

Implementing the Patient Autonomy in Autism

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The Patient Independence Act was used in Taiwan on 6 January 2019. It is the first patient-oriented act in Taiwan, and also the first special act to completely protect patient independence in Asia. Our study aimed to (ask lots of questions about/try to find the truth about) the web useful things/valuable supplies people (who lawfully live in a country, state, etc. were able to access on the eve of the putting into use of the Patient Independence Act in Taiwan. Methods: Patient Independence Act-related web useful things/valuable supplies were searched for by entering 10 related terms individually into the Google search engine in January 2019 and again in April 2019. Search activity data were carefully studied using Google Trends. Results: "Advance care planning" and "advance decision" were the most (clearly connected or related) keywords for finding information about the Patient Independence Act on the eve of the act's putting into use in Taiwan. The main online information sources were non-governmental websites including news places/locations and online magazines. The related search book only increased on the eve of putting into use. Ends/end results: Even though the Patient Independence Act was first published three years before its putting into use, the related search book only increased on the eve of its putting into use. Therefore, whether the three-year buffer between its (book, magazine, etc.) and putting into use was necessary needs/demands further (act of asking questions and trying to find the truth about something).

Advance care planning (ACP) is a process in which a person makes decisions for themselves about their own future medical treatment after talking with healthcare professionals [1]. It enables care providers to better understand and respect a person's preferences in the event that the person becomes extremely sick and unable to speak for themselves. A complete advance care plan covers the key issues relating to life and death, including the goal of care for the patient, the use or non-use of life support and bringing back to life efforts, the selected/named substitutes for decision making, and the completion of advance orders (ADs). Team-based (solid basic structures on which bigger things can be built) rather than doctor-led approaches are needed/demanded for appropriate ACP [2].

The general (knowing about something) and (how easy something is to get to, use, or understand) of ACP have increased in the past twenty years in different countries. ACP is supported by laws (and law making) in Australia, the United Kingdom, and the United States. (more than two, but not a lot of) organizations aimed at offering ACP support have also been founded in the United States, Canada, Australia, and New Zealand. Previous studies have decided that ACP has some good effects on end-of-life care, such as better quality of life and decreased hospital (act of letting someone enter/speaking the truth about something bad) rates [3].

Another study showed/told about that ACP can improve patient and family happiness (from meeting a need or reaching a goal), in addition to lowering stress, fear and stress, and depression in surviving relatives. In Taiwan, a new law having to do with ACP, the Patient Independence Act, was first published on 6 January 2016, before coming into force three years later on 6 January 2019. It is the first patient-oriented act in Taiwan, and also the first special act to completely protect patient independence in Asia. The Patient Independence Act is clearly connected with or related to the welfare of all people (who lawfully live in a country, state, etc.) and healthcare providers. However, even three years after the act's (book, magazine, etc.) and later government efforts to (make known to many people) it, there were still some people (who lawfully live in a country, state, etc.

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