



<b>Title</b>	<b>Understanding the preferred role in infertility treatment decision making among Chinese infertile women in Hong Kong</b>
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**O-140 – UNDERSTANDING THE PREFERRED ROLE IN INFERTILITY TREATMENT  
DECISION MAKING AMONG CHINESE INFERTILE WOMEN IN HONG KONG**

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**STUDY QUESTION:** What are the treatment decision making preferences in Chinese women undergoing fertility treatments in Hong Kong?

**SUMMARY ANSWER:** Results revealed majority of Chinese infertile women preferred relying on healthcare professionals and took minimal role in treatment decision-making. The findings align with qualitative reports from local healthcare professionals, highlighting a need to empower and facilitate Chinese women in fertility treatment decisions in order to improved clinical outcomes.

**WHAT IS KNOWN ALREADY:** Past studies have found treatment decision-making as central part of patient participation in healthcare which relates to patient autonomy and empowerment. In a local qualitative study professionals at local ART clinics described fertility patients in Hong Kong as unassertive, compliant and largely reliant on physicians in different aspects of treatment decisions, especially on whether to continue or terminate treatment. However, without recruiting patients as informers, little is known about their actual experience and preference.

**STUDY DESIGN, SIZE, DURATION:** A cross-sectional survey was conducted with sub-fertile women currently undergoing IVF treatment in a local public hospital. Information was collected on infertility diagnosis, treatment history, their preferred decision making role, and demographic characteristics. The sample size is 198.

**PARTICIPANTS/MATERIALS, SETTING, METHODS:** Women undergoing IVF treatment were approached in a local hospital fertility clinic on the day of pregnancy test. Pregnant women and non-Chinese women were excluded. Of 465 eligible participants, 283 agreed to participate, 205 completed questionnaires were eventually returned. Data analysis were run on 198 valid set of response.

**MAIN RESULTS AND THE ROLE OF CHANCE:** On average, participants were 37.0 years (SD=3.5), married for 7.4 years (3.7), and suffered subfertility for 4.1 years. The majority of them received tertiary education and had full-time job. Most of them preferred shared by leaning passive role (41.9%) or total passive role (40.4%). 89.4% of them thought doctors should best decide diagnosis and evaluate treatment options, and only 10.1% preferred sharing responsibility. No one assumed an autonomous role. Similarly, most women preferred minimal role and relied heavily on physicians in deciding whether to continue or terminate further treatments (84.3%), only a small proportion preferred sharing responsibility (7.1%) or asserting autonomy (8.6%). Chinese infertile women appeared to be more compliant in making treatment decisions as compared to their Western counterparts.

**LIMITATIONS, REASON FOR CAUTION:** Self-selection bias was inevitable in questionnaire survey, and the cross-sectional nature of the study did not permit causal inferences. Only infertile women were recruited in the study, so the decision making preference for men experiencing fertility problems in Hong Kong is yet to be investigated.

**WIDER IMPLICATIONS OF THE FINDINGS:** This study adds to our understanding of Hong Kong Chinese women's role preference and level of involvement in infertility treatment decision making by providing quantitative evidence from patients' experience. It highlights the importance of physicians and nurses in facilitating informed decision making.