

## IMPORTANCE OF SCHEDULING ADVANCE DIRECTIVES FOR CANCER PATIENTS

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### Abstract

*After the diseases like heart attack and tumors, cancer is the third major cause of death worldwide. Advance directive a custom part of typical medical directives; it is the practice of planning for potential health check and advice in the situations where people suffering from this disease cannot present their own verdict. Advance directive is advisable to be conducted in the presence of authoritative person who can make decision on behalf of the subject. It would be easy to comprehend the concept of advance directives in sequential steps. This process includes suitable presentation of the topic in its foreword, planned deliberations, citations of preferences, intervallic assessment, revision of advance directives and practical implementation of the desires as desired by the patient. Sequential steps of advance directives can be incorporated into schedule medical consultation of doctors and rest of the members of health directives lineup. Advance directives cultivates individual decision in the interest of cancer long suffering, attentiveness to be kept as alternative along with successful collaboration among experts.*

**Key points:** Advance directive, Cancer Patient, Verdict

### Introduction

Every individual enjoys permissible integrity of agreeing or rejecting medically prescribed health care directions. Following prescribed health

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care is convenient for those who are in good health, but difficult for those who are subject to acute medical conditions making them unable of conversing about desires of their own, at the critical time where numerous serious resolutions should be adopted. Advance health directives impart them the freedom of expressing their will before they are subject to medical treatment.

Ferris, Flannery, McNeal, Morissette, Cameron and Bally (2005) explains this decisions in very simple words by considering it a procedure of planning, which is essential in those situations where the subject is incapable of presenting their verdict , converse and document their desires. In these situations, cancer patients rely on their family members and doctors or other trusted health experts for help. To further elaborate, advance directive is a synonym of living will that is made by people subject to cancer for identifying procedures that they like to be taken for them in case they are not in position of deciding verdict for the reason of bad health, they nominate a person for presenting verdict from their side. Similarly, Campbell, (2001) describes that living will made by individuals is type of advance directive specifying guidelines for treatment.

In second place it empowers a person selected by the subject for presenting verdicts if they are no longer in the position to do so. In Pakistan subjects may have mixture of both these types. It is appreciated and helpful if patients accomplish both documents for providing the precise direction related to their health care.

According to American Medical Association (1998) this process facilitates cancer patients in specification of directives which they prefer to be cured with ,at different stages . They can elucidate their standards and aspiration concerning fitness and health check and can nominate a person of their choice whom they think can make best choice for them second to them when they do not have discretion of doing so for medical reasons.

DiPrima (1997) elucidate that advance directive is a procedure involved with sequenced deliberation and credentials inter linked with normal line of action of directives that is looked into and refined every now and then. Emanuel 1998 and Teno, Lynn (1998) in very simple words explains that this process is incorporated only to guarantee that the subject's desires is valued in circumstances when he is not in the position to be part of assessment.

Likewise, Wharton, Levine, Buka, Sheinberg, and Emanuel (1996) clarifies that this process helps the patients in reduction of anxiety in situations where decision making is an important reimbursement and

provides peace of mind. Family members and doctors rests with them moral and professional obligation on them to guarantee it, even in the situation where people victim to cancer fail to present their verdict because advance directive planning is important for family members and doctors for numerous reasons. The doctors and family members will get acquainted with the priorities and likings of patient enabling them to alleviate downheartedness in patient.

### **Significance of Advance Directives**

Garrett, Harris, Norburn, et al.(1993) suggested that when family members and doctors are in the confused state, they require to commence and help advance directives planning deliberations. They emphasize that these deliberations are generally deemed essential for those people who are in irrecoverable state, yet research has clear evidences that people suffering from lingering medical conditions as well require advance directives. Hogan, Lynn Gabel, et al. (2000) in their study investigated that the majority of people fall victim to death who suffer from cardiac disorders, diabetes, and kidney failure; cancer is cause of death in merely twenty two percent of people who are aged sixty five and above. Cohen-Mansfield, et al. (1991) explains that people with chronic diseases go through phases of gradually waning health noticeable by unexpected severe incidence of illness requiring hospitalization. In case of cancer, Diamond; et al. (1989) explains that this situation may replicate itself until the patient pass away. While, Virmani, Schneiderman and Kaplan (1994) elucidates that reckoning death is very unpredictable in these patients. When such patients are admitted in hospitals to investigate their habitual irredeemable condition, it is not possible to treat the fundamental disease it minimizes the instantaneous urgency and prolongs the life span of the cancer patient.

Till date no prominent point has been explored to differentiate the subject from those who succumb. Hanson, Danis and Garrett (1997) pointed out that cancer patients may reach a point where they cannot express their willingness for certain treatment or unwillingness for a treatment, way forward is generally decided by cancer subject doctors and family members or substitute. Mostly in our society many cancer patients have not participated in successful advance directives planning.

Table-1 below presents that there has been much uncertainty and dissimilarity regarding advance directives. Though it is not a "modern discovery" instead it has been found, naturally occurring in variations in human verdicts that has been observed and documented since ancient

times. In many cases cancer patients have long had the choice to make their directives .However, research reveals that:

**Table-1: Uncertainty And Dissimilarity Regarding Advance Directives**

Researcher	Conclusions
Teno, Branco, Mor, et al. (1998 )	Study indicates that half of the seriously sick cancer patients had planned Advance directives during their treatment.
Tierney,W.M,DexterPR, Gramelspacher, G.P, et al. (2001)	Study shows the contribution imparted by doctors in the development of advance directive that was acknowledged by twelve percent of cancer patients.
Pearlman, R, Starks, H., Cain K, Cole W, Rosengren D, Patrick D. (1992)	Study revealed that sixty five to seventy six percent of family members and doctors were oblivious to the fact that their patients had their advance directives already.
The University of Toronto, Joint Centre for Bioethics. (1999)	Preferences of cancer patients with advance directive has not raised documentation in medical history.
Claessens, Lynn, Zhong, et al. (2000)	Planning advance directives facilitates final verdicts in relatively less number of cases where it was present
Steinhauser KE, Christakis NA, Clipp EC, et al. (2000)	When the cancer patient became incapacitated and is very ill, advance directives is appropriate.
Fischer, Tulskey, Rose, et al. (1998 )	Sometimes cancer patient substitutes face difficulty in determining as to when discontinue therapy. They would wait till the extent of patients reaching verge of death before beseeching advance directive.
Schneiderman LJ, Kronick R, Kaplan RM, et al. (1992)	Their found out that the way advance directives were expressed was too vague and ordinary for clearly understanding.
Hanson LC, Danis M, Garrett J. (1997)	Substitutes appointed for presenting verdict were either not available or were stressed to recommend directions .
Lynn J. (2001)	The explains that thorough study of cancer patient's planned directives family members of subject and doctors were precise up to sixty five percent in anticipating cancer patient priorities and being liable on committing mistakes of under treatment

Modern researches recommend of cancer patients planning directives with their family members. For family members play a vital part in commencing and planning directives. Some families prefer to have rest of the members of health directives team on board to support them in planning directives. They need to be involved in all phases for realizing all situation of cancer patient, and thereby institute reliable collective resolution making method. When cancer patient's notions and preferences are assembled, family members can concentrate on the hub deliberations directly in convention with patient and doctors.

### **Importance of Structured Process**

At times the most complicated particulars of advance directives finalizing progression is to preamble situation existent. Family members and doctors encounter lot of apprehensions that stops them from adopting line of action. They may have fears that directives planning could startle cancer patient or convey incorrect communication. Others may be doubtful about the effectiveness of a particular method. Straightforwardly, most cancer patients embark on the chance to talk about their inclinations with the doctors, family members and doctors who regularly are in touch with the procedure think of it as convenient instead of time taking.

Some cancer patients may necessitate advance directives scheduling as compared to others, as shown in the study of Eloi-Stiven et al. (2004) their study shows that medically sound people if gets some unpredictable medical condition like major trauma can unexpectedly be the cancer patients in dire need of advance directives. Its Necessary that the doctors and the family members should discuss the advance directives with adult cancer patients whenever possible, no matter how the health conditions or how senior the patient may be. An out cancer patient office visit or other no threatening situation is ideal. While commencing the concept, ask to which extent is cancer patient acquainted with advance directives scheduling. Few cancer patients would have advance directives as living will, others may have strong substitute appointed for directives. In this situation refining the document would be suitable. Directive made by concerned medical advisor may provide help to make changes in constitutional credentials.

Wolf, (1991) explains that before initiating the process, one should be ready to elucidate nature of the process that one suggests using it. If they are using an authorized questionnaire, cancer patient must read it before getting on coming deliberations. Roles of substitute or family members should be made cleared. If need is felt, extra members of directives panel should be introduced that would be concerned in the whole process. If seemingly majority of cancer patients would show willingness in discussing issues concerned, patients comfort level should be carefully gauged in discussing the matter. In case, cancer patient is not comfortable in sharing his particulars with you, being sympathetic and carrying the conversation on information providing mode would save the discussion. Cancer patient may share his viewpoints later when he feels like doing so.

Supposedly cancer patients desire of reducing burden for family in resolution making, advocates that patient include all the people connected with him in discovering the benefits of supervising unseen burdens. Cancer patient should be asked to select a person who can present verdicts for him in second place after him so that he could be included in following discussions. Ideal substitute decision maker is not essentially a family member. Verdicts may be hard, at times for relatives who may not give best verdict resulting from their attachment or burden of too many directives. Not depending on the closeness, substitute needs to be somebody who is trusted by the cancer patient and who is willing to be the substitute.

### **General disadvantage of Advance Directives Planning**

Barrio-Cantalejo et al (2009) believed that one should not avoid planning the advance directives. At times situation come across rapidly and verdicts are presented with no benefits of Advance directives. Being practical is recommended. It is simple to lose focus on cancer patient and very likely to underestimate role of substitute, both should be given due consideration. McCarthy et al (2008) in their study clarified that false reports can give wrong directions and can misguide. one need to clarify and identify the cancer patient opted ways to us. To explain, if cancer patient that give verdicts like "they would not like to be kept surviving on machines" should be questioned that if in case of reversible conditions, will they change their statements or if they were unclear about this statement.

Similarly, Bradley, Peiris, Wetle (1998) enlighten that sometimes isolated inaccessible wrong planning often creates disorganized emotions and feelings in cancer patient. Usually a seemingly ultimate resuscitate comment is a sign of having other soothing ways and options to be taken in different circumstances. According to Blackhall, Murphy, Frank, et al. (1995) occasionally people suppose that often what cancer patient desires presently is exactly what they specify for future estimates situations. Till the point where cancer patient can communicate effectively, he should be talked with. He may have the soundness to express desires at certain level. In such situation advance directives and cancer patients desires should be taken into notice. Likewise, study conducted by Donnelly et al. (2005) advocates that sometimes family members and doctors pretend that they know thoroughly what is stated there in advance directives. They believed that advance directives cater

manifold purposes for aggressive intervention, ease directives, or can be for a range of particular views that need to be read and comprehend .

### **Recommendations**

1. The patient should be taken in confidence by the doctors and family members regarding the knowledge and types of treatments in the prevailing condition.
2. Most of the patients during the treatment are well capable of making decisions. So the consent and preferences of patient should be taken into account with his/her changing condition during the course of treatment.
3. Patients getting treatment should be imparted the confidence about the fact that advance directives given by them may be amended as they like.
4. Conflicts sometimes occur when cancer patients preferred non-beneficial treatments or rejects beneficial treatments. Try to negotiate with them, by educating and convincing them to relinquish treatment that is not in compliance with their health care and to abide by the decisions taken in interest of their health.
5. Cancer patients need to have a ready to act decision even for uncertain and unpredictable situations in planning their advance directives, family members along with doctors can possibly make a well-informed fortitude formed on the information they possess related to the patient preferences and desired state to achieve by treatment .
6. Convey assurance in facilitating cancer subject's desires further defending cancer subject of unnecessary cure or under treatment, communicate purpose of facilitating planning of directives catering to the wishes of cancer subject's family members.
7. Any verdict made by cancer patient, must be reconsidered and any directive of the verdict which can not be implemented should be revised to remove any misunderstanding or complication. It must be ensured about the advance directives that they satisfy the basics of information they are supposed of having .
8. After final evaluation, cancer patient should sign the directives for showing their consent. Any particular of the subject's preferences should be appreciated by family members and doctors.
9. Any official written document signed by the cancer patient can shun uncertainty.

10. When directions are deemed to be assessed and thereby established, doctors should file them properly in medical record of patient.
11. For further protection, cancer patients are supposed to complete one or more legal papers that fulfill with government requirements.

### **Summary**

Advance directives scheduling should be a part of typical health check directives to be included in consultation meeting of the doctors and rest of the members associated with patients advance directives. In simple words Kagawa-Singer and Blackhall (2001) explicates that officially it may be considered in sequential steps to comprise suitable beginning of concept, planned deliberations encompassing possible situations, certification for choices and possible adaptability of cancer patient's preferences to the situation as desired by the patient. Schneiderman, Kronick, Kaplan, et al (1992) enlighten that a number of serious phases added to a successful procedure and result: doctor's direction and contribution, family or substitute participation, and use of planned resources to promote conversation and certification. Advance directive application have some drawbacks which needs to be known, Feters, Churchill, Danis (2001) explain that sometimes unclear or misleading citations of desires may prove dangerous , while abortive attempts occupy alternate danger argument related to verdict; spontaneous commencement of directives in case cancer patient is capable of being ineffective of respecting their self-sufficiency; statement related to requirements in planned advance directives for non-involvement can be incorrect.

### **Conclusion**

Each individual possess the right of adding to the arrangement of their advance directives, especially cancer patients, family members and substitutes may form directives at their convenience. It is not necessary those cancer patients seriously ill want the capability of presenting verdicts. Patient can change health care directive as they like provided they stay able of changing it. It is recommended that directives be evaluated frequently in case the patients feel drastic changes in their health.



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