



## ORIGINAL

# Advance directives in intensive care: Health professional competences<sup>☆</sup>



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### KEYWORDS

Advance directives;  
Living wills;  
Intensive care;  
End of life care

### Abstract

**Objective:** To identify knowledge, skills and attitudes among physicians and nurses of adults' intensive care units (ICUs), referred to advance directives or living wills.

**Design:** A cross-sectional descriptive study was carried out.

**Setting:** Nine hospitals in the Community of Madrid (Spain).

**Participants:** Physicians and nurses of adults' intensive care.

**Interventions:** A qualitative Likert-type scale and multiple response survey were made.

**Variables:** Knowledge, skills and attitudes about the advance directives. A descriptive statistical analysis based on percentages was made, with application of the chi-squared test for comparisons, accepting  $p < 0.05$  as representing statistical significance.

**Results:** A total of 331 surveys were collected (51%). It was seen that 90.3% did not know all the measures envisaged by the advance directives. In turn, 50.2% claimed that the living wills are not respected, and 82.8% believed advance directives to be a useful tool for health professionals in the decision making process. A total of 85.3% the physicians stated that they would respect a living will, in cases of emergencies, compared to 66.2% of the nursing staff ( $p = 0.007$ ). Lastly, only 19.1% of the physicians and 2.3% of the nursing staff knew whether their patients had advance directives ( $p < 0.001$ ).

**Conclusions:** Although health professionals displayed poor knowledge of advance directives, they had a favorable attitude toward their usefulness. However, most did not know whether their patients had a living will, and some professionals even failed to respect such instructions despite knowledge of the existence of advance directives. Improvements in health professional education in this field are needed.

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**PALABRAS CLAVE**

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Cuidados intensivos;  
Cuidados al final de la vida

**Instrucciones previas en cuidados intensivos: competencias de los profesionales sanitarios****Resumen**

**Objetivo:** Explorar los conocimientos, habilidades y actitudes de los médicos y enfermeras de las unidades de cuidados intensivos de adultos sobre las instrucciones previas (IP) o documento de voluntades anticipadas (DVA).

**Diseño:** Estudio descriptivo, transversal.

**Ámbito:** Nueve hospitales de la Comunidad de Madrid.

**Participantes:** Médicos y enfermeras de cuidados intensivos de adultos.

**Intervenciones:** Cuestionario anónimo, autocomplimentado con variables dicotómicas y escala tipo likert.

**Variables:** Conocimientos, habilidades y actitudes sobre las IP.

Análisis estadístico descriptivo con porcentajes y prueba de ji-cuadrado, tomando como significativos valores  $p < 0,05$ .

**Resultados:** Respondieron al cuestionario 331 profesionales (tasa de respuesta del 51%). Además de los sociodemográficos, se obtuvo que el 90,3% no conoce todas las medidas que contemplan las IP. El 82,8% opina que el DVA es un instrumento útil para los profesionales en la toma de decisiones. El 50,2% opina que los DVA no se respetan. El 85,3% de los médicos respetaría el DVA de un paciente en caso de urgencia vital, frente al 66,2% de las enfermeras ( $p = 0,007$ ). Solo el 19,1% de los médicos y el 2,3% de las enfermeras conoce si los pacientes que llevan a su cargo poseen un DVA ( $p < 0,001$ ).

**Conclusiones:** Aunque los profesionales sanitarios muestran conocimientos escasos sobre las IP, presentan una actitud favorable hacia su utilidad. Sin embargo, la mayoría no conocen si los pacientes que están a su cargo poseen un DVA e incluso algunos profesionales a pesar de conocerlo, en caso de urgencia vital no lo respetarían. Se hace necesaria una mayor formación sobre las IP.

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**Introduction**

Advance directions or living wills (AD/LW) are a series of documents in which patients state how they wish to die or be treated at the end of life, with the purpose of having their wish respected.<sup>1</sup>

These documents have evolved over the years, adopting different forms from the origin (the "living will"; United states, 1967<sup>2</sup>) to the introduction of a new trend in 1998, called "advance care planning". In this context, the LW is defined as a tool resulting from a broad communication process,<sup>1,3-7</sup> that requires health professionals to have the training needed to afford improved care at the end of life. A number of studies<sup>8-12</sup> have found that inadequate training referred to end of life care, particularly in the intensive care unit (ICU), complicates the acquisition of communication attitudes and skills, patient care, and respect for the LW (with all the measures it contemplates) and, in sum, makes it difficult to preserve dignity in the patient dying process.

In Spain,<sup>3,7</sup> the right of patients to participate in decisions affecting their life is recognized by the Spanish Constitution,<sup>13</sup> which refers to freedom (art. 1), dignity and the development of personality (art. 10), and ideological freedom (art. 16), as constitutional rights. However, it was in January 2000, with the "Oviedo consensus",<sup>14</sup> when legal recognition of these documents was started, and following

the amendment to the General Health Act,<sup>15</sup> the regulation embodied in Act 41/2002 on patient autonomy<sup>16</sup> and rights and obligations in matters of clinical documentation and information was approved. This is a basic state law, and the first to define AD.<sup>17</sup> In 2007, with the introduction of Spanish Royal Decree 124/2007, the National Registry of Advance Directions was created to allow health professionals to access the contents referred to AD from any point in Spain.

However, although the different Spanish Autonomous Communities have developed informative guides on AD, there are important shortcomings in knowledge on the part of both the professionals and citizens,<sup>1,3,7,18-20</sup> and little research has been conducted in this field. Specifically, we have not found any previous studies on the competences of the health professionals in relation to AD or LW in the ICU. We therefore decided to carry out the present study, for it is in these Units where the respect of patient wishes and desires is particularly important – since most such patients are admitted under conditions of disability, and are therefore at an increased risk of not having such wishes met.

Thus, the present study was designed to analyze the competences (knowledge, skills and attitudes) of physicians and nurses in the ICUs of the Community of Madrid, referred to AD or LW.

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