Original Article

Impact of Advance Directives and a Health Care Proxy on Doctors' Decisions: A Randomized Trial

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Abstract

Context. Advance directives or proxy designations are widely recommended, but how they affect doctors' decision making is not well known.

Objectives. The aim of this study was to quantify the influence of advance directives and proxy opinions on doctors' decisions.

Methods. We mailed to all the generalists and internists in French-speaking Switzerland ($N = 1962$) three vignettes describing difficult decisions involving incapacitated patients. In each case, the advance directive requested that further care be withheld. One vignette tested the impact of a written advance directive vs. a proxy. Another compared the impact of a handwritten directive vs. a formalized document. The third vignette compared the impact of a family member vs. a doctor as a proxy. Each vignette was prepared in three or four versions, including a control version in which no directive or proxy was present. Vignettes were randomly allocated to respondents. We used logistic regression to predict the decision to forgo a medical intervention.

Results. Compared with the control condition, the odds of forgoing a medical intervention were increased by the written advance directive (odds ratio [OR] 7.3; $P < 0.001$), the proxy (OR 7.9; $P < 0.001$), and the combination of the two (OR 35.7; $P < 0.001$). The handwritten directive had the same impact (OR 13.3) as the formalized directive (OR 13.8). The effect of proxy opinion was slightly stronger when provided by a doctor (OR 11.3) rather than by family (OR 7.8).

Conclusion. Advance directives and proxy opinions are equally effective in influencing doctors' decisions, but having both has the strongest effect. The format of the advance directive and the identity of the proxy have little influence on decisions. J Pain Symptom Manage 2014;47:1–11. © *2014 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.*

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Advance directives, surrogate decision making, advance care planning, end of life, palliative care, ethics

Introduction

Advance directives have been advocated as a means for patients to express their preferences about medical care, should they lose their decision-making capacity. Treatment wishes can be stated in a written document, conveyed by a designated health care proxy, or both. The conditions to formulate legally valid advance directives vary from country to country. In Switzerland, a written document dated and signed by the person is the only requirement for validity.[1] A designated health care proxy has decision-making capacity. However, some conditions must be met before the doctor is bound by advance directives and proxy opinions. In Switzerland, doctors are required to respect the expressed wishes provided the doctor considers that 1) the advance directive applies to the clinical situation, 2) the advance directive/proxy can be trusted to represent the patient's actual preferences, and 3) the advance directive/proxy does not obviously go against the patient's best interests.

The available evidence suggests that patients with advance directives are less likely to receive life-sustaining treatments[2] or to die in a hospital.[3,4] Yet, these outcomes do not necessarily ensure that the patient's preferences were respected. A recent study showed good consistency between the stated wishes of elderly patients with advance directives and the care received at the end of life. However, patients requesting comfort care were more likely to receive their choice compared with those requesting more aggressive care.[5]

In addition to patient wishes, other factors, such as patient age, personality, and perceived quality of life, also influence medical decisions.[6–8] It is actually not known to what extent doctors take advance directives and proxy opinions into account. Many doctors consider that a written document by itself does not provide sufficient guidance for decision making,[9–11] and this also might be true of a surrogate's judgment.[12] Furthermore, although patients are encouraged to document their preferences and appoint a health care proxy,[13,14] it is not known if combining both modalities is more effective than either alone. How other features of advance directives could affect doctors' decision making, such as the format of the written document or who acts as a proxy, has not been examined. Current research has focused on the use of advance directives in end-of-life care. Their impact for patients who are not terminally ill is not known.

The main objectives of this study were to quantify the influence of advance directives and proxy opinions on doctors' decision making, using standardized descriptions of medical situations; to determine if the impact of an advance directive and of a proxy opinion was cumulative; to assess the effectiveness of a handwritten informal note compared with a formal document; and to compare the influence of a doctor and a family member acting as a proxy. We also aimed to determine the influence of advance directives and proxy opinions on the doctors' perceived difficulty in making the decision.

Methods

Study Design, Population, and Data Collection

We conducted a cross-sectional mail survey that included randomized vignettes describing clinical situations involving difficult medical decisions. The study was approved by the research ethics committee of the University Hospitals of Geneva. All general practitioners, general internists, and internists with any subspecialty practicing in French-speaking Switzerland were eligible. The doctors' names were obtained from membership rolls from the professional medical association of each canton. The questionnaire was anonymous. Two reminder mailings were sent one month apart to nonrespondents.

Experimental Variables

Three clinical vignettes were developed, featuring a patient lacking decision-making capacity for whom a decision regarding a medical

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