

AWARENESS OF ADVANCE DIRECTIVES AMONG HEALTHCARE PROFESSIONALS IN CRITICAL CARE UNITS OF A PRIVATE TERTIARY CARE HOSPITAL IN ISLAMABAD

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ABSTRACT

Background: An advance directive is a verbal or written instruction that legally specifies a person's health care preferences while they are not capable of making decisions for themselves. It is used to guide decisions on life sustaining treatment in the incident that they become incapacitated. Advance directives can take the form of a living will, a limitation of care document, a do not resuscitate order, or nomination of a health care proxy by a durable power of attorney.

Purpose: The purpose of this study is to assess the awareness of the health care professionals (doctors and nurses) about advance directives, working in critical care units of tertiary care in a private hospital in Islamabad.

Methods: A descriptive cross-sectional study was conducted to assess awareness regarding advance directives among 70 (40 nurses and 30 doctors). Descriptive analysis was done by using

the software IBM SPSS (Statistical Package for Social Sciences) version 25.0. the study was approved by the ethics committee.

Results: the study results showed that 51(72.90 %) respondents have the awareness of advance directives and 46 (65.70 %) respondents accepted that it is the responsibility of health care professionals to discuss Advance care directives with patients. Most of them were comfortable to discuss advance directives with patients and families. Many of them had formulated their own advance directives.

Conclusion: Most of the participants agreed that advance directives are supportive in medical treatment decision-making. Advance directives help decision making by healthcare professionals very easy. It reduces the chances of conflict within family members and with healthcare professionals.

KEYWORDS: Autonomy, Healthcare proxy, Advance directives, Power of attorney.
Awareness, Health professionals

INTRODUCTION

An advance directive (AD) constitutes an individual's oral and written instructions regarding their future medical care in circumstances where they become unable to communicate. It is also known as an advanced care plan or living will (Sullivan, Mailo, Angeles, & Agarwal, 2015). There are two primary types of advance directives: the living will and the power of attorney. A living will is a written document specifying the types of medical treatment desired when an individual becomes incapacitated (Randolph, 2017). It becomes effective when the patient is terminally ill and loses its validity posthumously (ACS, 2015). Conversely, a medical or healthcare power of attorney is a form of advance directive where an individual nominates a representative to make decisions on their behalf when they are incapacitated. This is also referred to as a durable power of attorney for health care or a health care proxy (NIH, 2018; ACS, 2015).

Physicians play a crucial role in the formulation of advance directives, enhancing patient care significantly (Hahn, 2003). Advance directives can be binding or non-binding. In a binding AD, clients consult their treating physician, who is then obligated to retain the AD, valid for five years. Upon creating a binding AD, individuals receive an AD identity card to carry in their

purse or handbag. In non-binding ADs, clients independently make advance healthcare planning decisions, which are respected by the treating physician (Schaden, Herczeg, Hacker, Schopper, & Krenn, 2010). Despite concerns among many physicians regarding the time required to discuss advance directives with patients, such conversations typically take less than three minutes (Synder, Hazelett, Allen, & Radwany, 2015; Hahn, 2003).

Among healthcare professionals, nurses are pivotal in informing patients about advance directives (Walerius, Hill, & Andreson, 2009). Nurses in primary healthcare settings can initiate discussions with healthy populations, including patients and families, about advance care planning for potential future events (Izumi, 2017). They are uniquely positioned to commence end-of-life (EOL) discussions (Tripathy, Routray, & Mishra, 2017). Nurses advocate for and support patient autonomy, encouraging patients and families to consider advance directives in alignment with their values and beliefs (HPNA, 2011). However, it has been reported that nurses often have inadequate knowledge about ADs. Although nurses are expected to inform patients about ADs, empirical evidence suggests that this is not consistently practiced (Walerius, Hill, & Andreson, 2009). Studies indicate that nursing knowledge about the Patient Self-Determination Act (PSDA) and the process of completing advance directives ranges from 39% to 51% (Duke & Thompson, 2007).

In Pakistan, a family-oriented society with predominantly extended family structures, medical decision-making often occurs collectively. Moazam (2000) notes that in Pakistani culture, patient autonomy is frequently subordinated to the family's collective decision-making, which may include withholding terminal diagnoses to avoid burdening the patient. In such contexts, decisions for patients under palliative care are typically made by family members or the attending physician. These decisions often prolong treatment. Families often deplete their financial resources for the treatment of their loved ones. Implementing ADs could mitigate issues related to futile and costly treatments (Panjwani, 2015). Moreover, Pakistan faces a high incidence of road traffic accidents, terrorist attacks, and a significant burden of lethal communicable and chronic diseases. Additionally, the substantial burden of head injuries and strokes leads to prolonged vegetative states. In these circumstances, having an advance directive

could simplify decision-making for unconscious or terminally ill patients and their families.

Advance directives can also alleviate the financial burden on families and reduce the strain on hospital resources. Therefore, this study aims to assess the awareness of the health care professionals (doctors and nurses) regarding advance directives working in critical care units of the tertiary care hospitals of Islamabad.

Material and Methods

The study utilized a descriptive research design to assess the awareness of advance directives among 70 healthcare professionals, including doctors (n=30) and nurses (n=40). The healthcare professionals were recruited in four critical care areas a private tertiary care hospital in Islamabad by using a convenient sampling technique. The critical care units comprised of surgical intensive care unit, medical intensive care unit, medical step down and emergency room.

Inclusion criteria were set for registered nurses and doctors with more than three months of job experience in critical care units. Exclusion criteria excluded those who had been on leave for at least one month in the last three months.

The questionnaire was validated through pilot testing on seven participants from Neuro Stepdown and Medical Stepdown units at Shifa International Hospital, Islamabad.

Self-administered questionnaires were distributed to healthcare professionals in critical care units, and written consent was obtained from all participants. Questionnaires were distributed and data collected by the primary investigator over a two-month period.

The data were analyzed using IBM Statistical Package for the Social Sciences (SPSS) version 20.0. descriptive statistics such as frequencies and percentages were computed.

The research study received approval from the Institutional Review Board (IRB) and Ethics Committee of Shifa International Hospital, Islamabad, with the reference number IRB #1056-331-2018. Ethical principles, including respect for human dignity and justice, were maintained through informed consent, anonymity, and confidentiality.

Participants were assured of their voluntary participation and the option to withdraw from the study at any time.

Results:

Demographic Characteristics of Participants

Majority of the participants (n=40) were nurses. The mean age of the doctors was 25.40 ±2.44 years whereas the mean age of nurses was 28.45 ± 2.95 years. The details of the demographic characteristics are presented in table 1.

Table 1

Demographic Characteristics of Participants

Variable	Categories	Health Professionals (n=70)	
		Doctors (n=30) <i>f</i> (%)	Nurses (n=40) <i>f</i> (%)
Gender	Male	12 (40%)	24 (60%)
	Female	18 (60%)	16 (40 %)
Qualifications	Diploma	0 (0%)	10(25%)
	Graduation	12 (40%)	12(30%)
	Post-graduation	18 (60%)	18(45%)
Job Experience (year)	<1	6 (20%)	3(7.5%)
	1-5	24 (80%)	27(67.5%)
	>5	0(0%)	10(25%)

Awareness of Advance Directives:

The study's findings indicated that 23 (76.70%) of the doctors and 28 (70.00%) nurses demonstrated an understanding of advance directives. Furthermore, 19 (63.30%) doctors and 30 (75.00%) nurses correctly identified a living will as a document specifying a patient's healthcare preferences. Among doctors, 21 (70.00%) understood that it allows individuals to express their end-of-life healthcare preferences. Additionally, 17 (56.70%) doctors and 27 (67.50%) nurses recognized the utility of advance directives in making medical treatment decisions, and 23 (76.70%) doctors and 23 (57.50%) nurses believed that advance directives are honored before the end of life. Moreover, 20 (66.70%) doctors accurately stated that a proxy has the authority to make healthcare decisions for patients while 24 (60.00%) agree with this statement. 18 (60.00%) doctors

agreed that advance directive forms should be processed by an attorney. Similarly, 24 (60.00%) nurses agreed that advance directive forms should be processed by an attorney. Seventeen (56.70%) doctors and 26 (65.00%) nurses shared the view that these forms should always be notarized.

In terms of the safekeeping of living wills, a higher number of nurses (n=28) recommended securely storing them in a safe deposit box as compared to doctors (n=18). Most of the doctors (n=22) believed that proxies are particularly useful when patients are unconscious from anesthesia whereas only 19 nurses believed this. Furthermore, 42 (doctors=17 and nurses=25) healthcare professionals thought that proxies could be family members or close friends. Half of the doctors (n=16) and nurses (n=20) supported the idea that living wills should be copied and distributed to relevant individuals. Eighteen (60.00%) doctors and 21 (52.50%) nurses believed that advance directives primarily serve the elderly and sick. 14 (46.70%) doctors and 16 (40.00%) nurses expressed the view that everyone entering a hospital should have advance directives. The results revealed that 20 (66.70%) doctors and 26 (65.00%) nurses favored the notion that all patients have the right to make their end-of-life decisions. Table 2 illustrate the frequency and percentage of participant's response to each statement.

Table 2

Frequency Distribution of Advance Directive General Awareness Questions

S #	Statement	Doctors (n=30)		Nurses (n=40)	
		Frequency (%)		Frequency (%)	
		Yes	No	Yes	No
1	An advance directive is a legal document, it helps to take decision when patient become incapacitate.	23 (76.70%)	7 (23.30%)	28 (70.00%)	12 (30.00%)
2	A living will state your preferences of health care	19 (63.30%)	11 (36.70%)	30 (75.00%)	10 (25.00%)

3	A living will enable individuals to describe in writing their wish of health care to receive when they are terminally ill.	21 (70.00%)	9 (30.00%)	24 (60.00%)	16 (40.00%)
4	Advance directives are helpful for medical treatment decisions.	17 (56.70%)	13 (43.30%)	27 (67.50%)	13 (32.50%)
5	Advance directives before end of life are honoured.	23 (76.70%)	7 (23.30%)	23 (57.50%)	17 (42.50%)
6	Proxy has authority to make health care decisions on the behalf of the patient.	20 (66.70%)	10 (33.30%)	24 (60.00%)	16 (40.00%)
7	Advance directives forms must be processed only by an attorney.	18 (60.00%)	12 (40.00%)	24 (60.00%)	16 (40.00%)
8	Advance directive forms must always be notarized.	17 (56.70%)	13 (43.30%)	26 (65.00%)	14 (35.00%)
9	Living wills should be executed and placed securely	18 (60.00%)	12 (40.00%)	28 (70.00%)	12 (30.00%)
10	Proxy is also helpful when patient is unconscious from anaesthesia.	22 (73.30%)	8 (26.70%)	19 (47.50%)	21 (52.50%)
11	Proxy can family member or close friend.	17 (56.70%)	13 (43.30%)	25 (62.50%)	15 (37.50%)
12	Copies of living wills should be distributed to concern persons.	16 (53.30%)	14 (46.70%)	20 (50.00%)	20 (50.00%)
13	Advance directives are mostly for people who are elderly and sick.	18 (60.00%)	12 (40.00%)	21 (52.50%)	19 (47.50%)
14	Everyone that enters the hospital must have an Advance Directive.	14 (46.70%)	16 (53.30%)	16 (40.00%)	24 (60.00%)

15	All patients have a right to make end of life care decisions.	20 (66.70%)	10 (33.30%)	26 (65.00%)	14 (35.00%)
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Awareness About the Role of Healthcare Professionals in Advance Directives:

As shown in the table 3, 19 (63.30%) doctors agreed that nurses are suitable for discussing advance directives with patients whereas only 11 (27.50%) nurses agreed. Most of the doctors 27 (90.00%) believed it is the responsibility of healthcare professionals to engage in discussions about advance care directives with patients as compared to nurses 19 (47.50%). In this survey, 19 (63.30%) doctors and 19 (47.50%) nurses expressed comfort in discussing advance directives with patients, while 6 (20.00%) doctors and 3 (7.50%) nurses reported having completed their own advance directives.

Table 3

Frequency Distribution of Awareness About Role of Health Care Professionals in Advance Directive

S#	Statement	Doctors (n=30)		Nurses (n=40)	
		Frequency (%)		Frequency (%)	
		Yes	No	Yes	No
1	Nurses are suitable to discuss advance directives with the patients.	19 (63.30%)	11 (36.70%)	11 (27.50%)	29 (72.50%)
2	Health professionals are responsible to discuss patient's health wish.	27 (90.00%)	3 (10.00%)	19 (47.50%)	21 (52.50%)
3	I feel comfortable while discussing advance directives with patients.	19 (63.30%)	11 (36.70%)	19 (47.50%)	21 (52.50%)

4	I have completed advance directive for myself.	6 (20.00%)	24 (80.00%)	3 (7.50%)	37 (92.50%)
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Discussion

The study was conducted to assess the awareness of advance directives among health care professionals among the 70 participants 40 (57.14 %) were nurses and 30(42.85 %) were doctors. In this study mean age of participants were 24.14 years with SD \pm 3.12 but our results are contradicting with previous study by Lipson, Hausman, Higgins & Burant (2004) which showed higher mean age 51 years with SD \pm 9.18. In our survey most of the participants' educational status was post-graduation (38.60%) and the results are consistent with previous study by Jezewski & Feng (2007).

The current study findings indicated that more than half of the participants 51 (72.90 %) had awareness of advance directives. This might be because study setting was Shifa International Hospital, which is Joint Commission International Accredited (JCIA), private sector, tertiary care and teaching hospital in Islamabad. Education cell is well established here for training of novice health care professionals.

Do not resuscitate (DNR) code is being applied in this setting. Our present study finding on general awareness of advance directives, results are consistent with previous study reported by Walerius, Hill, & Adreson, 2009 which indicated that more than half of the participants (69 %) had general knowledge of advance directive. On the other hand, these results contradict with those of Putman-Casdorph, Drenning, Richards, & Messenger (2009) and Lipson, Hausman, Higgins, & Burant (2004) who reported that 95% participants had general knowledge of advance directives.

In this study, 38 (54.30 %) participants reported that they feel comfortable to discuss advance directives with patients. y, the study findings by Duke & Thompson, (2007) and Sellars, Detering, & Silvester (2015) and Jezewski, & Feng (2007) were also higher than our study which indicated that 74% participants (health care professionals) were comfortable to discuss advance directives with the patient.

The results of current study revealed that 9 (12.90 %) respondents had completed their own advance directives. In this region there is no trend of advance directive and no state law exist, so

this might be the reason that in this study most of the participants had not formulated their advance directives.

Conclusion:

The descriptive analysis of this study revealed the significant awareness of advance directives among health care professionals. General awareness and roles were the dominant discourse among health care professionals. Approximately, half of the participants were at ease to discuss advance directives with patient and families. Most of the participants were agree that advance directives are supportive in medical treatment decision making. Advance directives reduces chances of conflict within family members and with healthcare professional.

Limitations of the study:

Study was conducted in single setting so findings cannot be generalized. Fewer studies were available from eastern part of world, particularly Pakistan. Use of self-administered questionnaire.

Recommendations:

This study generated data for further research on advance directives. Advance directives should be included in health curriculum. Health care professionals should educate the patients about advance directives. Health care professionals should advocate the development of advance directive policy at institution and national level.

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