

B. WIEBE IT OR NOT!

Medical Director's Newsletter

First Quarter 2009



National Healthcare

Decisions Day is April 16, 2009.

It is a day supported by over 70 national and 400 state & local organizations and has been created to promote advance care planning and healthcare decision making. It's important to plan for the kind of healthcare decisions which may be needed, and to plan for who will speak to these decisions:

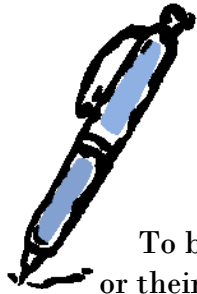
- Will I want life prolonging (or death delaying) interventions when I am gravely ill? Ventilation? Dialysis? Artificial feeding? Resuscitation attempt?
- Whom do I appoint to speak for me when I am not able to, and can I trust them to reflect my values and goals when I cannot articulate them?

These are decisions for young and old alike – not only for the elderly. The Terry Shaivo Case of several years ago taught that lesson. These are discussions we should promote in our patients, and they are decisions which we ourselves need to make and properly document. What a service to our families – to take care of these concerns so they don't need to agonize about them when we're ill and unable to speak for ourselves.

Of course, articulating and documenting one's healthcare wishes is only one side of the coin. Once our patients have done the hard thinking, have had discussions about advance directives, and have done the work of putting their decisions down on paper or otherwise let their wishes be known, they assume of course, that their wishes will be respected. And it is their right to expect that their wishes will be respected.

This reminds us of our obligation as physicians to follow the widely accepted ethical principles of medical practice: to do good (**Beneficence**), and not to do harm (**Non-maleficence**), to make fair use of healthcare resources (**Justice**), and particularly for this discussion, to respect **Autonomy** (the right of self-determination) of patients.

Autonomy means that *we must respect the decisions patients make about what treatments they want or don't want*. No, it doesn't mean that patients can dictate the treatment physicians are to give them, but it does mean that the patient can choose not to have treatments or procedures which physicians might propose. It means we can't force patients to do what we want and we can't force them to accept treatments we might recommend.



This reminds me too, that we don't always know what our patients want.

To be shown a written advance directive, or to be proactively told by a patient or their healthcare representative what medical treatment they want or don't want is one thing (and a very helpful thing for us attending physicians), but what about when nobody asks and nobody says? What about when we assume they would accept the treatment we decide upon, but they really don't want it? And what about when we have no idea what they would want? Where is our responsibility and moral obligation here?

We should encourage our patients to create advance directives and to assign a healthcare representative. When dealing with patients with serious, complex illness we should make ourselves aware of the patient's advance directives. And when none have been prepared or we don't know, it behooves us to ask, "Here is the situation, here are the treatment options, here are the pros and cons, here's what this or that treatment course might look like. In this situation, what are your wishes?" And of course, we reassure them that regardless of their decisions we will support them, we will care for them to the end, and we will give management of their symptoms high priority.

Patients and their loved ones will thank us for seeking their input and for showing we have respect for their wishes, whatever they might be.

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Bernie Wiebe, MD
Medical Director

