Letter to the Editor

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The Authors Reply: Our fundamental objection to substituted judgment is that it is a misguided attempt to support the patient's autonomy, when such a thing is no longer possible. Although this effort may be well intentioned, it may also have serious unintended consequences. We propose a different substantive standard to guide surrogate decisions based on the principle of respect for persons.

We agree with Chen et al. that many jurisdictions allow the surrogate to consider the patient's general beliefs and values in reaching decisions. However, even this broader definition of substituted judgment is problematic because it assumes that if we consider the patient's general preferences, we are upholding the principle of respect for autonomy. Considerations of the patient's own beliefs and values are important because they show respect for the patient as a person, but not because they accurately reflect the patient's autonomous choice. When we falsely assume that substituted judgments support the patient's autonomy, we give these judgments ethical and legal weight second only to an advance directive.¹ When advance directives exist and clearly apply to the decision at hand, we believe they should be followed. In other cases, patient beliefs and values should be balanced against other important considerations, such as the patient's current clinical status, prognosis, and best interests.

We appreciate Perkins and colleagues for drawing attention to patients' perspectives on advance-care planning. Life review may provide important information that can later serve as a basis for a narrative approach to decision making. However, their finding that some individuals are unwilling to detail their preferences for care, combined with other flaws of written advance directives,² suggests that decision makers must use their own judgment to translate the patient's general life goals

or values into specific decisions about medical care. It is important to acknowledge that the person making the judgment is inevitably the surrogate decision maker and not the patient.

Finally, neither active support for the family nor a consensus-based approach mean that others' interests should be placed above those of the patient. Respect for persons should be the primary principle of surrogate decision making. This allows us to make clinical decisions that acknowledge the patient's life story in light of their current clinical picture. Both the family and clinicians can contribute critical insight and judgment to this process.³

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