

**Abstract**

**Title:** [Acculturation and Perceptions of a Good Death among Japanese Americans and Japanese Living in the United States.](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.ncbi.nlm.nih.gov_pubmed_28842219&d=DwMEaQ&c=clK7kQUTWtAVEOVIgvi0NU5BOUHhpN0H8p7CSfnc_gI&r=iFavz6KbtuaSFObSvuCXnLmt5VbY86Jha1tKLeBFedI&m=Htpsj4iUqu6wsC0SXAJnz0KfQsCmc_8Mrz4eYkTzLbo&s=0Mykl0NZuKSmKZUVHnTUPa6AdTjhZFi_9AkZc2vSSHg&e=)

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CONTEXT:

Acculturation is the phenomenon of the attitudinal changes of individuals who come into continuous contact with another culture. Despite the long history of Japanese immigration to America, little is known about the impact of acculturation on perceptions of a good death.

OBJECTIVES:

To examine differences in perceptions of a good cancer death among Japanese Americans (JA/A), Japanese living in America (J/A), and the Japanese living in Japan (J/J).

METHODS:

We administered surveys among JA/A and J/A, and used historical J/J data for reference. Primary endpoint was the proportion of respondents who expressed the necessity of core and optional items of the Good Death Inventory. Group differences ≥20% were deemed clinically important

RESULTS:

441 survey responses in America and 2,548 in Japan were obtained. More than 80% of respondents consistently considered 9 of 10 core items necessary without significant group differences. No core item reached a ≥20% group difference. Three of the 8 optional items reached ≥20% group difference: 'fighting against disease until one's last moment' (49%, p<0.0001; 52%, p<0.0001; and 73% in JA/A; J/A; and J/J; respectively), 'knowing what to expect about one's condition in the future' (83%, p<0.0001; 80%, p<0.0001; and 58%, respectively), and 'having faith' (64%, p=0.0548; 43%, p=0.0127; and 38%, respectively).

CONCLUSIONS:

While most core items of a good death were preserved throughout the levels of acculturation, perceptions of some optional items shifted away from Japanese attitudes as individuals became more acculturated. Understanding of different levels of acculturation may help clinicians provide culturally-sensitive end-of-life care.