

# Shifting from Advance Directives to Advance Care Planning

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Over the past few decades, the use of advance directives (ADs) has been supported by scholars and policy-makers as a way to promote patients' self-determination in the event of future incapacity [1]. The hope was that completing living wills and/or appointing proxies would allow patients to better deal with the burdens and diminishing benefits of medical treatments in situations of incapability of decision-making, especially at the end of life. But already in the mid-1990s and later some voices began to question whether these efforts were achieving the expected outcomes [2, 3]. In more recent years, a growing body of evidence has begun to show that, for a variety of reasons, the current practice around advance directives may not be very useful in many situations, and may not necessarily contribute to grant patients' preferences ([4], 2–4).

In response to these concerns, arguments are now being made about the need to shift from the current focus on completion of documents to a focus on promoting better communication between patients, their relatives and clinicians around possible future situations of decision-making incapacity [5]. This new, more comprehensive approach, called Advance Care Planning (ACP), aims to assist patients to reflect on their goals, values, and beliefs; to discuss how they should inform their medical care, and ultimately, to use this information to document their future healthcare choices in a medically meaningful way [6]. Certainly, this process can often culminate in the completion of advance directives, including the appointment of a healthcare proxy. However, these documents are no longer regarded as ends in themselves, but as one of the documentation tools of an ongoing ACP process "making sure that patients receive the care they desire, thereby bringing peace of mind, comfort and certainty to patients, their loved ones, and clinicians" ([4], 19).

In Switzerland, we currently observe the same shift. The Adult Protection Law, in force since 2013, made advance directives binding. However, first studies reveal that, in addition to the rising awareness that doctors cannot simply decide on the basis of the best interest standard, self-completed ADs without being accompanied by meaningful conversation, medical information and system implementation do not reach their goal [7]. The Federal Office of Public Health (Bundesamt für Gesundheit – BAG) has recently launched a task

force to recommend steps for the implementation of Advance Care Planning, prioritizing the group of elderly and multimorbid patients [8]. Yet, ACP, adapted to the life circle, personality and health states, may be important not only for these population groups, but for everyone. And, for some, ACP even implies a cultural shift of the healthcare system, which carries its own challenges and risks.

This issue of *Bioethica Forum* is devoted to present different views, from Switzerland and abroad, about ACP, its advantages and challenges, and the future perspectives of this new approach. We hope that these views substantially contribute to the current debates and thoughts on ACP in order to reach the overall goal of medicine – to treat patients in a medically and personally meaningful way – also if they are incapable of decision-making.

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## References

1. Andorno R, Biller-Andorno N, Brauer S. Advance Health Care Directives: Towards a coordinated European policy? *European Journal of Health Law* 2009;16(3):207–27.
2. Dresser R. Advance Directives: Implications for policy. *Hastings Center Report* 1994;24(6):2–5.
3. Fagerlin A, Schneider C. Enough. The failure of the living will. *Hastings Center Report* 2004;34(2):30–41.
4. Rogne L, McCune S (eds). *Advance Care Planning. Communications about Matters of Life and Death*. New York: Springer; 2014.
5. Wenger N, Shugarman L, Wilkinson, A. et al. *Advance Directives and Advance Care Planning: Report to Congress*. Report to U.S. Department of Health and Human Services. 2008. Available at: <http://aspe.hhs.gov/daltcp/reports/2008/ADCongRpt.pdf> (accessed 30/08/2016).
6. Detering, K, Silveira, M. Advance care planning and advance directives. *UpToDate*. August 2016. Available at: [www.uptodate.com/contents/advance-care-planning-and-advance-directives](http://www.uptodate.com/contents/advance-care-planning-and-advance-directives) (accessed 30/08/2016).
7. Dörr BS. Medical decision-making at the end of life. Selected issues from a Swiss perspective. *International Family Law Journal* 2015;4:333–9.
8. Bundesamt für Gesundheit (BAG). *Versorgung für betagte Patientinnen und Patienten besser koordinieren*. 7 June 2016. Available at: [www.bag.admin.ch/gesundheits2020/15523/16093/index.html?lang=de](http://www.bag.admin.ch/gesundheits2020/15523/16093/index.html?lang=de) (accessed 30/08/2016).