



## Complete Summary

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### GUIDELINE TITLE

Advance directives: protecting patient's rights.

### BIBLIOGRAPHIC SOURCE(S)

Ramsey G, Mitty E. Advance directives: protecting patient's rights. In: Mezey M, Fulmer T, Abraham I, Zwicker DA, editor(s). Geriatric nursing protocols for best practice. 2nd ed. New York (NY): Springer Publishing Company, Inc.; 2003. p. 265-91. [33 references]

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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
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## SCOPE

### DISEASE/CONDITION(S)

End-of-life condition(s)

### GUIDELINE CATEGORY

Management

### CLINICAL SPECIALTY

Geriatrics  
Nursing

### INTENDED USERS

Advanced Practice Nurses  
Allied Health Personnel  
Health Care Providers  
Hospitals  
Nurses

Pharmacists  
Physician Assistants  
Physicians  
Social Workers  
Utilization Management

#### GUIDELINE OBJECTIVE(S)

- To explain and differentiate between a durable power of attorney for health care and a living will
- To describe assessment parameters to ensure that all patients receive advance directive information
- To identify strategies to ensure good communication about advance directives with patients, families, and health care professionals
- To describe measurable outcomes to be expected from implementation of this practice protocol

#### TARGET POPULATION

- Hospitalized older adults
- Nursing home residents
- General elderly population

#### INTERVENTIONS AND PRACTICES CONSIDERED

1. Approach patients regarding advance directives
2. Assess decisional capacity
  - Check for vision/hearing deficits.
  - Obtain language translation/interpreter as needed.
3. Provide culturally appropriate discussion/education for patient and family/health care proxy
4. Benefit versus burden assessment
5. Assist with completion and document results
  - Advance directive forms
  - Oral advance directives (verbal directives) where permitted by state
  - Conflict mediation
6. Refer to social work, patient advocate, or hospital ethics committee as appropriate

#### MAJOR OUTCOMES CONSIDERED

- Percentage of adult population and elderly in U.S. with advance directives
- Effectiveness of advance care planning to meet individual preferences
- Congruence of patient and family/health care proxy opinion regarding treatment options
- Effectiveness of nurse education on advance directives

## METHODOLOGY

#### METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)  
Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

CINAHL, Medline, and the Internet (for the CDC National Vital Statistics Report) were the databases used.

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

#### METHODS USED TO ANALYZE THE EVIDENCE

Review

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

#### METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

#### DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

#### COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

#### METHOD OF GUIDELINE VALIDATION

External Peer Review  
Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

#### Guiding Principles

- All people have the right to decide what will be done with their bodies.
- All individuals are presumed to have decision-making capacity until deemed otherwise.
- All patients who can participate in a conversation, either verbally or through alternate means of communication, should be approached to discuss advance directives.
- Health care professionals can improve the end-of-life decision making for elderly patients by encouraging the use of advance directives.

#### Advance Directives

- Allow individuals to provide directions about the kind of medical care they do or do not want if they become unable to make decisions or communicate their wishes.
- Provide guidance for health care professionals and families about health care decision making that reflects the person's wishes.
- Provide immunity for health care professionals and families from civil and criminal liability when health care professionals follow the advance directive in good faith.

#### Two Types of Advance Directives

- A durable power of attorney for health care (DPAHC) (also called a Health Care Proxy) allows an individual to appoint someone, called a health care proxy, agent, or surrogate, to make health care decisions for him or her should he or she lose the ability to make decisions or communicate his or her wishes.
- A living will provides specific instructions to health care providers about particular kinds of health care treatment an individual would or would not want to prolong life. Living wills are often used to declare a wish to refuse, limit, or withhold life-sustaining treatment.
- Oral advance directives (verbal directives) are allowed in some states if there is clear and convincing evidence of the patient's wishes. Clear and convincing evidence can include evidence that the patient made the statement consistently and seriously over time, specifically addressed the actual condition of the patient, and was consistent with the values seen in other areas of the patient's life. Legal rules surrounding oral advance directives vary by state.

## Assessment Parameters

- All patients (with the exception of patients with persistent vegetative state, severe dementia, or coma) should be asked if they have a living will or if they have designated a health care proxy.
- All patients, regardless of age, gender, religion, socioeconomic status, diagnosis, or prognosis, should be approached to discuss advance directives and advance care planning.
- Discussions about advance directives should be conducted in the patient's preferred language to enable information transfer and questions and answers.
- Patients who have been determined to lack capacity to make other decisions may still have the capacity to designate a health care proxy or make health care decisions. Decision-making capacity should be determined for each individual based on whether the patient has the ability to make the specific decision in question.
- If a living will has been completed or health care proxy has been designated:
  - Is the document readily available on the patient's current chart?
  - Does the attending physician know the directive exists and have a copy?
  - Does the designated health care proxy have a copy of the document?
  - Has the document been recently reviewed by the patient, attending physician/nurse, and health care proxy to determine if it reflects the patient's current wishes and preferences?

## Care Strategies

- Nurses can assist patients and families trying to deal with end-of-life care issues.
- Patients who may be reluctant to discuss their own mortality or begin coping with their current health situation may be willing to discuss these issues with a nurse or clergyman.
- Race, culture, ethnicity, and religion can influence the health care decision-making process. Nurses should be mindful of these factors but should always treat the patient as an individual, not as a class of persons.
- Assess each patient's need for and ability to cope with the information provided. Patients from other cultures may not subscribe to Western notions of autonomy, but that does not mean that these patients do not want to talk about advance care planning or advance directives or that they would not have conversations with their families.
- Respect each person's right not to complete an advance directive.
- Inform patients that you will not abandon them or provide substandard care if they elect to formulate an advance directive.
- Know the institution's mechanism for resolving conflicts between family members and the patient or between the patient/family and care providers. This may include consultation with a social worker or the patient advocate or bringing the issue to the hospital ethics committee.
- Notify the appropriate person if you are unable to provide care should the patient's wishes conflict with your personal beliefs.

## CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

#### Overall Benefits

Health care professionals, especially nurses, can improve end-of-life decision making for elderly patients by talking about and encouraging the completion of advance directives before the individual loses decisional capacity.

#### Specific Benefits

- Increased understanding of ethical and legal aspects of advance directives
- Increased number of patients approached about advance directives
- Improved ability to discuss/educate patient and family/health care proxy on advance directives
- Increased number of patients with completed advance directives in chart

### POTENTIAL HARMS

Not stated

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

To determine whether implementation of this protocol influenced the nature as well as the number of advance directives created, some changes would be measurable and can contribute to the facility's ongoing quality improvement program.

- As documented in the record:
  - the percentage of patients asked about advance directives
  - whether a patient does or does not have an advance directive
- Of those patients with an advance directive, the percentage of advance directives included in patient charts
- The use of interpreters to assist staff discussion of advance directives with patients for whom English is not their primary language
- Advance directives completed in association with admission to, or receipt of services from, the facility
- Nurses' referral of patient or staff situations regarding advance directives to the ethics committee

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES

IOM CARE NEED

End of Life Care  
Living with Illness

IOM DOMAIN

Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003

GUIDELINE DEVELOPER(S)

The John A. Hartford Foundation Institute for Geriatric Nursing - Academic Institution

GUIDELINE DEVELOPER COMMENT

The guidelines were developed by a group of nursing experts from across the country as part of the Nurses Improving Care for Health System Elders (NICHE) project, under sponsorship of The John A. Hartford Foundation Institute for Geriatric Nursing.

SOURCE(S) OF FUNDING

Supported by a grant from The John A. Hartford Foundation.

GUIDELINE COMMITTEE

Not stated

## COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Authors: Gloria Ramsey, RN, JD; Ethel Mitty, EdD, RN

## FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

## GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Advance directives: nurses helping to protect patients' rights. In Mezey et al., (Eds). Geriatric nursing protocols for best practice. Springer Publishing Company: New York.

## GUIDELINE AVAILABILITY

Copies of the book Geriatric Nursing Protocols for Best Practice, 2nd edition: Available from Springer Publishing Company, 536 Broadway, New York, NY 10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web: [www.springerpub.com](http://www.springerpub.com).

## AVAILABILITY OF COMPANION DOCUMENTS

None available

## PATIENT RESOURCES

None available

## NGC STATUS

This summary was completed by ECRI on February 2, 2004. The information was verified by the guideline developer on February 26, 2004.

## COPYRIGHT STATEMENT

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