerning death and dying.

The importance of advance care planning (ACP) has gained recognition to facilitate discussions about EOLC preferences.[23,24] ACP allows individuals to articulate their wishes proactively, ensuring that healthcare providers are aware of their preferences and can tailor care accordingly.[25] Research has demonstrated that effective ACP can lead to improved alignment between patients' wishes and the care they receive, ultimately enhancing their quality of life in their final days.[14,25-28]

Objectives of the study

Considering these considerations, this systematic review aims to synthesise the existing literature on EOLC preferences amongst older adults [Figure 1]. By examining the factors that influence these preferences and their implications for healthcare practice, this review seeks to contribute to a more nuanced understanding of how to deliver patient-centred care in the context of EOLC. Understanding these preferences is crucial for healthcare professionals as they strive to provide compassionate, respectful, and culturally appropriate care to the aging population.

Materials and Methods

Search strategy

To identify relevant studies on EOLC preferences amongst older adults, a comprehensive literature search was conducted across multiple electronic databases, including PubMed, Scopus and CINAHL. The search strategy employed a combination of keywords and Medical Subject Headings (MeSH) terms related to EOLC, preferences, older adults and related concepts. The following search terms were utilised: 'end-of-life care', AND 'preferences', AND 'older adults', AND 'palliative care', AND 'hospice care', AND 'advance care planning'. The search was limited to articles published in English between 2010 and 2025 to ensure the inclusion of the most recent evidence.

Study selection

The inclusion criteria for this systematic review comprised studies that focused on older adults (aged 60 years and above) and reported their preferences regarding EOLC. Both qualitative and quantitative analyses were considered to provide a comprehensive understanding of the topic. Exclusion criteria included studies that involved younger populations, those that did not specifically address EOLC preferences and articles that were not peer-reviewed. The screening process was conducted in two phases: First, titles and abstracts were assessed for relevance, followed by a full-text review of potentially eligible studies. The selection process was documented using a PRISMA flow diagram to illustrate the number of studies identified, screened and included in the review.[29]

Data extraction

Data were extracted from the included studies using a standardised data extraction form. The variables of interest included study characteristics (author, year, country and study design), participant demographics (age, gender and socio-economic status), key findings related to EOLC preferences and factors influencing these preferences. Two independent reviewers conducted the data extraction to minimise bias, with discrepancies resolved through discussion or consultation with a third reviewer.

Quality assessment

The quality of the included studies was assessed using appropriate tools tailored to the study design. For quantitative studies, the Newcastle–Ottawa Scale (NOS) was employed to evaluate the quality of observational studies.[30] Qualitative

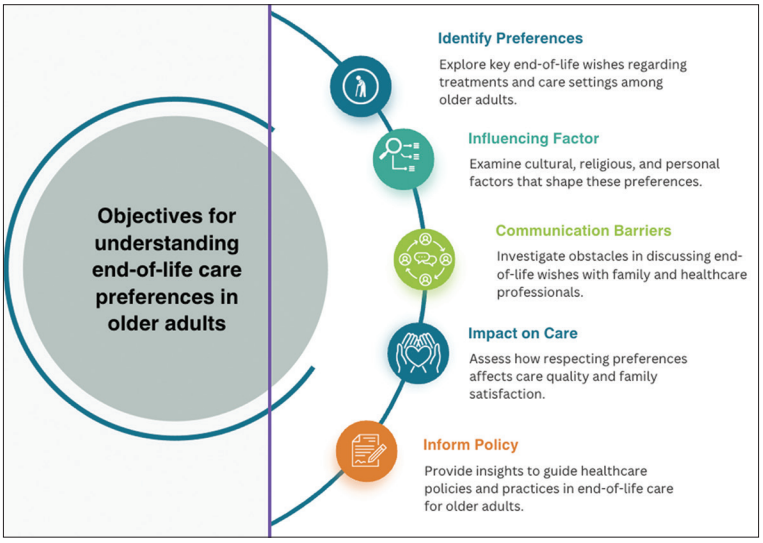

Figure 1: Objectives for understanding end-of-life-care preferences in older adults. Illustration Credit: Nor Faiza Mohd. Tohit.

studies were assessed using the Critical Appraisal Skills Programme (CASP) checklist, which considers the robustness of qualitative research (CASP, 2018). Studies were rated as high, moderate or low quality based on their methodological rigour and overall contribution to the field. This assessment aimed to inform the interpretation of findings and highlight the strength of the evidence base concerning older adults' EOLC preferences.

Data analysis

A narrative synthesis was conducted to integrate and summarise the findings from the included studies. Key themes and patterns related to EOLC preferences were identified and discussed in the context of existing literature. Where applicable, quantitative data were pooled to provide an overview of shared preferences and influencing factors. The synthesis aimed to identify gaps in the current literature and suggest directions for future research in EOLC for older adults.

Results

The results of this systematic review underscore the complexity and diversity of EOLC preferences amongst older adults. By recognising and addressing the factors that influence these preferences, healthcare providers can better support older adults in achieving a dignified and personalised end-of-life experience. The findings underscore the need for enhanced awareness and training among healthcare professionals in effective communication and culturally sensitive care approaches, ultimately improving the quality of end-of-life care for the aging population.

Study selection

The initial literature search yielded a total of 1250 articles across the selected databases. After removing duplicates, 1100 articles were screened for relevance based on titles and abstracts. Of these, 850 articles were excluded because they focused on populations outside the criteria (e.g., younger adults) or did not specifically address end-of-life care preferences. Following this, the full texts of 250 articles were reviewed, resulting in the inclusion of 25 studies that met the predefined inclusion criteria.The PRISMA flow diagram [Figure 2] illustrates the detailed process for selecting studies.

Study characteristics

The included studies varied in design, comprising 17 quantitative studies, 5 qualitative studies and 3 mixed-methods

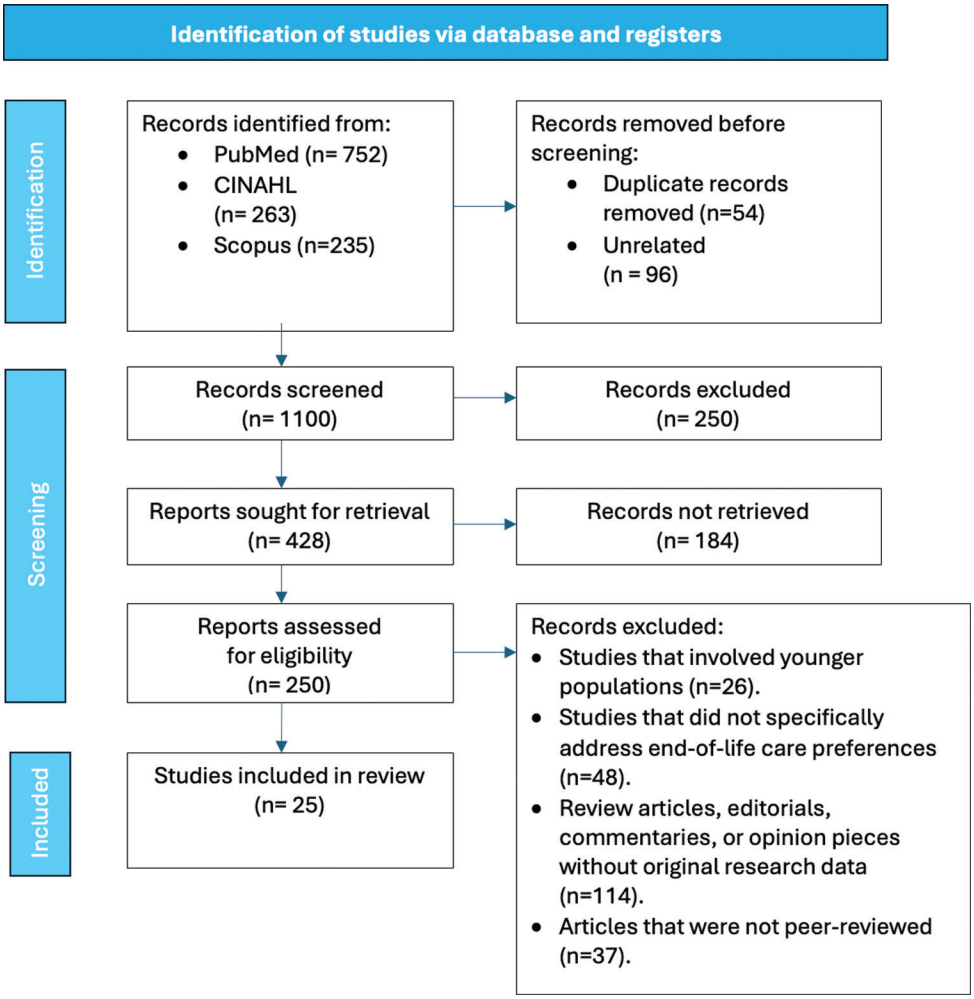

Figure 2: PRISMA flow of the systematic review of end-of-life care preferences in older adults. Illustration Credit: Nor Faiza Mohd. Tohit.

studies. Most studies focussed on community-dwelling older adults, while a smaller proportion examined those residing in nursing homes or hospice settings. The sample sizes ranged from 30 to over 1500 participants, with a total of approximately 12,000 older adults represented across all studies.

Preferences for end-of-life care

The analysis revealed a range of preferences amongst older adults regarding their EOLC. EOLC preferences amongst older adults often reflect a strong desire for comfort, dignity and autonomy.[31-34] Many individuals express a preference for receiving care in familiar settings, such as their own homes, where they feel most at ease. This inclination highlights the importance of person-centred care that prioritises emotional well-being and quality of life during the final stages of life.[35]

In addition, older adults frequently seek to be actively involved in discussions regarding their care options. They value the opportunity to participate in decision-making processes, which allows them to maintain control over their end-of-life experiences.[36] Effective communication with healthcare providers is crucial in facilitating these discussions, ensuring that the wishes of older adults are understood and respected.[36,37] Figure 3 depicts the advantages of involving older adults in their EOLC discussion.

Cultural beliefs and values also significantly influence preferences, as individuals from various backgrounds may have different expectations regarding family involvement and decision-making.[21,22] Acknowledging these cultural nuances is essential for delivering respectful and appropriate care.[24] Ultimately, recognising and accommodating the diverse preferences of older adults in EOLC is vital for providing compassionate support that aligns with their values and wishes.[38-40]

Influencing factors

Several factors were identified as influencing EOLC preferences amongst older adults. Cultural beliefs emerged as a significant determinant, with studies highlighting differences in preferences based on ethnic backgrounds;[41] for example, older adults from collectivist cultures expressed a greater preference for family involvement in decision-making compared to those from individualistic cultures, who tended to emphasise personal autonomy.[18,22,42-46]

Socio-economic status also played a role in shaping preferences.[19,47] Older adults with higher education levels were more likely to articulate their wishes and engage in ACP discussions.[47-50] Furthermore, health status was found to impact preferences significantly; individuals with chronic illnesses were more inclined to prefer palliative care options, while those in better health tended to favour curative interventions.[38,51,52]

Quality of studies

The quality assessment of the included studies revealed that 15 studies were rated as high quality, 25 as moderate quality and 5 as low quality. Common limitations identified included small sample sizes, a lack of diversity in participant demographics, and potential biases resulting from self-reporting. However, the high-quality studies provided robust evidence on the preferences of older adults regarding EOLC, enhancing the credibility of the overall findings.

Common themes

The synthesis of data from the included studies revealed several common themes regarding EOLC preferences.

a) Desire for autonomy: A recurring theme was the emphasis on autonomy in decision-making.[53,54] Older adults consistently expressed a strong preference for being involved in discussions about their care options, reflecting a desire to have control over their end-of-life experience.[55,56]

b) Importance of communication: Effective communication between healthcare providers and older adults was highlighted as crucial for understanding and fulfilling preferences.[57] Many studies have found that older adults who engage in open discussions about their wishes report higher satisfaction with their care.[21,34,58,59]

c) Cultural sensitivity: The influence of cultural factors on preferences underscores the need for culturally competent health care.[60,61] Healthcare providers must be aware of and sensitive to the diverse values and beliefs that shape older adults' EOLC preferences.[62-66]

Figure 3: Advantages of involving older adults in their end-of-life-care discussion. Illustration Credit: Nor Faiza Mohd. Tohit.

d) Barriers to care: Several studies also identified barriers that older adults faced in expressing their preferences, including fear of burdening family members, lack of knowledge about available options and inadequate healthcare support.[67-71] These barriers highlighted the need for more effective strategies to facilitate discussions and ensure that preferences are adequately addressed.[72-74] Figure 4 shows the barriers preventing older adults from expressing their preferences for EOLC.

Discussion

This systematic review aimed to synthesise the existing literature on EOLC preferences amongst older adults, revealing a complex interplay of factors that shape these preferences and highlighting the implications for healthcare practice. The findings underscore the importance of understanding and respecting the wishes of older adults as they approach the end of life, which is essential for providing compassionate and effective care.

A crucial finding of this review is the strong preference among older adults for receiving care at home. This desire for home-based care aligns with previous research indicating that many individuals wish to maintain their dignity and comfort in familiar surroundings during their final days of life.[75,76] The preference for home care reflects a broader trend towards person-centred care that prioritises the individual's comfort and emotional well-being. Many older adults expressed a clear desire for autonomy in decision-making, indicating a need to be involved in discussions about their care options. This finding aligns with studies suggesting that when individuals are engaged in their care planning, they report higher satisfaction and a better quality of life.[37,38]

Effective communication between healthcare providers and older adults is pivotal in facilitating such engagement [Figure 5]. The review highlights that older adults who have open discussions about their preferences are more likely to have their wishes respected. This reinforces the necessity for healthcare professionals to initiate conversations about EOLC preferences early in the patient–provider relationship.[27] Healthcare providers must develop skills in empathetic communication to create an environment where older adults feel comfortable expressing their wishes and preferences. Encouraging these discussions can help bridge the gap between patients' desires and the care they ultimately receive, thus ensuring a more aligned approach to EOLC.

Cultural beliefs have a significant influence on end-of-life care preferences, as evidenced by the findings of this review. Older adults from collectivist cultures often prefer family involvement in decision-making, while those from individualistic cultures tend to prioritise personal autonomy.[16-18] This cultural nuance underscores the necessity for culturally competent care that respects and acknowledges the diverse values and beliefs

Figure 4: The barriers preventing older adults from expressing their preferences for end-of-life care. Illustration Credit: Nor Faiza Mohd. Tohit.

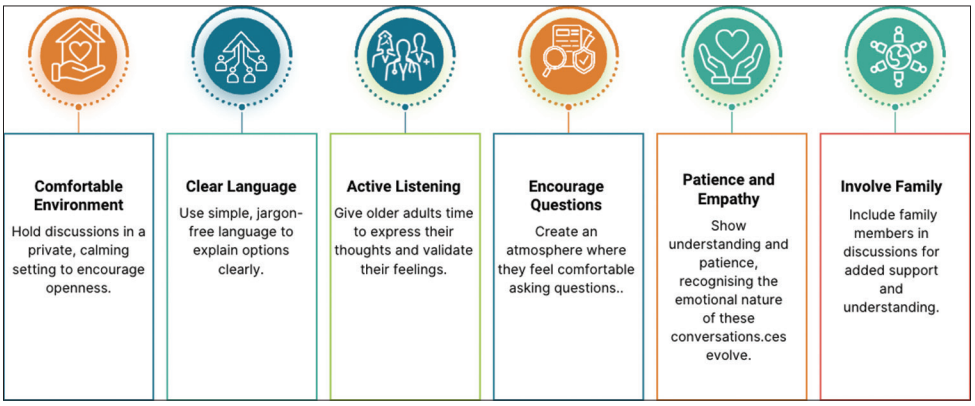

Figure 5: Effective communication strategies for discussing end-of-life care with older adults. Illustration Credit: Nor Faiza Mohd. Tohit.

regarding death and dying. Healthcare providers must be trained to understand these cultural differences and engage in discussions that are sensitive to the backgrounds of their patients. By doing so, they can foster trust and ensure that care is delivered in a manner that aligns with the patient's cultural context.

Socio-economic factors were also identified as significant determinants of EOLC preferences.[11,77,78] The review found that older adults with higher educational attainment were more likely to articulate their wishes and engage in ACP. This suggests that there is a need for targeted interventions aimed at educating older adults, particularly those from lower socio-economic backgrounds, about their options for EOLC.[79-81] Empowering older adults with knowledge about their choices can help them advocate for their preferences and facilitate better decision-making processes.

Additionally, the health status of older adults has a significant influence on their preferences. Those experiencing chronic illnesses often lean towards palliative care options, as they seek relief from suffering and prioritise comfort.[15,82] This highlights the need for healthcare professionals to conduct comprehensive assessments that consider individual health conditions and their implications for care preferences.[83,84] Understanding the specific health challenges faced by older adults, healthcare providers can facilitate tailoring interventions that meet their unique needs.[85-87]

The importance of ACP has emerged as a key theme within the literature. Many older adults have expressed a desire for ACP discussions, recognising its role in ensuring their preferences are respected.[14,27] However, despite this recognition, barriers to engaging in ACP remain prevalent. Fear of burdening family members, lack of knowledge about available options and inadequate healthcare support can hinder meaningful discussions. Addressing these barriers is crucial for promoting effective ACP practices, which can result in improved alignment between patients' wishes and the care they receive.

The review also highlights the need for innovative approaches to facilitate discussions around EOLC preferences. The increasing incorporation of technology into healthcare presents an opportunity to enhance communication and engagement in ACP. Telehealth platforms, for example, can provide older adults with greater access to healthcare providers, allowing for more frequent and flexible discussions about their preferences. This is particularly beneficial for those with mobility issues or those living in rural areas with limited access to healthcare services.

Moreover, the review highlights the crucial importance of acknowledging the emotional aspects of end-of-life care. Older adults often experience anxiety and fear related to the dying process, which can significantly influence their preferences.[88-90] Addressing these emotional aspects requires a holistic approach that encompasses not only physical health but also psychological and emotional support. Healthcare providers should be trained to identify and address these concerns, ensuring that older adults feel heard and supported throughout the decision-making process.

Strengths and limitations

This systematic review has several strengths that enhance its contribution to understanding end-of-life care preferences among older adults. First, it synthesises a diverse range of studies, including qualitative, quantitative and mixed-methods research, which allows for a comprehensive understanding of the topic. This diversity is crucial, as it provides a multifaceted perspective on the preferences of older adults, capturing the complexity of their experiences and choices. Furthermore, the inclusion of studies from various geographical regions, including North America, Europe and Asia, enhances the generalisability of the findings and underscores the global relevance of understanding EOLC preferences.

In addition, the rigorous quality assessment of the included studies adds credibility to the review's findings. By employing established tools to evaluate the methodological quality of the studies, the review ensures that the insights derived are based on robust evidence, allowing for informed conclusions about the factors influencing EOLC preferences.

However, the review also has limitations. One significant limitation is the restriction to studies published in English, which may exclude relevant research published in other languages and potentially introduce bias. Furthermore, the reliance on self-reported data from older adults may be subject to biases, such as social desirability bias, where participants present their preferences in a manner they perceive as more socially acceptable rather than reflecting their true wishes. In addition, the heterogeneity of the included studies, including differences in definitions of EOLC and variations in participant demographics, may complicate the synthesis of findings and limit the ability to draw definitive conclusions.

Overall, while this review provides valuable insights into end-of-life care preferences among older adults, it is essential to consider both its strengths and limitations when interpreting the results.

Future research directions

Future research on EOLC preferences amongst older adults should address several key areas to enhance understanding and improve practice [Figure 6].[91] Firstly, longitudinal studies are necessary to investigate how preferences change over time, particularly in response to shifts in health status, life circumstances, and social support. Such studies can provide valuable insights into the dynamic nature of end-of-life care preferences and help identify critical periods when discussions about care may be most beneficial.

Second, there is a pressing need to investigate the role of cultural factors in shaping EOLC preferences more deeply. Future research should aim to include a broader range of cultural perspectives, particularly from underrepresented populations, to gain a comprehensive understanding of how diverse beliefs

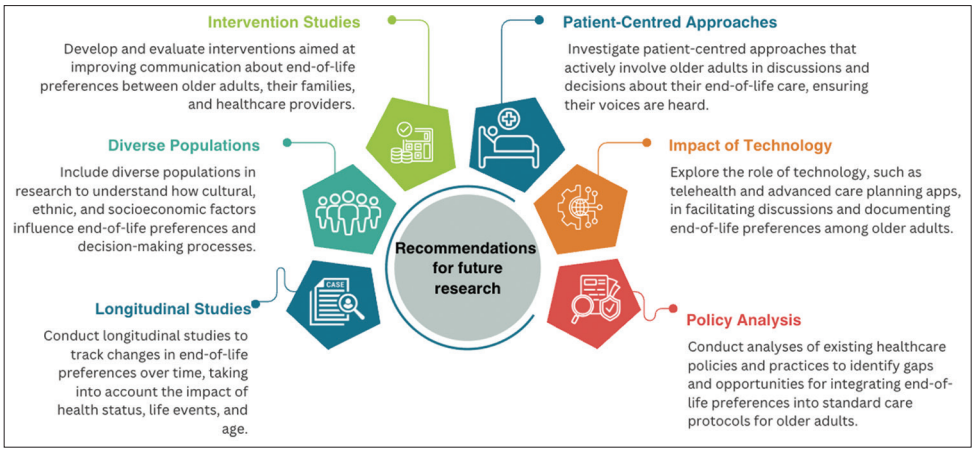

Figure 6: Recommendations for future research. Illustration Credit: Nor Faiza Mohd. Tohit.

and values influence preferences. Qualitative studies that delve into the lived experiences of older adults from various cultural backgrounds can illuminate the nuances of their preferences and highlight specific barriers they face in expressing their wishes.

Furthermore, the impact of socio-economic factors warrants further exploration. Research should focus on understanding how financial constraints, educational background and access to healthcare resources affect older adults' ability to engage in ACP and articulate their preferences. Identifying these barriers can inform the development of targeted interventions designed to empower older adults from diverse socioeconomic backgrounds.

In addition, the effectiveness of various communication strategies in facilitating discussions about EOLC preferences should be examined. Research could assess the impact of training healthcare providers in empathetic communication and culturally sensitive approaches on the quality of these discussions and the subsequent alignment of care with patients' preferences.

Finally, as technology continues to play an increasingly significant role in healthcare, studies should explore how digital tools and telehealth platforms can be leveraged to enhance communication and engagement in ACP. Evaluating the efficacy of these approaches can help to ensure that older adults have greater access to the information and support they need to make informed decisions about their EOLC.

Conclusion

This systematic review highlights the critical importance of understanding EOLC preferences amongst older adults. The findings reveal a complex interplay of factors that influence these preferences, including cultural beliefs, socio-economic status and health conditions. Older adults demonstrate a strong desire for autonomy in decision-making and a preference for receiving care in familiar settings, such as their own homes.

Effective communication between healthcare providers and older adults is a crucial element in ensuring that care aligns with patients' wishes and preferences. The review emphasizes the importance of healthcare professionals initiating open discussions about end-of-life care preferences early in the patient-provider relationship, thereby creating an environment where older adults feel empowered to express their wishes.

Moreover, the review reveals that cultural sensitivity and awareness of socio-economic factors are essential in delivering personalised care. Healthcare providers must recognise the diverse backgrounds of older adults and adapt their approaches to meet individual needs, thereby enhancing the quality of EOLC.

Despite the strengths of this review, including a comprehensive synthesis of literature from various methodologies and geographical regions, it also acknowledges limitations related to language restrictions and the inherent biases in self-reported data.

Future research should continue to explore the evolving nature of EOLC preferences, incorporating a wider range of cultural perspectives and addressing socio-economic barriers. By doing so, the healthcare community can better support older adults in articulating their wishes, ultimately improving the quality of care they receive during this profound stage of life.

Consent for publication

The author has reviewed and approved the final version and agrees to be accountable for all aspects of the work, including any accuracy or integrity issues.

Disclosure

Mainul Haque works as an editorial team member of the Journal of Applied Pharmaceutical Science, India. The remaining authors declare that they do not have any financial involvement or affiliations with any organisation, association or entity directly or indirectly related to the subject matter or materials presented in this review paper.

Data availability

Information for this review paper is taken from freely available sources.

Authorship contribution

All authors contributed significantly to the work, whether in the conception, design, utilisation, collection, analysis or

interpretation of data or all these areas. They also participated in the drafting, revision, and critical review of the paper, gave their final approval for the version that would be published, decided on the journal to which the article would be submitted, and made the responsible decision to be held accountable for all aspects of the work.

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Conflicts of interest

Mainul Haque act as in the Editorial team of the Advances of Human Biology. Rest of the authors declare any conflict of authors.

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