

Journal Club

Advance Directives and outcomes of Surrogate Decision Making before Death.

Presented at: TPCU by Sarah Burton-MacLeod, Jan 27th, 2010

Reference: Silveira et. al. "Advance Directives and outcomes of Surrogate Decision Making before Death". NEJM. 2010;362:1211-8.

ABSTRACT:

Recent discussions about health care reform have raised questions regarding the value of advance directives.

We used data from survey proxies in the Health and Retirement Study involving adults 60 years of age or older who had died between 2000 and 2006 to determine the prevalence of the need for decision making and lost decision-making capacity and to test the association between preferences documented in advance directives and outcomes of surrogate decision making.

Of 3746 subjects, 42.5% required decision making, of whom 70.3% lacked decision-making capacity and 67.6% of those subjects, in turn, had advance directives. Subjects who had living wills were more likely to want limited care (92.7%) or comfort care (96.2%) than all care possible (1.9%); 83.2% of subjects who requested limited care and 97.1% of subjects who requested comfort care received care consistent with their preferences. Among the 10 subjects who requested all care possible, only 5 received it; however, subjects who requested all care possible were far more likely to receive aggressive care as compared with those who did not request it (adjusted odds ratio, 22.62; 95% confidence interval [CI], 4.45 to 115.00). Subjects with living wills were less likely to receive all care possible (adjusted odds ratio, 0.33; 95% CI, 0.19 to 0.56) than were subjects without living wills. Subjects who had assigned a durable power of attorney for health care were less likely to die in a hospital (adjusted odds ratio, 0.72; 95% CI, 0.55 to 0.93) or receive all care possible (adjusted odds ratio, 0.54; 95% CI, 0.34 to 0.86) than were subjects who had not assigned a durable power of attorney for health care.

Between 2000 and 2006, many elderly Americans needed decision making near the end of life at a time when most lacked the capacity to make decisions. Patients who had prepared advance directives received care that was strongly associated with their preferences. These findings support the continued use of advance directives.

STRENGTHS:

Large numbers of patients were studied in this survey. It also included follow-up after the patient's death, which could give indication, for those who had had Advance Directives, whether their wishes were reflected in the care they received.

WEAKNESS:

This was a retrospective study. Also, it has potential for recall bias given that the proxy reports were collected after the subjects' death. As well, there was no data available on the wishes of those patients who did not have Advanced Directives or Power of Attorney for health care appointed. Admittedly, this would be more difficult to collect, but without it, we are unable to assess whether the wishes of those without Advance Directives were reflected in the care they received. Therefore, there also can be no comparison between the groups as to whether having an Advance Directive makes it more likely that the care received would be more (or less) reflective of patient wishes.

APPLICABILITY TO PALLIATIVE CARE:

This was an interesting study. It comes out of a health care climate and legal jurisdiction that is quite different from ours, but the population would likely be quite similar to our palliative patients (with exception that there may be more with non-malignant primary diagnoses). Also, the results at least are reassuring that if wishes are expressed in an Advance Directive, there is a high chance you will receive the kind of care you want. Furthermore, if an agent is appointed, almost definitely this will be the person who makes the decisions.