

# Advance directives in relation to medical treatment

## EDITORIAL

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Medical progress and better access to health care have improved the chances of older people surviving a whole range of illnesses. But the life preserved may be of poor quality because of residual disabilities and their psychosocial sequelae. Medical interventions to sustain life, e.g. tube feeding, artificial ventilation are burdensome to older patients. Given the chance to choose, some older people may not want to receive life-sustaining treatments. In normal circumstances, the older person has the right to exercise his/her autonomy by granting or refusing informed consent for medical interventions. Unfortunately, many older people lose the mental capacity to give informed consent because of dementia and acute confusion from illnesses, leaving the doctors to decide for them.

In medical ethics, the withholding or withdrawal of life-sustaining treatments is justified when these are judged to be futile, usually when the patient is at the terminal phase of his/her disease. The laws governing medical decision making in mentally incapacitated persons are comprehensively reviewed in an article in this issue.<sup>1</sup> In sum, the law is consistent with prevailing medical ethics, and does have sufficient flexibility to allow doctors to exercise their clinical judgement of the best interests of the patient. In Hong Kong, doctors almost invariably involve families in medical decision making when the older patient is mentally incapacitated, even though relatives do not have any legal right to make surrogate medical decisions. Difficulties arise when doctors and families cannot reach a consensus, or when the family members cannot agree among themselves. In order to resolve such conflicts, it may be helpful for both parties to know the patient's views on the matter before he/she becomes mentally incapacitated. In many western countries, older people can draw up advance directives to rule out the use of life-sustaining medical interventions when they become terminally ill or comatose. In the US and the United Kingdom, these directives are legally binding.<sup>2</sup> Singapore has recently adopted this model of advance directives, and has set up a central registry to administer them.<sup>3</sup>

In Hong Kong, the Law Reform Commission consulted the public on the feasibility of introducing advance directives. After much consideration, the Hong Kong Geriatrics Society did not recommend the legal model of advance directives, because of practical problems with implementation and the complexity of clinical situations in older patients. The pros and cons of advance directive are highlighted in the society position statement published in this issue.<sup>4</sup> The Law Reform Commission has recently decided not to introduce a statutory form of advance directives at this stage, on the ground that more public education and debate on the advanced directives concepts are required.<sup>5</sup> Instead it recommended the use of a model form enabling older people to express the wish to have life-sustaining treatments withheld if they become terminally ill or comatose.

It is natural for older people and their families to shy away from talking about dying, especially when death is not imminent. Moreover, knowledge and comprehension of life-sustaining treatments by older people as well as family caregivers is still deficient in Hong Kong.<sup>6</sup> Despite the limitations, advance directives are a small step towards a more open environment for such sensitive discussions to take place between older people and their families, and between doctors and patients. In order to promote the autonomy of older patients, more public education and research on end-of-life issues is warranted.

## References

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