



Bioethics Notes

a newsletter from the Bioethics Review & Advisory Committee



May, 2004

"The future ain't what it used to be"

Yogi Berra

Consult Services

We would like to remind you that the Bioethics Review and Advisory Committee in Danville provides ethics consultation services. We have an alphanumeric pager (2229). Anyone can request an ethics consultation. Page directly by phone, or leave a text message using the Infoweb Phone Directory. Enter "2229" in the Directory Search and then click on the "Quick Page" button.

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Resources

Case Study

You have already made several decisions today. Shortly after waking, you decided what clothes to wear, concerned whether your socks matched or whether that new sweater complemented your blouse. Sitting down for breakfast, you decided upon orange or tomato juice, and whole wheat or white toast. We make decisions all day long. Generally we act upon these decisions immediately, but sometimes we make decisions about the future. Our decisions are reasoned, made after a review of all the pertinent information. And more often than not, we do not appreciate someone making decisions for us. Above all else, we love our independence and the ability to express it. Given these simple facts, why have so few of us thought about, or made decisions about our future health care, especially if we were unable to make decisions for ourselves. I am referring to advance care planning, and the implementation of an advance directive (AD).

Advance care planning provides a means by which an individual can assert his/her autonomy. Advance directives, therefore, are an extension of the process of informed consent, the major doctrine that guides medical decision-making (see [November 2003 Bioethics Notes](#)). Advance directives are a tool for communicating your wants and desires for healthcare should you become unable to speak for yourself. We refer to this as a loss of decision-making capacity. Although the loss may be significant, such as a coma or permanent vegetative state, it may not necessarily be so profound. Your decision-making ability may be temporarily reduced or compromised due to illness or as a side effect of medications. When we become incapacitated, such that our reasoning ability is compromised, who will make health care decisions for us? Who will speak on our behalf and how can we be assured that decisions are being made in our best interest and according to our wishes?

An advance directive is a written or oral directive given by a competent person in order to govern and to control medical decision making for future situations of incapacity. One type of advance directive is a living will. A living will is an instructional advance directive refusing or requesting specific types of medical intervention in the event of future incapacity. In addition to this instructional directive, a properly executed advance directive should also include a durable power of attorney for health care, which is a proxy directive that designates a trusted person as your health care representative. This is the person you assign to be your decision-maker should you become incompetent to make health-care decisions for yourself. Generally, this surrogate decision maker will be guided by instructions you establish, preferably in writing, within your advance directive.

Advance Care Planning

For additional web resources on advance care planning and preparation of advance directives, please click [here](#).

e-mail

The Bioethics Review and Advisory Committee's address is:

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Visit

The Bioethics Review and Advisory Committee Homepage



Please visit our new web page, which includes frequent updates on ethical topics, links to selected bioethics websites, Geisinger ethics policies (under Bioethics Committee Resources), and past issues of Bioethics Notes

you establish, preferably in writing, within your advance directive. Although the simple instructional format provides some guidance, it may also be helpful for you to prepare additional information such as a belief-and-value form. A values history document provides information about your visions, values, wishes and concerns, and may help guide the surrogate-decision maker where clarification is required. Finally, you should review and discuss this material, not only with your proxy decision maker, but also with your loved ones and your physician.

An advance directive is an instrument that promotes self-determination. The moral authority for surrogate decision-making in an AD is dependant upon the time and effort of its preparation. Verbal directions carry less moral authority than written directives. This is because a written directive shows greater deliberation and intent than a verbal statement. Verbal statements lack clarity, are interpreted differently by loved ones and caregivers, and are taken out of context more easily than a clearly written, well thought and reasoned statement.

An advance directive can preserve your sense of well-being. However, they are not without hazards (see [Adherence to advance directives in critical care decision making: vignette study](#), BMJ 327:1011 2003). This is because you are making "future decisions," and not everything in the future is foreseeable. For example, therapeutic options/prognoses may change or an actual condition may be substantially different than expected. But an AD, especially a combined directive, is the best possible mechanism for an individual to protect their future autonomy. Common misconceptions about AD's should also be dispelled, such as the belief that there are limits on palliative care, that they are not legally binding in all states, or that an AD can not be changed or revoked (see [Seven Legal Barriers to End-of-Life Care: Myths, Realities, and Grains of Truth](#), JAMA 284:2495 2000).

We encourage everyone to seriously consider preparing and executing an advance directive, preferably a combined directive that includes not only instructional elements, but also a proxy directive and a values history. There are many resources available on the internet, in your public library, and from your health-care provider that can help you learn more about the process of advance care planning. Discuss these issues with your family and your doctor. If you prepare an AD, make sure your doctor has a copy. Most importantly, keep well informed, and review your AD on a regular basis. Otherwise, you may be having gruel when you really wanted Eggs Benedict.

Respectfully submitted,
Robert Shabanowitz

The Bioethics Review and Advisory Committee gratefully acknowledges *The Degenstein Foundation*, whose funding helps support the educational activities of our committee. Feel free to forward *Bioethics Notes* to anyone interested. They can join by using the link below. To join the list, send a blank email to List-Join: <<mailto:join-bioethics@ghslistnt1.geisinger.edu>>