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SYSTEMATIC REVIEW: TO WHAT EXTENT ARE END-OF-LIFE PATIENT MEDICAL TREATMENT PREFERENCES RESPECTED?

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Background End-of-life medical treatment preference tools are documents for guiding end-of-life practice and are commonly known as Advance Decisions, advance directives or living wills. To date, most published research on these tools has focused on their uptake and how they are understood by the general public and healthcare professionals. Less research has been published which examines whether such tools have been acted upon and the patient has received the level of care they requested.

Review question In response to this, a systematic review was conducted which examined to what extent are the medical treatment wishes laid out in preference tools respected? Out of approximately 3500 references located, eight were included in the final systematic review.

Findings All studies were from the USA and, as a body of evidence, indicated that the tools worked at ensuring patients' documented wishes were acted upon. These studies also demonstrated that the success of preference tools is as much about the context of care, sophistication of care models and buy-in from staff as the tool itself. Crucially, in all studies, patients' treatment wishes are recorded in an appropriate system. Implications for practice Based on the findings of the systematic review I will make suggestions for changes in the organisation of Advance Decisions in the UK and where further research is needed. Given proposed changes to the organisation of the NHS, and the increasing emphasis on patients being able to die in the place of their choice, systematic and cultural changes are needed to ensure wishes expressed in Advance Decisions can be respected whether a patient dies in hospice, at home, or in a hospital and how they are managed between settings.