

Knowledge of the Advance Directive (AD) in Physicians at Tertiary Care Hospitals

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Abstract

The Advance Directive is generally conceptualized as the respect that all human beings deserve in the use of their faculties, to deliberate, choose, and decide upon everything that pertains to their existence, including their life goals and personal health. **Objective:** To identify knowledge about the AD that Medical Residents at tertiary care facilities of the Mexican Social Security Institute (Instituto Mexicano del Seguro Social, IMSS) in the District Capital (Mexico City), possess. **Method:** Written survey with 10 questions for Medical Residents (MR) of different specialties at tertiary care hospitals. **Study design:** Survey. **Results:** The questionnaire was applied to 280 MR of more than ten different specialties, at the La Raza and the S XXI Medical Centres (Centro Médico La Raza y Centro Médico Siglo XXI). The majority of respondents were first-year MR (67.5%), and the minority were sixth-year Residents (1.9%). Incomplete knowledge about the Federal AD Law exists. **Discussion:** In Mexico, like on an international plane, the contemporary, social dynamic has fundamentally influenced the practice of healthcare professions. The responsibilities that health care professionals take on obligate them to be current in areas like the rights of healthy and sick individuals to be involved in and decide on aspects related to the phase at the end of their lives. The AD, Vital Testament, Living Will, will push doctors to improve the doctor-patient relationship since the establishment of an AD is not possible without a good patient-doctor rapport. (Gac Med Mex. 2016;152:438-45)

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Introduction

The emergence of bioethics in the middle of the 20th century has been a milestone on contemporary society's thought, particularly with regard to human rights in the setting of healthcare and the practice of related professions^{1,2}. This is how bioethics has become an endeavor of social research and discussion, the main purpose of which is the existence of the citizen from

here and now, with its natural space being public life as the center of democratic life, where the "encounter between equals" takes place³.

The ethical principle of autonomy has occupied a relevant place in the bioethics discourse, i.e., the respect deserved by every human being in full use of his/her faculties to deliberate, choose and decide about everything relating his/her existence and, therefore, to his/her life goals and personal health, as long as it doesn't limit others' autonomy. The right to choose

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the way to die or one's own death conditions, whenever possible, is as respectable as the right to choose a couple, the number of children, a profession, place of residence, etc. This right acquires special relevance in all things referring human beings life's terminal phase. In other words, each individual should be able to decide, willingly and in advance, these conditions.

Thus emerges the need to develop a legal instrument to determine the will of the patient with regard to the conditions of his/her life's terminal phase. It has been named previous instructions, Advance Directive (AD), living will, biological will, AD extra-judicial statement, etc. Approval and legal statute of these names vary according to the country.

AD, understood as the right every citizen, in full use of his/her mental faculties, has to freely, consciously, formally, clearly and reiteratedly express his/her will to not be subjected to medical means, treatments and/or procedures that promote medical obstinacy, i.e., unnecessary use of medical resources to maintain an end-stage patient⁴. It is not only a possibility, it's the right the individual has to intervene and decide on aspects related to his/her life's terminal phase. It has been formalized into administrative and legal regulations in several countries in the world, including Mexico where, on January 7, 2008, Mexico City AD Statute was published, which has been adopted –although with some variations– in 7 states of the country: Aguascalientes, Chihuahua, Coahuila, Guanajuato, Hidalgo, Michoacán and San Luis Potosí, and in other 4 states: Colima, Estado de México, Jalisco and Puebla, there are projects on the process of approval⁵.

AD arises from the need to respect patient autonomy and to maintain informed consent when they have lost the ability to express for decision-making, and it is comprised not only by preferences, but also by each individual's values, socio-cultural setting and religious or non-religious beliefs. It should be noted that the expressed will can be changed and updated anytime, and that the last directives considered by the individual should be taken into account⁶⁻⁸.

We should mention that, in the IMSS rulebook, the regulations published in the Federation Official Journal on November 30, 2006, state that: "The Institute physicians will be directly responsible before it of the diagnoses and treatments of patients they attend to on their work day. Likewise, nurses, personnel involved with diagnosis and treatment auxiliary services and other personnel intervening in patient management will be responsible with regard to the service provided by each one of them. The Institute will be co-responsible,

together with the personnel referred in the preceding paragraphs, of its patients' diagnoses and treatments" (article 7)⁹.

Objective

To determine the state of knowledge on AD possessed by IMSS tertiary care specialist physicians in Mexico City.

Material and method

Study design: The project was submitted for authorization to the IMSS National Commission for Scientific Research. It was a cross-sectional, descriptive study. Medical residents of CMN S XXI and CMN La Raza medical complexes who accepted to participate in the survey were included¹⁰. Those unwilling to participate were excluded, as were incompletely answered or completely unanswered questionnaires.

A structured questionnaire about knowledge on AD and Mexico City AD Statute was used. This instrument was specifically developed and designed for this research, and comprises 10 questions. For validation, it was applied to 20 physicians in order to verify the construct validity and semantic formulation; no second application was required. Internal consistency or reliability of the instrument was assessed with Kuder Richardson F20 statistical test, to determine the knowledge scale, and for the score expected by chance, the formula by Pérez Padilla et al. was used¹¹. Once the assessment instrument was validated, the investigators provided the informed consent form (script) to participate in a research project to doctors of the medical units asking them to answer a questionnaire and identify the knowledge they possess on AD (confidentiality of the answers was fully respected). The answers were electronically processed using the SPSS statistical program, version 21. Variables will be described as continuous and nominal qualitative. A descriptive analysis was performed. For the univariate study, the proportions of qualitative variables were calculated, followed by hypothesis contrast testing for the proportion using Pearson's chi-square test in the bivariate analysis, with significance established at a p-value < 0.05.

Ethical aspects

The development of the study was governed by the principles specified by the Declaration of Helsinki (Seoul 2008). According to the General Statute of

Health for Health Research Regulations, Second Section "On Ethical Aspects of Research in Human Subjects", single chapter, article 17, subparagraph I, the study is regarded as a risk-free investigation.

Additionally, the procedures were carried out based on the rule that establishes the requirements for Health Research at the IMSS, which reads: "the personnel engaged in health research activities at the IMSS should carry them out with adherence to national and international codes of ethics".

Results

The data collection instrument was applied to 280 resident physicians (RPs) from different specialties at the CMN La Raza and CMN Siglo XXI medical complexes; 271 questionnaires were received and 6 were censored because they were incomplete. Total surveyed population analyzed was 265 questionnaires, and was distributed as shown in table 1, where we found specialty first-year RPs to be the highest in percentage with 106 (40%) and those at sixth year to be the lowest in percentage with 3 (1.1%). In this case, demographic data were not searched.

When questions were indirectly analyzed for items: "Can the AD form be issued at the hospital unit?" 67.5% of surveyed subjects answered "yes". The tendency of this answer had statistical significance ($p = 0.001$). To the question: "Does the AD statute protect the person's dignity?", in general, 87.5% of surveyed subjects answered "yes", with the trend on this answer also being significant ($p = 0.017$). Table 2 shows total and concentrated answers to questions 2 to 9 items, whose answers were "yes", "no" or "don't know". Table 3 shows questions 1 and 10, with answers assessing where the AD Statute is legislated, which to this moment has only been legislated in Mexico City; 135 (50.9%) answered correctly, 47.9% considered that this has not yet happened in the Mexican Republic, that this has been done barely in approximately 7 states of the Mexican Republic. To question 10, to know how the AD is identified from the point of view of respect to patient autonomy or as an act influenced by legal aspects, we found that 76.2% answered correctly, that it is the doctor's obligation to respect patient autonomy.

Discussion

The document known as DA, previous instructions or living will, is a common legal procedure in USA and

Europe, which recently started to diffuse in Latin America. In Mexico, on January 7, 2008, the SD Statute was published in Mexico City, and has been adopted –although with some variations – in 7 states of the country: Aguascalientes, Chihuahua, Coahuila, Guanajuato, Hidalgo, Michoacán and San Luis Potosí, and in other 4 states: Colima, Estado de México, Jalisco and Puebla there are projects on the process for approval⁵.

With different attitudes towards human dying, this is an unavoidable event. Apparently, everybody worries about the conditions in which death will occur. Prior to the emergence of bioethics, the possibility to intervene on these conditions had not been contemplated –even before facing the terminal stage of life by each subject–, and much less that this choice had an ethical foundation for the subject him/herself and for health-care professionals as well. In other words, for each individual to be able to freely and in advance decide such conditions. Under different denominations, AD approval and legal statute vary according to the country. It has been defined more explicitly as: "The unilateral statement of the will made by an adult or emancipated person with full enjoyment and exercise, by means of which he/she indicates in advance what is what he/she desires for him/herself with regard to treatment(s) and health care in case of being in a particular scenario that precludes expressing him/herself on the subject, particularly in case of being in a situation of terminal illness resulting from a natural process or as a consequence of a random accident"⁴.

With regard to terminal illness and data informed by the deaths' epidemiological system in Mexico, out of 495 thousand deaths recorded in Mexico, one third (165 thousand) are due to terminal illnesses. Based on this data, we considered how favorable already having a federal law on AD is⁵. It is important explaining that the expressed will can be changed and updated anytime, and that the last wishes considered by the individual shall be taken into account⁶.

Access to information on AD in both medical and general population settings a little more than 5 years of having been published shows a different course⁷. This is why the interest arose on knowing the state of information with regard to AD possessed by IMSS physicians, particularly training specialists.

In this research work, one data that stands out is that the study population was characterized by a higher percentage of physicians at first year of their specialty, 15% of RPs at third year and 10% at second year. One explanation for this might be that RPs were at

Table 1. Participant RPs distribution by specialty and year of residency

Specialty	Residency year						Total
	1	2	3	4	5	6	
Anesthesiology	10	3	6	0	0	0	19
Audiology, speech therapy and otoneurology	3	1	2	0	0	0	5
Pediatric cardiology	0	0	0	0	2	1	3
Cardiothoracic surgery	0	0	2	2	0	0	4
General surgery	11	3	3	0	0	0	17
Pediatric surgery	0	4	3	1	0	0	8
Pediatric endocrinology	0	3	2	0	0	0	5
Epidemiology	0	2	0	0	0	0	2
Pediatric gastroenterology	0	2	2	0	0	0	4
Geriatrics	5	5	0	0	0	0	10
Hematology	0	0	3	6	0	0	9
Pediatric hematology	0	0	0	4	0	0	4
Infectology	2	4	0	0	0	0	6
Internal medicine	7	1	3	2	0	0	13
Critical care medicine	0	5	4	0	0	0	9
Nephrology	0	2	4	0	0	0	6
Neonatology	0	1	2	0	0	0	3
Pneumology	6	4	3	0	0	0	13
Pediatric pneumology	0	2	2	0	0	0	4
Pediatric neurology	0	0	0	0	0	2	2
Ophthalmology	11	5	8	0	0	0	24
Medical oncology		2	0	0	0	0	2
Otorhinolaryngology (ENT)	7	2	3	0	0	0	12
Clinical pathology	3	2	0	0	0	0	5
Pediatrics	14	3	3	0	0	0	20
Radiology and imaging	9	2	8	0	0	0	19
Pediatric rheumatology	2	2	0	0	0	0	4
Medical-surgical emergencies	15	6	9	0	0	0	30
Urology	1	2	0	0	0	0	3
Total	106	68	72	15	2	3	265

academic clinical fields external to hospital units; additionally, there are few specialties where the curricular program is comprised by more than 3 years, hence the lower number of fourth, fifth and sixth-year RPs.

With the answers obtained to questions 3, 4, 8 and 10 in the study population, the results do not suggest knowledge of the AD Statute; in the remaining answers, predominance of answers according to the knowledge

Table 2. Distribution of answers given by the RPs surveyed on AD

Questions	Yes n (%)	No n (%)	Don't know n (%)	Total	p
2) Can the AD form be issued at the hospital medical unit?	179 (67.5)	28 (10.6)	58 (21.9)	265	< 0.001
3) Is the AD document different from the AD form?	48 (18.1)	31 (11.7)	185 (69.8)	264	< 0.004
4) Is the AD Statute intended to protect the person's dignity?	232 (87.5)	11 (4.2)	22 (8.3)	265	< 0.017
5) Is the AD Statute instituted to prevent therapeutic obstinacy?	187 (70.6)	22 (8.3)	53 (20)	262	< 0.125
6) Is the AD Statute based on the respect to the person's autonomy at the final stage of a disease?	229 (86.4)	6 (2.3)	29 (10.9)	264	< 0.286
7) Is the AD Statute consistent with established regulations with regard to the use of organs that are susceptible to be donated?	131 (49.4)	22 (8.3)	112 (42.3)	265	< 0.000
8) Should the end-stage patient or his/her representative hand over the AD document to the health personnel in charge of implementing the respective treatment, for integration to the medical file?	195 (73.6)	3 (1.1)	67 (25.3)	265	< 0.033
9) Can the treating physician bear witness to the AD document granting or to the AD format granting?	123 (46.4)	23 (8.7)	119 (44.9)	265	< 0.001

Table 3. Distribution of answers given by the RPs surveyed on AD

Questions	Mexican Republic n (%)	Mexico City n (%)	Guadalajara and Monterrey n (%)	Total	p
1) The AD Statute is legislated in:	127 (47.9)	135 (50.9)	3 (1.1)	265	< 0.174
	It is mandatory for the doctor respecting it	It is optional	It is to prevent legal sanction	Total	
10) The AD Statute is	202 (76.2)	48 (18.1)	12 (4.5)	262	< 0.001

and respect to the principle of autonomy can be identified. Clearly, the most important role played by health sector institutions and, obviously, by healthcare professionals therein working, in the fulfillment of the AD process of subjects that have legally undersigned it, entails a moral, legal and administrative obligation by all of them, to fully know both the conceptual framework and ethical foundation, as well as the administrative procedures entailed by this process.

It should be mentioned that, in Mexico City, the AD document must be signed before a notary, and in the case of the form, before healthcare personnel of a Mexico City's Ministry of Health hospital or before personnel of any private healthcare institution from Mexico City, in both situations using the official form provided by Mexico City's Ministry of Health. When the patient is impaired to express his/her will, the request can be

presented by the relative or personnel that are legally responsible of the patient, the parents or legal guardians when the patient is a minor or legally declared incompetent. The Coordination Specialized in AD Matters will receive and safe-guard the AD documents and forms originating from public and private health institutions, will inform the Public Prosecutor about the aforementioned documents and forms, and the document shall remain in the patient's medical file.

As other investigators, the authors consider that, when explaining the survey results, there are more intervening factors than the sole information on the subject; it implies personalizing the situation and following certain logic, since ethical and religious aspects are generally invoked¹².

Thus, with the emergence of the principle of autonomy, changes have been arising at different levels,

with all sciences of life progressively focusing on such principle, to the point that the doctor-patient relationship has evolved from the traditional paternalist model to an autonomist model where the patient's opinion is taken into account, with the patient coming to occupy a role as the main character in this relationship.

Health-related decisions that are made at the end of life are influenced by situations in which health professionals and patients may be involved. These decisions move across a wide array of possibilities that range from therapeutic obstinacy to euthanasia, passing through palliative care, which constitutes a valuable effort to find an intermediate point between the above extremes. Among this endless number of possibilities, therapeutic effort restriction, quality of life appreciation and treatment rejection should be taken into account, as well as, of course, previous instructions, which, not being for exclusive application at the end of life, are basically used for this purpose¹³⁻¹⁵.

From this perspective, IMSS doctors' institutional and social responsibility acquires more relevance when, frequently, the doctor or relatives, prone to the traditional paternalist attitude, decide to offer medical care to the patient, when he/she is unable to express his/her wishes, not knowing if that is what the patient wanted or not at the terminal phase of life. The AD Statute strengthens the principle of autonomy, allowing for the patient to identify and express his/her wishes for the terminal phase of his/her life¹⁶⁻¹⁸.

The authors, as others, consider that the AD or living will will require from doctors to improve the relationship with the patient, since AD implementation is not possible without a good doctor-patient rapport²⁰. The results of the study are derived from opinions of RPs from medical and surgical specialties, physicians on training who are still malleable²¹. There are publications analyzing AD from the legal point of view within health care law, although what the authors, as others, consider is the ethical analysis of the principle of autonomy¹⁹.

It is important to highlight that ethics is an endeavor, the task of which is rational evaluation, reflection and argumentation on everything concerning moral (rules, principles, attitudes, moral, values, etc.) considering all its implications in time and space.

Bioethics in health care is an area of medicine philosophy that has as subject of reflection the multiple implications of man's relationship with the phenomenon of human life in particular, in everything related to health care and, therefore, it directly concerns

physicians, but also other professionals comprising the healthcare team, within the frame of respect to human rights and demand for responsibility both from these professionals and from patients, considering the plural nature that has always characterized human society². This way, ethics as philosophical reflection studies the conceptual validity of moral rules. Medical ethics is the application of ethical concepts, principles and theories to the practice of medicine, generally based on the principle of doing good. The bioethics of a traditional, paternalist (without the patient deciding) model has changed into a new paradigm: favoring the doctor-patient relationship and turning it an intertwined, horizontal relationship, without diminishment of any kind, where autonomy, considered as a person's capability to understand the situation he/she is being confronted with, is incorporated, it is recognizing the positive right of all patients to self-determination²²⁻²⁴.

Conclusions

The information on AD that tertiary care hospitals physicians have is partial.

The recognition of fundamental human rights in a secular and democratic society, in the health care setting, poses a challenge for all professional personnel of public and private health services. One of them relates to AD in a context where traditionally it is the physician who has made all decisions with regard to the health of those who consult with him/her.

In Mexico, as in the international level, contemporary social dynamics has fundamentally impacted on the practice of healthcare-related professions, particularly on that of medicine. The responsibilities acquired by professionals who carry out duties at health sector public spaces, as in the case of the IMSS, force them to be updated in all things related to new focuses on the practice of their profession, as in the case of the right of healthy and sick individuals to intervene and decide on aspects related to the terminal phase of their life.

The contributions and benefits of the study for participants and society will be based on opportunely knowing the level of knowledge doctors possess on the SD subject in the setting of specialties that look after patients with chronic and terminal phase illnesses.

AD or living will will require from doctors to improve their relationship with the patient, since AD implementation is not possible without a good doctor-patient rapport.

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Appendix

Survey to specialty physicians of the IMSS, Mexico City

Write the name of your specialty, from 1 to 6 the residency year number or with an X if you are permanent staff physician

Specialty _____ Resident physician, year () Staff physician ()

Mark with a circle the meaning corresponding to each question, if you don't know the answer there is no problem, we want to know the status of knowledge with regard to "The Advance Directive" (AD)

1) The AD Statute is legislated in:

- a) Mexican Republic
- b) Mexico City
- c) Guadalajara and Monterrey

The AD Statute allows for patients (individuals) to leave their written desires about the medical care they want to receive or not for the final stage of their lives, then:

2) The AD form can be issued at the hospital unit

- a) Yes
- b) No
- c) Don't know

3) The AD document is different to the AD form

- a) Yes
- b) No
- c) Don't know

4) The AD statute is intended to protect the person's dignity

- a) Yes
- b) No
- c) Don't know

5) The AD Statute is instituted to prevent therapeutic obstinacy

- a) Yes
- b) No
- c) Don't know

6) The AD Statute is based on the respect to the person's autonomy at the final stage of an illness

- a) Yes
- b) No
- c) Don't know

7) The AD Statute is consistent with established regulations with regard to the use of organs susceptible to be donated

- a) Yes
- b) No
- c) Don't know

8) The terminal patient or his/her representative must hand over the AD document to the healthcare personnel in charge of implementing the respective treatment, for integration to the medical file

- a) Yes
- b) No
- c) Don't know

9) The treating physician can bear witness to the AD document granting or to the AD form granting

- a) Yes
- b) No
- c) Don't know

10) The AD Statute is:

- a) It is mandatory for the doctor respecting it
- b) It is optional
- c) It is to avoid legal sanction