ADVANCE DIRECTIVE UTILIZATION IN THE ICU: ETHICS, LAW, AND PRACTICE
Amber Comer, J.D., Ph.D. (Student)

Making the decision to withhold, withdraw, or utilize life support and other medical technologies that have the ability to keep individuals alive who would otherwise die naturally

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ABSTRACT

The complexity of advance directives: you are the decision maker

If you are unable to make my medical decisions, the following represents my wishes:

I do not want life-sustaining treatment, including CPR. If life-sustaining treatments are started, I want them stopped.

I want the life-sustaining treatments that my doctors think are best for me.

I want artifical nutrition and hydration if they would be the main treatments keeping me alive.

When I am comfort care.

I want to be kept as comfortable and free of pain as possible, even if such care prolongs my dying or duration of my life.

Other wishes

Other wishes

THE COMPLEXITY OF ADVANCE DIRECTIVES: YOU ARE THE DECISION MAKER

The complexity of advance directives: you are the decision maker

Imagine you are the appointed healthcare representative for a family member or close friend. Although you knew you were the appointed healthcare representative, you and your loved one did not talk about health care decisions because you did not expect that you would be faced with such a situation.

Hypothetical 1:

Your 60 year old father who has been receiving dialysis for over a year for renal failure, tells him that he is ready to try another therapy that he believes will make him feel better. The patient says he has been talking to his nephrologist about a new therapy that would allow him to live longer and have a better quality of life. He would like to switch treatments and try the new therapy. As his daughter, you agree to try the new therapy.

Hypothetical 2:

Your 50 year old best friend experiences a massive stroke on a Sunday evening in his home. He is divorced, does not have any family, and is not on call himself. Four years ago, after both of his parents passed away, he asked you to be his designated health care representative so that you could make medical decisions on his behalf in the event of his death. You agreed. Today, you receive a call from the hospice nurse who informs you that your friend has had a massive stroke and is in the intensive care unit. You rush to see him and find that he has a severe head injury and is in a coma. You are told that he is unlikely to wake up and that you will have to make some decisions about his care. He has never discussed his wishes about life support and other medical interventions.

HYPOTHETICAL 3:

Your 47 year old best friend experiences a massive stroke on a Sunday evening in his home. He is divorced, does not have any family, and is not on call himself. Four years ago, after both of his parents passed away, he asked you to be his designated health care representative so that you could make medical decisions on his behalf in the event of his death. You agreed. Today, you receive a call from the hospice nurse who informs you that your friend has had a massive stroke and is in the intensive care unit. You rush to see him and find that he has a severe head injury and is in a coma. You are told that he is unlikely to wake up and that you will have to make some decisions about his care. He has never discussed his wishes about life support and other medical interventions.

In a society where the majority of deaths follow a barrage of life-saving and life-sustaining treatments, having a document outlining patient preferences is important in order to maintain individual autonomy (Bilbrey and Thompson 1992). According to a study that assessed the percentage of patients who have an advance directive, only 13% of the patient’s wishes were followed regardless of what the family members wanted ((Sato, 2009). Advocates for advance directives assert that the lack of awareness about advance directives amongst the public is one of the major barriers for their utilization in the ICU. Further-