Substituted Judgment

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To the Editor: Drs. Torke, Alexander, and Lantos have clearly and succinctly summarized the vast literature on the substituted judgment approach to surrogate decision-making.¹ This approach targets the exact decision the incapacitated patient would make under the circumstances. The authors point out that, despite the strong philosophical and psychological appeal of substituted judgment, considerable empirical evidence questions its feasibility. They then suggest two alternative approaches for making health care decisions on behalf of incapacitated patients. One, the narrative approach, reflects respect for individual persons and takes direction from the values, interests, and choices that characterize a patient's life.

Yet the narrative approach never speaks for itself. A life history is multifaceted, and health professionals and surrogates need guidance in identifying those facets critical for making health care decisions authentic to each patient. Some of our prior research may help. It has explored the considerations seriously ill inpatients wanted to help guide health care decisions on their behalf. We compared subjects' responses by ethnic group and gender. The most striking differences occurred by gender.² Across all three ethnic group samples (Mexican Americans (MAs), Euroamericans (EAs), and African Americans (AAs)), the men focused almost completely on minimally acceptable future functional capacities. Yet the women took a broader view. They wanted consideration of not only future functional capacities, but also other factors such as meaningful times or places to die and the psychological or economic burdens their deaths might cause their families.

Still, one striking difference occurred by ethnic group: MAs and EAs said detailing such considerations beforehand is good, but AAs disagreed.³ AAs preferred to wait for a critical illness to express their wishes. That result suggests health professionals may need to divorce any life review for AAs from explicit discussions of death and terminal care.

Though our results are preliminary, we hope the article by Drs. Torke, Alexander, and Lantos will prompt additional research—both conceptual and empirical—about this promising narrative approach to surrogate decision-making.

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