



F32 Self-Determination and Living Wills: The Actual Italian Context After the Promulgation of the 2017 Law 219 on End of Life Issues

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Learning Overview: After attending this presentation, attendees will better understand how informed consent and living wills are actually regulated in Italy.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by describing the innovative principles and the provided solutions to an issue not yet explicitly regulated in the Italian context.

The Italian Parliament has recently approved the Law 219/2017 regarding “Rules on informed consent and advance provisions of treatment.” This presentation aims to briefly outline the key points of the Law in order to provide meaningful insights on the end of life issues for health care stakeholders. The provision has been analyzed in consideration of Italian deontological, juridical, and jurisprudential context as well as the statements of the “Convention on Human Rights and Biomedicine.”

The current legislation addresses the sensitive issue of informed consent, regulating the modalities of expression and revocation, as well as the advance provisions of treatment, in order to allow the individual to declare his or her orientation on the end of life, in the event of an impossibility to express one’s own will.

The normative text of Law 219/2017 is composed of eight articles. The first article is dedicated to informed consent, with particular attention to the relationship of trust between doctor and patient, with the involvement of the family members of the latter, the cohabitant, or other trusted persons. The same article regulates the right to information of every person to know their health conditions and therefore, to be informed in a comprehensible manner in relation to the diagnosis, prognosis, risks, and benefits of health treatment and the consequences for the case of rejection of the treatment itself. Informed consent can be expressed in writing and must be included in the medical record, even if it is possible to express this consent by videotaping or other electronic communication equipment. Informed consent can always be revoked, and the principle is established that every person of age, obviously capable of understanding and wanting, has the right to refuse any medical treatment. In cases of emergency situations, the doctor is always obliged to ensure essential health care to the patient, respecting, if possible, the will of the same. According to the provisions of the third article, informed consent from minors is expressed or refused by parental responsibility. Consent may also be expressed or refused by the support administrator, where appointed, considering the will of the beneficiary.

The second article is dedicated to the treatment of pain or the prohibition of unreasonable obstinacy in treatment in the final phase of the patient’s life. In particular, the physician is obligated to work to alleviate the patient’s suffering, even in cases of refusal of consent to health treatment, through the provision of palliative care.

Article 4 deals with the advance provisions of treatment, acts in which any adult person who is capable of understanding and is willing, can express their preferences and convictions regarding health care, being able to also appoint, by written deed, a fiduciary subject that represents him/her in relations with the doctor and the hospitals.

In the fifth article, the Law provides for the possibility of defining a shared care plan between doctor and patient, to which the health professional is obliged to comply if the patient is unable to give his consent.

In view of the stated principles, the Law represents a crucial novelty, dealing with relevant issues that have been the subject of contradictory judgments ruled upon by the Italian courts. In fact, the provision guarantees the patient’s right to self-determination, dignity, and well-being through the regulation of the relationship between patient and doctor. Although the law states essential principles, some inconsistencies remain, especially regarding the issue of minors. For this reason, it is necessary to continue to deepen the collaboration between health professionals, bioethicists, and jurists in order to translate the new rules into practice.

Self-Determination, Living Wills, End of Life