

## Surveys of Stroke Patients and Their Next of Kin on Their Opinions towards Decision-Making and Consent for Stroke Thrombolysis

Nithia Angamuthu, <sup>1</sup>*MBBS, MRCP (UK)*, Kian Kheng Queck, <sup>1</sup>*MD (UKM), MRCP (UK)*, Sumytra Menon, <sup>2</sup>*LLB, LLM*, Shu Swen Ho, <sup>1</sup>*BSc (Hons)*, Elaine Ang, <sup>1</sup>*BSc (Hons)*, Deidre Anne De Silva, <sup>1</sup>*MBBS, MRCP (UK)*

### Abstract

**Introduction:** Early initiation of stroke thrombolysis is associated with improved outcomes. Procurement of consent is a key factor in prolonging the door-to-needle duration. This study aimed to determine the attitudes and preferences of stroke patients and their next of kin (NOK) towards decision-making for stroke thrombolysis in Singapore. **Materials and Methods:** We surveyed acute ischaemic stroke patients (n = 171) who presented beyond the 4.5-hour therapeutic window and their NOK (n = 140) using a questionnaire with scenarios on obtaining consent for intravenous thrombolysis. **Results:** In the patient survey, 83% were agreeable for their NOK to decide on their behalf if mentally incapacitated and 74% were agreeable for the doctor to decide if the NOK was absent. In the NOK survey, the majority (81%) wanted to be consulted before mentally incapacitated patients made their decision; 72% and 74%, meanwhile, were willing to decide on behalf of a mentally capacitated and mentally incapacitated patient, respectively. In the scenario where a doctor recommended a mentally incapacitated stroke patient to undergo thrombolysis but the family declined, there was a near equal split in preference to follow the family's or doctor's decision in both the patient and NOK surveys. **Conclusion:** The survey found that in the decision-making process for stroke thrombolysis, there was no clear consensus on the preference for the decision maker of the mentally incapacitated patient. In Singapore, there is a strong influence of the NOK in decision-making for thrombolysis.

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**Key words:** Door-to-needle time, Reperfusion, Therapeutic window

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<sup>1</sup>Department of Neurology, National Neuroscience Institute, Singapore General Hospital, Singapore

<sup>2</sup>Lien Centre for Palliative Care, Duke-NUS Medical School, Singapore

Address for Correspondence: A/Prof Deidre Anne De Silva, Singapore General Hospital, Academia Building, 20 College Rd, Singapore 169856.

Email: deidre.desilva@singhealth.com.sg