

Original Article

Advance Directives—The Israeli Experience

Pesach Shvartzman, MD, Yonatan Reuven, BMedSc, Mordechai Halperin, MD, and Sasson Menahem, MD

Department of Family Medicine and Palliative Care Unit (P.S., Y.R., S.M.), Clalit Health Services, Sial Research Center for Family Medicine and Primary Care, Ben-Gurion University of the Negev, Beer-Sheva; Ministry of Health (M.H.), Jerusalem; and Palliative Clalit Health Services - Southern District Care Unit (P.S., S.M.), Beer-Sheva, Israel

Abstract

Context. A major step in end-of-life care was achieved in December 2005 when the Israeli parliament passed the “Dying Patient Law.” The law (§31–§36) allows a competent person, even if he/she is healthy, to leave written instructions known as advance medical directives (AD), in which they explain their wishes in detail with respect to future medical treatment should it be determined that they are an incompetent terminally ill patient, as defined by the provisions of that law.

Objectives. The aims were to characterize the group of individuals that completes ADs, characterize the content of recorded ADs, and analyze trends associated with them.

Methods. We performed a cross-sectional study of the entire population that signed ADs in Israel from 2007 to September 2010. All computerized AD forms were retrieved from the Ministry of Health’s database. A descriptive analysis of trends, characteristics, and authorized procedures relating to the population of AD signatories was done.

Results. There was an increase in the number of ADs signed during the study period (1167 signatories). About 90% of the AD signatories were 65 years of age or older and 95% were healthy at the time they completed the AD. In an end-stage condition, the mean number of procedures declined was 16.6 ± 4.7 of 19. In a non-end-stage condition, the corresponding mean number was 12.7 ± 3.7 of 15.

Conclusion. There is a need to increase awareness in the general population of the option to prepare ADs. Family physicians, oncologists, and geriatricians should be more involved in this process. *J Pain Symptom Manage* 2015;49:1097–1101. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Advance directives, end-of-life care, suffering, dying patient, Patient Self-Determination Act

Introduction

End-of-life care has become a major challenge in modern medicine. Many countries have launched campaigns to improve end-of-life care. The Patient Self-Determination Act was enacted in the U.S. in 1991 in an effort to provide information on advance directives (ADs) to help patients maintain their autonomy and facilitate the process of independent decision making by individuals before they lose the capacity to make decisions on their own. The law obligated health care institutions to provide patients with information on ADs so that they could complete one and required hospitals to respect the wishes of the terminally ill patient.¹ ADs

could include a living will, durable power of attorney, do not resuscitate orders, and health care proxy.^{2,3} The guidelines mandate the health care staff to treat patients according to their expressed will. As a result, ADs could improve the quality of end-of-life care and reduce the emotional distress of the patient, the family, and the caregivers.⁴

In Israel, a major step in end-of-life care was taken in December 2005 when the Israeli parliament passed the “Dying Patient Law.”⁵ The law (§8) defines a patient as *terminally ill* if that patient is suffering from an incurable medical problem and has a life expectancy that does not exceed six months even with medical

Address correspondence to: Pesach Shvartzman, MD, Department of Family Medicine and Palliative Care Unit, Ben-Gurion University of the Negev, P.O. Box 653, Beer-Sheva 84105, Israel. E-mail: spesah@bgu.ac.il

Accepted for publication: December 20, 2014.

treatment. A terminally ill patient is defined as an *end-stage* patient if he/she is in a medical condition in which a number of vital systems have failed and life expectancy does not exceed two weeks even with medical treatment. The law provides for practical tools, such as ADs ([Appendix](#), available at jpsmjournal.com), to implement these aims. By signing an AD, the individual specifies the treatment they would be willing to receive in a state of terminal illness. In contrast to other countries, the patient also can specify the procedures they want to have performed even if the medical staff considers them inappropriate. All ADs are approved and stored in a computerized center at the Ministry of Health. Thus, hospitals can contact the center and verify specific ADs.

To date, no study has assessed the overall levels of comprehension and implementation of the law or characterized the population that signs ADs. The existence of a central AD database in Israel provides a unique opportunity to characterize the entire population of AD signatories and the content, including procedures authorized in them.

Methods

Setting

According to the law, the AD form must be filled out under the guidance of a doctor or a nurse, signed by two witnesses, and sent to the Ministry of Health. At the Ministry of Health, the signed AD forms are entered into a computerized database and then stored. The AD is valid for five years, after which it must be renewed.

Study Design

Our study was cross-sectional and included the entire population of AD signatories in Israel during the first years of the law implementation from January 2007 until September 2010. All AD computerized forms were retrieved from the AD database at the Ministry of Health, and an anonymous file containing all the AD form data was created.

Identifying information such as ID numbers, addresses, and phone numbers were deleted from the AD forms and encrypted. The data included sociodemographic variables (age, gender, place of birth) and date of death (if relevant). The study received institutional review board approval from the Meir Medical Center, Kfar Saba, Israel.

Statistical Analyses

Data analysis was performed using SPSS, version 19.0 (IBM Corp., Armonk, NY). We performed a descriptive analysis for signatory sociodemographic characteristics, authorized procedures, and trends in

the signing of ADs. All data from the ADs, such as age, gender, authorized procedures (name of procedure, authorized/not authorized), consultations with physicians, family members, and setting (clinic, hospital), were included in the analyses.

Baseline demographic variables were compared between the population of AD signatories and the total Israeli population aged 65 years and older, as reported in the Israeli Central Bureau of Statistics.⁶ For continuous variables, mean values, SDs, and *t*-tests were used, and for categorical variables, the chi-square test was used. *P*-values below 0.05 were considered statistically significant, with a power of 0.8.

Results

Trends in AD Signing

Data were collected for 1167 AD signatories between the years 2007 and 2010. Over the course of the years since enactment of the Dying Patient Law, an increase was found in the number of AD signatories. In May 2013, the database included 2662 ADs.

Although the increase in ADs between 2007 and 2010 may appear to be large, in reality, the percentage of people in Israel holding ADs is negligible (0.002%–0.03%), overall, and 0.017%–0.3% among individuals aged 65 years and older.

Characteristics of the Population of AD Signatories

Table 1 presents the sociodemographic characteristics of the AD signatories. Ninety-nine percent were Jewish and 90% were 65 years of age or older. Among

Table 1
Sociodemographic Characteristics of AD Signatories Compared With the General Israeli Population Aged 65 Years and Older

Variables	AD Population 2007–2010 (<i>n</i> = 1167)		Total Israeli Population Aged ≥65 Yrs (<i>n</i> = 763,400)		<i>P</i> -value
	%	<i>N</i>	%	<i>N</i>	
Gender					
Female	68	792	56.6	32,100	<0.0001
Age, yrs					
<50–64	9.6	201	—	—	<0.0001
65–74	34.1	194	52.3	399,258	
75–84	53.9	569	34.2	261,083	
85+	27.7	292	13.5	103,059	
	(<i>mis</i> = 12)	1055		763,400	
Nationality					
Jewish	99.5	912	88.5	75,700	<0.0001
Arab	0.3	3	8.2	62,900	
Other	0.2	2	3.2	24,800	
	(<i>mis</i> = 250)	917		63,400	
Family status					
Married	60	661	64.9	24,922	<0.0001
Single	40	437	35	30,121	
	(<i>mis</i> = 69)	1098		55,044	

AD = advance directive.

Download English Version:

<https://daneshyari.com/en/article/5879751>

Download Persian Version:

<https://daneshyari.com/article/5879751>

[Daneshyari.com](https://daneshyari.com)