EDITORIAL

Patient Advance Directives in Practice

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Editorial to accompany the article "Implementing an Advance Care Planning Program in German Nursing Homes" by Jürgen in der Schmitten et al. in this issue of *Deutsches Ärzteblatt International*

Everyone wants to do things their own way. And if they are no longer in a position to enforce their wishes, they want them to be respected by others. This is the idea behind advance care planning for the event of future inability to give consent—the topic of an article by Jürgen in der Schmitten and his co-authors in this issue of *Deutsches Ärzteblatt International* (1).

Many open questions

How can advance health care planning be successfully accomplished in practice? What measures should be taken in advance? Experience teaches us that laws or formalized operational guidelines by no means ensure confident action. Inquiring about values may be helpful to ascertain the patient's real wishes (2). But who is in the position to do that? Who is sufficiently well trained for advance care planning, and does a structured training program even exist? Not least, it needs to be established whether the associated investment of time and effort can be justified, and whether we even possess the necessary resources or should use them for this purpose.

Preservation of self-determination

In Germany, the preservation of self-determination has occupied a central position in health care since the second half of the 20th century. Informed consent is the precondition (3) and informed participation has become the golden rule of medical practice. It is important to give the patient comprehensive information about the options; only then is informed participation possible (4, 5).

In 2008, German legislators passed a law on advance directives that created a statutory framework intended to ensure a certain degree of confidence of action in the event of a person's inability to give consent in future health crises (6). However, everyday experience in the implementation of advance directives shows an urgent need for action in the area of advance health care planning. This is reconfirmed by the concrete requirement for ethical advice regarding the interpretation of advance directives. The central points are the accessibility, clarity, validity, and implementation of such a directive.

Advance care planning program

Jürgen in der Schmitten and his co-authors (1) state that the advance directive ("living will") has failed to withstand the test of use over the past 40 years, either con-

ceptually or in practice. This verdict, though harsh, is justified. It also corresponds with my own experience of providing advice on advance directives.

As an alternative, the authors (1) propose the system of advance care planning (ACP), first developed in the 1990s. In the ACP concept advance planning of health care is seen as a lifelong process, involving professional facilitation, which ensures the availability and implementation of advance directives that will pass the test of practice.

The authors report the results of their prospective, inter-regionally controlled, nonrandomized study of the effects of the implementation of a regional ACP program that they themselves developed for use in German nursing homes. The intervention comprised the following:

- Conversations between nursing home residents and professional facilitators to draw up valid advance directives using standardized forms
- Intensive training of nonmedical facilitators
- Training of cooperating primary care physicians
- An information event for nursing staff from the nursing homes.

Jürgen in der Schmitten and his co-authors present a comprehensive concept for advance health care planning and test its value on a regional basis: the advance directives of the intervention region were compared to those of the control region with regard to number, clarity, and validity. The comparison embraced the (personal and proxy) directives from 136 residents of three intervention nursing homes and 439 residents of ten nursing homes in the control region.

The observation time of 16.5 months was sufficiently long to permit conclusions regarding the suitability of the advance directives in practice. During this period 49 (36%) residents in the intervention group wrote new advance directives, 30 of which were proxy directives, compared with 18 (4.1%) new directives, 10 of them proxy directives, in the control group. Representatives were named in 94.7% and 50.0% of cases, respectively. Directives were signed by a third party in 95.9% versus 77.8%, by a physician in 93.9% versus 16.7% of cases. An emergency information sheet was present in 98.0% versus 44.4% of cases. There were clear instructions with regard to resuscitation in 95.9% and 38.9% of cases, respectively.

The average time that each resident spent with a facilitator was 100 minutes, spread over an average of 2.5 conversations. The difficulty in finding this amount

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of time should not be underestimated. Moreover, it remains to be discussed what impact the facilitation will have at the operational level.

It is thus opportune that the authors focus precisely on this investment of time for the regional implementation (training) and performance (duration of facilitation) of the ACP program. They weigh the time taken up against the potential benefit for the residents of nursing homes and their nurses, carers, and physicians, as well as against the savings in resources resulting from timely clarification of the patient's wishes for the future.

Expansion of use in practice

It should be emphasized that this the first study anywhere in the world to report the efficacy of the implementation of a regional ACP program. The intervention focused not on the institution, but on the region. One central finding is that many more advance directives were written than before, and the directives were characterized by much greater clarity and validity. This encourages introduction of the intervention to other regions—despite the time and effort required.

The authors' conclusion, namely that implementation of the ACP program in nursing homes led to more operationally effective advance directives being written than in the control region, underlines the desirability of expanding ACP to other regions where it can again be tested in practice.

Expanded implementation of ACP and evaluation of its effects can indeed help to ascertain the consequences for day-to-day care of the elderly in practice. The results published here justify such expansion. In the medium term, they will help to resolve the question

of what resources an ACP program demands and what savings it enables.

Conflict of interest statement

The author declares that no conflict of interest exists.

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