**INTRODUCTION**

Advance directives are legal documents which allow an individual to spell out her decisions about end-of-life care ahead of time.1 They are written, legal instructions regarding the patients’ preferences for medical care, if the patient is unable to make decisions for herself.2 In conditions where a patient is terminally ill, or in a seriously injured situation, a coma, dementia or near the end of life, advance directives guide choices for doctors and caregivers.2

In India, by and large, paternalism is still present, as far as the doctor-patient relation is concerned. When a doctor diagnoses a patient with a condition, she almost always tells the patient what, according to her is the best treatment option. There is very little choice in the hands of the patient. Advance Directives, though still in infancy in India, attempts to change the doctor-patient relationship by pushing the decision making process more towards the patients than the doctors. It tries to alter the existing paternalistic relationship by making patients the primary decision makers about their own health and doctors merely accessories and information providers. Although, psychiatry is slowly opening up to the idea of living wills3, advance directives have just begun to make a foray into other medical specialties.

Advance directives uphold the ethical principle of autonomy, by ensuring that the patient gets the medical care they want, thereby avoiding unnecessary suffering and relieving caregivers of decision-making burdens during moments of crisis or grief.2 Advance directives guide doctors and caregivers in planning out further treatment.2 Since, advance directives are relatively new in the Indian context, this study will attempt to assess the knowledge and attitudes regarding Advance Directives among doctors working at a Tertiary Care City Hospital.

**STUDY DESIGN AND METHODOLOGY**

The study design was a cross sectional questionnaire based study which was conducted to evaluate the knowledge and attitudes regarding Advance Directives among doctors working at a Tertiary Care City Hospital.

Before beginning the study, Ethical Clearance was obtained from the Institutional Ethical Committee.

**Study population:** The study population consisted of Health Care Professionals working in a Tertiary Care City Hospital.

**Sample selection:** The participants were selected based on convenience sampling. All the participants were informed about the purpose of the study and those who agreed to give informed consent were included in the study.

**Sample Size:**

A total of 45 questionnaires were distributed among the doctors, out of which 30 completed and returned the questionnaires.

**Data collection:** A close ended questionnaire was used to assess the knowledge and attitudes regarding advance directives among the doctors (Annexure-1). The first part of the questionnaire records the socio-demographic profile which includes details like Age, Sex, Education, Occupation and Designation. The second part of the questionnaire evaluates the knowledge and attitudes regarding advance directives.

The participants were asked to give their opinion about whether or not they agree to the statements listed in the questionnaire about advance directives, using the following scale:

**5: Strongly agree**

**4: Agree**

**3: Neutral**

**2: Disagree**

**1: Strongly disagree**

**Statistical Analysis:**

Data was coded, entered and analyzed using SPSS version 16. Descriptive data was obtained.

**RESULTS**

The study was conducted to assess the knowledge and attitudes among doctors working in a Tertiary Care City Hospital.

Table 1 shows the awareness about advance directives among the study participants. 33.3% of the respondents gave a neutral response when asked whether advance directives were more the patients’ responsibility than the professionals. 56.7% of the study subjects agreed that patients must initiate discussions about life sustaining treatments. 46.7% strongly agreed that an advance directive limits the role of the primary care provider. 70% of the study subjects were neutral when asked if they were comfortable discussing advance directives with their patients. 40% agreed that advance directives are appropriate only for the elderly. 53.3% of the doctors agreed that patients would lose hope if advance directives were discussed during the time of illness. 53.3% of the study subjects were neutral when asked whether patients did not want decision making authority when it came to end of life decisions, and whether they were concerned about legal considerations when following an advance direction. 50% agreed that the hospital was the ideal setting for the initial discussion of advance directives, and 50% maintained neutrality when asked about the Omnibus Reconciliation Act. 43% of the respondents agreed that the primary care physician is obligated to provide the patient and their family information about advance directives. 36.7% of the study subjects remained neutral when asked if advance directives discussion would enrich the patient-doctor relationship. 40% of the doctors who took this survey agreed that initial discussions about advance directives must occur with the patients’ family or proxy. 60% of the study subjects expressed neutral responses when asked if discussions about end of life decisions upset patients and that primary care providers are appropriate people to discuss advance directives with. 56.7% of the respondents remained neutral about the Patient Self Determination Act and 73.3% agreed that time spent discussing end-of-life decisions with patients is worthwhile. 43.3% expressed a neutral opinion when asked if living wills were vague, ineffective and provided little guidance when actual end-of-life decisions arise.

**DISCUSSION**

Advance directives are of two types: living wills, where a patient decides what kind of life-sustaining treatment they are up for and a durable power of attorney, where the patient states who will be their surrogate decision maker.6 There are not many studies on the knowledge and attitudes of doctors about and towards advance directives.

The present study attempted to assess the knowledge that doctors had regarding advance directives and the kind of attitude they had towards it. In a study conducted by Kent W et al on physicians in Arkansas, USA, 80% of all respondents expressed a positive attitude and fewer than 2% expressed a negative attitude toward such documents and 83.5% of these physicians said that their attitude had become more positive as a result of their experience.6 A study done by Toro Flores et al, stated that the knowledge of physicians and nurses on advance directives is low and that it was necessary to implement techniques to improve this knowledge.7 However, the attitude of physicians and nurses seemed positive towards advance directives.7 The findings of this study was similar to that of the present study.

Advance directives are often known to clear confusion in the minds of patient parties and physicians alike as to what should be the next course of action. In a study done by Pablo Simon Lorda et al in Spain, it was found that physicians were positive when asked about the usefulness of advance directives, especially for relatives and healthcare professionals.8 Also, they exhibited a positive attitude and respected advance directives.8 A study conducted in Kandy district of Sri Lanka found that the knowledge that the doctors of three hospitals there possessed in relation to advance directives was inadequate.9 However, most doctors displayed a positive attitude towards advance directives.9 A study conducted in Singapore, by Tee KH et al, stated that general practitioners had a basic knowledge about advance directives but were concerned about it leading to a rise in euthanasia.10

According to a Literature review on advance directives by Wilkinson A, Wenger N and Shugarman LR, at the United States Department of Health, adoption of advance directives was found to be low, even if acceptance and understanding of patient autonomy and widespread public support for advanced care planning was present.11 It was also found that advance directives discussions, which should ideally happen in the hospital setting, were not happening in hi-tech institutions.11 The review also found that the discussion about advance directives was said to be stepping stone to discussions about end of life care between the patient and the physician.11 The review also raised a question of stability in patient choices when it came to who their proxy would be.11 It stated that for as long as up to two years, there appeared to be modest stability as to the proxy.11 Finally, the review found the following barriers to advance directives:

* “Inadequate knowledge about ADs and how to complete one.
* Perception that ADs are difficult to execute.
* Perception that even if completed, AD statements will not be followed by clinicians.
* Reluctance to broach the issue of death and end-of-life planning.
* View that an AD is unnecessary because one’s family or provider will know what to do.
* Perception that ADs are important for others, but not for themselves.”11

**CONCLUSION**

The present study concluded that knowledge about advance directives is not adequate, and where there is knowledge, the attitude of the health professionals is almost always, neutral. Since advance directives honour the autonomy of an individual and let the patient decide in what conditions life support can be withdrawn (etc), it reverts back to the age-old question of whether an individual has the right to die. Further ethical deliberations are necessary on the subject of advance directives and the need of the hour is to increase awareness about the same.

**TABLE-1**

Distribution of study subjects according to their knowledge and attitude regarding advance directives

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. no** | **Questions** | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
|  | Advance directives are the patient's responsibility rather than a professional or institutional responsibility. | 10.0 | 13.3 | 33.3 | 16.7 | 26.7 |
|  | Patients should initiate discussions about life-sustaining treatments. | 3.3 | 56.7 | 20.0 | 13.3 | 6.7 |
|  | The primary care provider's role in making decisions about life sustaining treatments is limited by an advance directive. | 46.7 | 23.3 | 20.0 | 10.0 | - |
|  | I feel comfortable discussing advance directives with patients. | 3.3 | 10.0 | 70.0 | 16.7 | - |
|  | Advance directives are only appropriate for the elderly or the chronically ill. | - | 40.0 | 20.0 | 23.3 | 16.7 |
|  | Patients will become discouraged and lose hope if advance directives are discussed during their illness. | 3.3 | 53.3 | 26.7 | 16.7 | - |
|  | Patients do not want decision making authority when it comes to end of life decisions. | - | 16.7 | 53.3 | 26.7 | 3.3 |
|  | When following a written advanced directive, I am not concerned about legal liability. | 3.3 | 13.3 | 53.3 | 30.0 | - |
|  | The hospital is the optimal setting for the initial discussion and preparation of a written advance directive. | - | 50.0 | 30.0 | 20.0 | - |
|  | Advance directives, as required by the Omnibus Reconciliation Act of 1990, are ethical and designed to contain health care costs. | - | 33.3 | 50.0 | 16.7 | - |
|  | Primary care providers are obligated to provide their patients and families information regarding advance directives. | 23.3 | 43.3 | 20.0 | 13.3 | - |
|  | Discussions with patients and their family members regarding end of life decisions enrich the patient-provider relationship. | 30.0 | 13.3 | 36.7 | 20.0 | - |
|  | Discussions about advance directives should first occur in primary care settings with the patient's family or proxy present. | 26.7 | 40.0 | 26.7 | 6.7 | - |
|  | Discussions regarding end-of-life treatment and decisions are upsetting to patients and their family. | 3.3 | 33.3 | 60.0 | 3.3 | - |
|  | Primary care providers are the appropriate persons to initiate discussions regarding end-of-life decisions. | - | 26.7 | 60.0 | 13.3 | - |
|  | The Patient Self Determination Act is an attempt to legislate medical decision making. | 13.3 | 23.3 | 56.7 | 6.7 | - |
|  | Time spent discussing end-of-life decisions with patients is worthwhile. | 10.0 | 73.3 | 10.0 | 3.3 | 3.3 |
|  | Living Wills are vague, ineffective and provide little guidance when actual end-of-life decisions arise. | 3.3 | 23.3 | 43.3 | 26.7 | 3.3 |

**ANNEXURE-1**

Advance Directives Survey

Demographic Data

1. Gender: \_\_\_\_ Male \_\_\_\_ Female

2. Age: \_\_\_\_\_

3. Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Type of Practice: \_\_\_ Family General Practice \_\_ Specialty: (please specify) \_\_\_\_\_\_\_\_\_\_\_

5. Numbers of years in practice as a primary care provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Length of typical office visit: \_\_\_\_ minutes

5 4 3 2 1

Strongly Agree Agree Neutral Disagree Strongly Disagree

Using the scale above, indicate your degree of agreement or disagreement with the following statements:

1. Advance directives are the patient's responsibility rather than a professional

or institutional responsibility. 5 4 3 2 1

2. Patients should initiate discussions about life-sustaining treatments. 5 4 3 2 1

3. The primary care provider's role in making decisions about life sustaining

treatments is limited by an advance directive. 5 4 3 2 1

4. I feel comfortable discussing advance directives with patients. 5 4 3 2 1

5. Advance directives are only appropriate for the elderly or the chronically ill. 5 4 3 2 1

6. Patients will become discouraged and lose hope if advance directives are

discussed during their illness. 5 4 3 2 1

7. Patients do not want decision making authority when it comes to end of life

decisions. 5 4 3 2 1

8. When following a written advanced directive, I am not concerned about legal

liability. 5 4 3 2 1

9. The hospital is the optimal setting for the initial discussion and preparation

of a written advance directive. 5 4 3 2 1

10. Advance directives, as required by the Omnibus Reconciliation Act of 1990,

are ethical and designed to contain health care costs. 5 4 3 2 1

11. Primary care providers are obligated to provide their patients and families

information regarding advance directives. 5 4 3 2 1

12. Discussions with patients and their family members regarding end of life

decisions enrich the patient-provider relationship. 5 4 3 2 1

13. Discussions about advance directives should first occur in primary care

settings with the patient's family or proxy present. 5 4 3 2 1

14. Discussions regarding end-of-life treatment and decisions are upsetting to

patients and their family. 5 4 3 2 1

15. Primary care providers are the appropriate persons to initiate discussions

regarding end-of-life decisions. 5 4 3 2 1

16. The Patient Self Determination Act is an attempt to legislate medical

decision making. 5 4 3 2 1

17. Time spent discussing end-of-life decisions with patients is worthwhile. 5 4 3 2 1

18. Living Wills are vague, ineffective and provide little guidance when actual

end-of-life decisions arise. 5 4 3 2 1

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