

## Brief Report

# Doctors' Decisions When Faced With Contradictory Patient Advance Directives and Health Care Proxy Opinion: A Randomized Vignette-Based Study

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## Abstract

**Context.** Sometimes a written advance directive contradicts the opinion of a health care proxy. How this affects doctors' decision making is unknown.

**Objectives.** To quantify the influence of contradictory instructions on doctors' decisions.

**Methods.** All the generalists and internists in French-speaking Switzerland were mailed the questionnaire. Respondents (43.5%) evaluated three vignettes that described medical decisions for incapacitated patients. Each vignette was produced in four versions: one with an advance directive, one with a proxy opinion, one with both, and one with neither (control). In the first vignette, the directive and proxy agreed on the recommendation to forgo a medical intervention; in the second, the advance directive opposed, but the proxy favored the intervention; and in the third, the roles were reversed. Each doctor received one version of each vignette, attributed at random. The outcome variables were the doctor's decision to forgo the medical intervention and the rating of the decision as difficult.

**Results.** Written advance directives and proxy opinions significantly influenced doctors' decision making. When both were available and concordant, they reinforced each other (odds ratio [OR] of forgoing intervention 35.7,  $P < 0.001$  compared with no instruction). When the directive and proxy disagreed, the resulting effect was to forgo the intervention (ORs 2.1 and 2.2 for the two discordant vignettes, both  $P < 0.001$ ). Discordance between instructions was associated with increased odds of doctors rating the decision as difficult (both ORs 2.0,  $P \leq 0.001$ ).

**Conclusion.** Contradictions between advance directives and proxy opinions result in a weak preference for abstention from treatment and increase the difficulty of the decision. *J Pain Symptom Manage* 2015;49:637–645. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

## Key Words

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

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## Introduction

The role of advance directives and health care proxies is to provide doctors with meaningful information about patients' treatment preferences.<sup>1,2</sup> In Switzerland, written advance directives are legally binding. An individual can appoint a health care proxy in his advance directives, who will have the authority to make substitute decisions.<sup>3</sup> Doctors can refuse to follow advance directives if they have doubts

about their validity. Therefore, the existence of an advance directive or of an appointed health care proxy does not resolve all difficulties in decision making.

Patients may put their treatment preferences in writing, designate a proxy, or do both. We have shown that when the two sources of information are present and convey the same message, the impact on doctors' decisions is much stronger than for each method alone.<sup>4</sup> However, written directives and proxy opinions

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sometimes disagree.<sup>5,6</sup> Swiss law provides no guidance for such cases. Concordance studies based on hypothetical scenarios have shown that proxies accurately predict patient preferences only 68% of the time.<sup>7</sup> Proxies' ability to convey patient wishes can be impeded by psychosocial factors.<sup>5,6,8</sup> Proxies sometimes have difficulty understanding medical information<sup>9,10</sup> and feel that surrogate decision making is a challenge or a burden.<sup>11–13</sup> Family proxies sometimes base their decision on their own needs or beliefs, instead of representing the patient's wishes.<sup>14–16</sup> But written advance directives have their own problems because patient preferences can change over time and the documents are not necessarily updated. Changes in preferences are common,<sup>17,18</sup> particularly during hospitalization<sup>19</sup> or when functional ability declines.<sup>20</sup> How doctors consider contradictory instructions and what their respective influence on decision making might be are not known.

The main objective of this study was to quantify the joint influence of advance directives and proxy opinions on doctors' decision making when they either agree or disagree with each other, using standardized vignettes. A secondary aim was to determine how agreement and disagreement between instructions influence doctors' perceived difficulty in making a decision.

## Methods

### Study Design

We conducted a mail survey of all general practitioners and internists practicing in French-speaking Switzerland.<sup>4</sup> The questionnaire was anonymous. Two reminder mailings were sent one month apart to nonrespondents. The doctors received no incentives for participating in the survey. The questionnaire included randomized vignettes describing difficult medical decisions. Participants were asked about personal characteristics (Table 1). The study was approved by the Research Ethics Committee of the University Hospitals of Geneva.

### Experimental Vignettes

The questionnaire included five clinical vignettes, three of which are analyzed in this article (one of these plus two additional vignettes were analyzed in another article).<sup>4</sup> Each vignette described an incompetent patient for whom a decision of providing a medical intervention had to be made (Appendix and Fig. 1). Each situation was presented in four versions: 1) without an advance directive or a proxy opinion (control situation), 2) with an advance directive only, 3) with a proxy opinion only, and 4) with both.

The first vignette described a patient hospitalized with a massive stroke for whom a percutaneous endoscopic gastrostomy for nutrition was considered. The

Table 1  
Characteristics of 853 Doctors Who Participated in the Study<sup>a</sup>

Characteristic	N (%)
Sex (12 missing)	
Men	639 (76.0)
Women	202 (24.0)
Age, yrs (23 missing)	
26–44	134 (16.1)
45–54	284 (34.2)
55–64	319 (38.4)
64–92	93 (11.2)
Medical specialty (13 missing)	
General medicine	339 (40.4)
Internal medicine (general only)	213 (25.4)
Subspecialty	288 (34.3)
Main place of work (13 missing; includes 74 who gave 2 answers)	
Private practice	721 (85.8 <sup>b</sup> )
Hospital	132 (15.7 <sup>b</sup> )
Other	60 (7.1 <sup>b</sup> )
In the past year, number of decisions for incompetent patients (12 missing)	
None	227 (27.0)
1 or 2	290 (34.5)
3–5	163 (19.4)
6 or more	161 (19.1)
Was involved in decision for an incompetent family member or friend (6 missing)	
Never	453 (53.5)
Once or twice	347 (41.0)
3–5 times	35 (4.1)
6 times or more	12 (1.4)
Among patients seen in the past year, how many had an advance directive or proxy? (109 missing)	
None	133 (17.9)
Any	611 (82.1)
In the past year, to how many patients have you proposed to write advance directives or name a proxy? (76 missing or expressed as percentage)	
None	358 (46.1)
Any	419 (53.9)
Do you have an advance directive yourself? (11 missing)	
Yes	100 (11.9)
No	742 (88.1)
Do you have a designated proxy yourself? (11 missing)	
Yes	150 (17.8)
No	692 (82.2)

<sup>a</sup>Data first reported in Ref. 4.

<sup>b</sup>Total exceeds 100% because 74 respondents gave two answers.

advance directive and proxy opinion were concordant; both went against the provision of medical intervention.

The second vignette described a patient with Alzheimer's disease and a recurrence of acute pyelonephritis where the question was the initiation of intravenous antibiotics. The advance directive was opposed to medical intervention, and the proxy was in favor.

The third vignette described an episode of upper digestive tract bleeding in a patient with cirrhosis for whom the decision was whether to perform a transfusion. Here, the roles were reversed: the advance directive was in favor of medical intervention, and the proxy opposed it.

Four versions of the questionnaire, each including a different combination of the three vignettes, were

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