Advance Care Planning Safeguards

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The Authors Reply—Drs. Ahluwalia and Gordon are correct that I identified the goal of advance care planning as promoting the autonomy of decisionally incapacitated patients when they face choices about life-sustaining treatments.¹ This is the primary objective of advance care planning as regularly stated in the clinical and popular literature, both historically and currently, and even as implied in parts of their letter. Congruence between patient values and the care they receive if mentally incapacitated at the end of life has been the litmus test for the success of advance care planning.

However, such authors as Fried² and Sudore³ have proposed other advance care planning goals, particularly promotion of earlier and better discussions about life-sustaining treatments among patients, their families, and their professional care givers. Earlier communication about such matters might lead to more frequent and deeper discussion about end-of-life care, and could be relevant to patients who are decisionally competent when facing choices about life-sustaining treatments. Theoretically, advance care planning could foster a clinician–patient relationship that better attends to patients’ values, goals, and preferences, while preparing patients and families to make better decisions when actually faced with end-of-life choices. However, as summarized in my article, poor quality of communication about advance care planning is

common and potentially perilous for patients, while evidence for the effectiveness of advance care planning in promoting patient autonomy near the end of life is lacking,⁴ so this attractive new hypothesis requires careful study.

Regardless of which goals of advance care planning are featured, safeguards, as reviewed in my article and by the authors, are needed to protect patients from a host of hazards from this procedure. Without improving the quality of advance care planning discussions (e.g., assuring the provision of understandable and accurate prognostic information that addresses functional outcomes) or figuring out what kinds of discussions are appropriate through different stages of health,⁵ we inadvertently may be doing harm.

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REFERENCES

1. **Billings JA.** The need for safeguards in advance care planning. *J Gen Intern Med.* 2012;27:595–600.
2. **Fried TR, Bullock K, Iannone L, O’Leary JR.** Understanding advance care planning as a process of health behavior change. *J Am Geriatr Soc.* 2009;57:1547–55.
3. **Sudore RL, Fried TR.** Redefining the “planning” in advance care planning: preparing for end-of-life decision making. *Ann Intern Med.* 2010;153:256–61.
4. **Fagerlin A, Schneider CE.** Enough. The failure of the living will. *Hastings Cent Rep.* 2004;34:30–42.
5. **Respecting Choices®.** The Staged Approach to Advance Care Planning. http://respectingchoices.org/faqs/stages_of_planning. Accessed 14 July 2012.