## I17 Involuntary Treatment Without Advanced Directives

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After attending this presentation, attendees will be updated on the current practices for advanced directives, both medically and psychiatrically.

This presentation will impact the forensic community by examining the various types of advanced directives available.

In 2006, the case of Terry Schiavo put the importance of having advanced directives into the national spotlight. In California, persons without advanced directives are given life-supporting treatments until the medical staff decides that further medical care would be futile. For those without advanced directives and who are not on life-support, what options do primary care providers have available to them?

Currently in California, a medical provider has the legal authority to provide life-saving measures to those whose life is in grave danger, regardless of whether the patient has an advanced directive. In these cases, it is the duty of the physician to provide life-sustaining care. However, in non-life-threatening emergencies, the decision to provide care to those without advanced directives falls into a grey area.

In these cases, the actual meaning of the word "care" should be taken into consideration. What constitutes "care" for a patient who does not have an advanced directive? In the case of Terry Schiavo, who did not have an advanced directive, the "care" rendered to her at the latter stages of her life was a feeding tube which essentially prolonged her life. If looking at a broader definition of care, can a physician, for example, prescribe antihypertensive treatment to a patient? While a medication may be more peripheral to life than the provision of nutrition, this type of treatment could be considered similar to a feeding tube in that both treatments extend the life expectancy of any individual for whom the treatment is given.

It is also worth re-examining the definition of "advanced directive" in those patients who already have advanced directives. It is entirely possible to extend the quality of life of a patient without actually performing invasive techniques, which may not be allowed in the patient's advanced directive. In one study, patients enrolled in California Durable Power of Attorney for Health Care (DPAHC) actually requested less medical intervention. However, the same study showed that having a summary placed in the patient's medical record had no significant positive or negative effect on a patient's well-being, health status, medical treatments, or medical treatment charges.

In a separate study, 68% of the subjects executed the DPAHC. Most patients wished treatments to be limited or withheld under certain conditions of reduced quality of life. Although general instructions noted on the DPAHC and preferences regarding specific procedures were stable over the course of a year, the advance directive's general instructions were often inconsistent with, and poor predictors of, specific procedure preferences. It was concluded that the brief general instruction component of the California DPAHC is not helpful in communicating patient wishes regarding specific life-saving procedures.

California's advanced psychiatric directives are even more complex. In fact, psychiatric advanced directives are accepted in only 14 of the states. Given the complex nature of advanced directives, it is not surprising that most states do not recognize psychiatric advanced directives; however, given the complex nature of mental illness, it would be advisable to have a recognition of psychiatric advanced directives, especially in those patients with the most severe of mental illnesses.

**Advanced Directives, Power of Attorney, Terry Schiavo**

 ** Presenting Author*