Objective.
To explore the knowledge and attitudes of physicians towards advance directives in 2 healthcare areas. To compare the outcomes of both areas. To compare the outcomes of primary healthcare and specialised healthcare.

Design.
A cross-sectional, descriptive study by means of a self-administered questionnaire.

Setting.
North-Málaga and North-Almería healthcare areas, Spain.

Participants.
Physicians of primary and specialised healthcare.

Measurements and main results.
Knowledge and attitudes towards advance directives.
194 (63.19%) questionnaires were filled out by the physicians from both healthcare districts. Mean age (standard deviation) 42.54 (80.85); 65.5% of participants were men and 33.5% were women; 51.55% from primary care and 48.45% from specialised healthcare.

Conclusions.
Pollmed physicians revealed a positive attitude towards the usefulness of advance directives for the patient’s relatives and for healthcare professionals. They show a positive attitude towards the use and respect of advance directives. They show a high predisposition to registry their advance directive, but a low predisposition to do so in a short term.

Key words: Health care directives. Living wills. Advance directives. Advance care planning. Bioethics.
Introduction

Attempts are being made to improve the health care of the population with the use of advance health care directives. Advance health care directives or previous instructions are documents which enable a patient to make decisions when they may be physically or psychologically unable to make them for themselves. These documents are also known as living wills. This citizen right also helps health professionals to make better decisions for the patient in clinical situations where they cannot express their wishes.

According to the data compiled in the Autonomous Community Registers up to June 2007, 36,289 people in Spain have made their advance directive since the laws that regulate advance directives came into force in our country.

However, the making of decisions at the end of life should not be limited to the simple signing of a document. This process must be thought through, reflected upon and informed, and be part of an integrated process of participation called “advance decision planning.”

The creation of living wills and their corresponding registers arose so that doctors might communicate in a permanent way, making use of a general guideline or rule in which to take refuge. However, if health professionals do not have the knowledge and the attitude required to work with this tool, living wills and the advance planning process will be in danger of not being used correctly.

In general, there is not very much in the literature on the subject of living wills in Spain, and what there is, is mainly theoretical. There have been few studies carried out in our country on the knowledge and attitudes of the population or health professionals on living wills and advance planning in general.

The objective of the present study is to examine the knowledge and attitudes of the medical staff of the North Malaga and North Almeria Health Areas.

Methods

Design

A descriptive, cross-sectional study was performed in primary and specialized care by means of a questionnaire, in the North Malaga and North Almeria Health Areas.

Study Population

The total population was made up of 322 primary and specialized care doctors from both areas. To comply with the inclusion criteria, the professionals surveyed had to be family doctors in primary care or specialized care physicians in internal medicine, traumatology, mental health, rehabilitation and preventive medicine. Of these 322 professionals, 35 participated in the questionnaire pilot study. It was not considered appropriate to carry out sampling due to the population size, so the final study population was made up of a total of 307 doctors.

Questionnaire

A self-administered anonymous questionnaire was used, designed and validated by the research team to achieve the objectives of this study. This questionnaire examines the sociodemographic variables (age, sex, and care level), as well as the knowledge and attitudes of the doctors on living wills. The first 3 items of the questionnaire examine the knowledge of the doctors on living wills, while the following 9 items examine the attitudes of these professionals towards these documents.

The questionnaire is composed of dichotomic variables and a Likert type scale (0-10).

The design and validation of the questionnaires guarantees its validity and reliability, since it was submitted to an expert panel, a judges test and a test-retest reliability test. Finally, a pilot test was carried out with 15 participants.

The complete questionnaire, available on the Internet, is shown in Appendix 1.
Methods

This study was carried out within the framework of a wider project called “In the end, you decide,” approved and authorised by the Andalusia School of Public Health Research Committee of Granada. In primary care, a member of the link nursing staff was responsible for the distribution and collection of the questionnaires, whilst in specialized care it was the social worker of each hospital who was responsible for carrying out this task. The verbal consent of the participants was sought before handing out the questionnaire. The origin of the study was explained and confidentiality and anonymity of the data were guaranteed. This information was also given in writing as an attachment to the questionnaire. The survey was carried out between December 2005 and January 2006.

Data Analysis

The data obtained were analysed with the program SPSS for Windows version 14.0. The descriptive results of the 2 health areas are shown and the responses of the medical staff of both areas are compared using the χ² test or the Student t test.

Results

The total number of doctors who responded to the questionnaire was 194 (63.19%), with a mean age of 42.54±80.85 and a range of 25-63. Of those surveyed, 65.5% were males and 33.5% female. There were 51.55% primary care doctors and 48.45% from specialized care.

Table 1: Knowledge and Attitudes of Medical Staff of the 2 Health Areas

<table>
<thead>
<tr>
<th>Question</th>
<th>Total</th>
<th>Malaga NHA</th>
<th>Almeria NHA</th>
<th>χ² Test</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of AD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very poor 0 1 2 3 4 5 6 7 8 9 10 Excellent</td>
<td>5.29</td>
<td>2.596</td>
<td>0.10</td>
<td>2.415</td>
<td>10</td>
</tr>
<tr>
<td>Good idea to plan and write health wishes</td>
<td>8.26</td>
<td>2.093</td>
<td>0.10</td>
<td>2.059</td>
<td>10</td>
</tr>
<tr>
<td>Not a good idea 0 1 2 3 4 5 6 7 8 9 10 Very good idea</td>
<td>8.36</td>
<td>3.634</td>
<td>0.10</td>
<td>3.204</td>
<td>10</td>
</tr>
<tr>
<td>Useful tool for professionals</td>
<td>8.32</td>
<td>2.874</td>
<td>0.10</td>
<td>2.107</td>
<td>10</td>
</tr>
<tr>
<td>Not useful 0 1 2 3 4 5 6 7 8 9 10 Very useful</td>
<td>8.32</td>
<td>2.874</td>
<td>0.10</td>
<td>2.107</td>
<td>10</td>
</tr>
<tr>
<td>The representative helps professionals to make decisions</td>
<td>7.70</td>
<td>1.578</td>
<td>0.01</td>
<td>1.578</td>
<td>10</td>
</tr>
<tr>
<td>Would you recommend your patients to make an AD</td>
<td>7.88</td>
<td>2.994</td>
<td>0.10</td>
<td>2.994</td>
<td>10</td>
</tr>
<tr>
<td>Would like their families to make an AD</td>
<td>7.99</td>
<td>2.894</td>
<td>0.10</td>
<td>2.994</td>
<td>10</td>
</tr>
<tr>
<td>Would like their family to make an AD</td>
<td>7.94</td>
<td>2.894</td>
<td>0.10</td>
<td>2.894</td>
<td>10</td>
</tr>
<tr>
<td>Would like their family to make an AD</td>
<td>8.36</td>
<td>2.894</td>
<td>0.10</td>
<td>2.894</td>
<td>10</td>
</tr>
<tr>
<td>Would comply with their AD</td>
<td>8.36</td>
<td>2.894</td>
<td>0.10</td>
<td>2.894</td>
<td>10</td>
</tr>
<tr>
<td>Would make an AD next year</td>
<td>8.36</td>
<td>2.894</td>
<td>0.10</td>
<td>2.894</td>
<td>10</td>
</tr>
<tr>
<td>ADs are regulated by the law in Andalusia</td>
<td>9.04</td>
<td>3.542</td>
<td>0.10</td>
<td>3.542</td>
<td>10</td>
</tr>
<tr>
<td>Yes</td>
<td>7.99</td>
<td>2.894</td>
<td>0.10</td>
<td>2.894</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>7.88</td>
<td>2.894</td>
<td>0.10</td>
<td>2.894</td>
<td>10</td>
</tr>
<tr>
<td>Have read the Andalusia AD document</td>
<td>7.99</td>
<td>2.894</td>
<td>0.10</td>
<td>2.894</td>
<td>10</td>
</tr>
<tr>
<td>Yes</td>
<td>7.99</td>
<td>2.894</td>
<td>0.10</td>
<td>2.894</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>7.88</td>
<td>2.894</td>
<td>0.10</td>
<td>2.894</td>
<td>10</td>
</tr>
</tbody>
</table>

*SD indicates standard deviation; DK/NR, don’t know or no response; AD, advance directives; NHA, North Health Area.
The reasons why some doctors did not complete the questionnaire were either due to their refusal to respond or because it was not possible due to their situation (sick, holidays,...). The data which describe and compare the knowledge and attitudes of the doctors of both health areas are shown in Table 1.

No significant statistical differences were found between the 2 areas, except in item number 8.

Table 2 shows the data obtained for primary care and specialized staff. Differences were found in items 7 and 11 where the attitude of primary care medical staff is significantly more positive towards living wills than specialized care is. Differences were found in the significance limits in item 10.

**Discussion**

Firstly, some considerations have to be made on the nature of the methodology which, to a greater or lesser extent, could affect the validity of the data. The difficulty in extending the results obtained to a general medical population needs to be pointed out. Similarly, possible selection biases produced during the data collection process or to the limitations that could be derived from the validation of the questionnaire, should also be considered.

In general, we can deduce from the results obtained that knowledge of advance directives by medical staff could be much better. These professionals self-scored their knowledge with 5.29. That they are regulated by law was known by 69.6% and only 37.6% say that they have read the Andalusian Advance Directive document.
As regards the attitudes of the doctors about advance directives, in general, they revealed a positive attitude towards these documents. It is worth mentioning the great contradiction found between the theoretical readiness and the real possibilities of complying with an advanced directive.

In our country, there are few studies that have examined the knowledge and attitudes of doctors towards advance directives and towards advance planning in general. The study by Bachiller et al. showed that only 10.8% of doctors surveyed knew the legislation on advance directives in detail. 9.8% had detailed knowledge of the existence of advance directives in other autonomous communities. That all patients must be informed on the existence of this document was expressed by 98.2% and 31.5% had no reservation in applying the will of the patient. Santos de Unamuno et al. polled 169 family doctors and found that 82.5% of those surveyed considered their knowledge on advance directives to be limited or zero. Only 11.8% had read the current legislation, and 97% were in agreement that advance directives could help in decision making.

In Canada, Hughes et al. found that family doctors were supporters of advance directives, but they used them very infrequently. The majority of these professionals were of the opinion that education programs about these were needed.

Other surveys carried out on family doctors in Finland and Australia are also in agreement with our study on the positive attitude of these professionals towards advance directives and in the need to improve their knowledge on the legislation and its use.

The previously mentioned facts demonstrate the need to establish training programs on advance directives and advance planning in general, which would enable doctors to use a tool which, if used correctly, could benefit both the users and the professionals of our health system.

It also must be pointed out that to establish suitable and effective programs, it would be of great importance to develop new lines of research aimed at determining which programs would be most suitable for training and educating our professionals. In the international scene, studies have been carried out with the aim of identifying the effectiveness of different education programs to improve the knowledge, attitudes and skills of doctors as regards advance directives. To develop projects of this nature in Spain would involve a great leap forward for research into advance planning and the end of life, enabling the health system to provide suitable programs to suit the needs of doctors.

Acknowledgements

To the medical staff of the North Malaga and North Almeria Health Areas for filling in the questionnaire, to the nursing staff and social workers of these areas who helped collect the data, and Ricardo Ocaña (Professor of Statistics EASP) for the help requested during the statistical analysis.

Investigators of the “In the end, you decide” project


References

Advance Directives: The Challenge for Developing a Role From Primary Care

Fernando Flordelis Marco
Family doctor, Zaragoza, Spain

The basis of advance health care directives (AHCD) is the respect and promotion of personal freedom. The content of this law, due to its sensitivity and importance, should beg a question to organisations and doctors: Do we have the challenge to develop an active role from the field of primary care? I believe we have.

Let’s look at some of the evidence.

The concept of advance directives is more than just legal considerations and is, in the health environment, an advanced expression of the freedom of choice of people which determines the freedom to accept or reject certain medical treatments according to the life circumstances and personal values. Social progress seen as favourable by the population within the framework of well-being fosters the freedom of choice in doctor-patient shared decisions, overcoming the paternalistic attitudes of doctors, as well as the perceptions of the state as supreme guardian of the interests of individuals. As mentioned in the study, 36,289 people in Spain have filled in their AD document. Without a doubt it is an interesting path, but experts like the late David Thomasma stated that “The living will is only effective within a close clinical relationship” (DM, May 25, 2001). All an integral process of participation within the framework of advance decision planning, which the authors of the study point out. Therefore, to examine the knowledge and attitudes doctors and health professionals to establish the improvements necessary to guarantee the use of this right of the people, should be a prime objective as a first step to planning concrete strategies in our health centres.

The People
People are not reluctant to talk about death and, in my experience—“community forum” (70 people) and focal group activity—, demonstrated, naturally, that they would like to express their advanced directives to the doctors, and their main concern is to receive effective palliative care. The ethical and legal dilemmas are also a daily reality in primary care, care in the terminal stages and care in the dying process, when the patient and family have decided that it happens at home, increasingly places the doctors in difficult situations. To collect, at the appropriate time, someone’s AD as one more page in the clinical history within the current laws and good clinical practice.

The Professionals
The qualitative results of an investigation with 209 health professionals from 16 health centres were able to con-
incluían que las actitudes de rechazo eran muy raras, y una clara mayoría de profesionales estaban de favor de utilizar un testamento vital en el historial clínico como una herramienta más.

Sin embargo, se destacan los problemas que se presentan al hablar con los pacientes personalmente sobre el tema de la muerte y, por lo tanto, obtener un AD. Esto podría explicar la contradicción encontrada en el estudio entre la voluntad teórica y las posibilidades reales de cumplimiento de un documento de AD por parte de los profesionales.

La expresión de un AD debe estar basada en una relación médico-paciente prospectiva y segura, sería un acuerdo implícito, contenido en conversaciones, comunicación efectiva, con seguimiento periódico y registrado en el historial clínico, más que en un documento que también podría ser efectivo, cuando se ha decidido que el paciente está bien informado.

Los profesionales, además de tener conocimiento sobre AD, deben informar a los pacientes, tal vez priorizando el riesgo, sobre su actitud favorable para personalizar ciertos aspectos, según situaciones clínicas, en el contenido del documento de AD.

La respuesta a la pregunta inicial:

Primaria debe participar activamente en la difusión de estos derechos, fomentando en los centros, “que cada ciudadano que así lo desee, y en el momento que lo considere apropiado, pueda expresar sus sentimientos, sus preocupaciones, su voluntad, sobre el cuidado médico que desea o no recibir, a la hora de su muerte.”

Resumen

- El rechazo a los AD es poco común.
- Una mayoría clara de profesionales estaban a favor de utilizar un AD en el historial clínico.
- Las dificultades cuando se habla personalmente con los pacientes sobre el tema de la muerte y, por lo tanto, la obtención de un AD.
- La expresión de un AD debe estar basada en una relación médico-paciente prospectiva y segura.
- Los profesionales deben informar a los pacientes sobre su actitud favorable para personalizar ciertos aspectos, según situaciones clínicas.

Referencias

### Knowledge and Attitudes on Advance Health Care Directives (AHCD) or Living Wills

**PLEASE FILL IN THE FOLLOWING DETAILS**

**MALE** | **FEMALE**
---|---
**AGE**

**DOCTOR** | **NURSE**
---|---

We present 12 questions below. You only have to mark your response with a cross.

1. **What score would you give for your knowledge of advance directives (AD) (living wills)?**
   - Very poor
   - 0 1 2 3 4 5 6 7 8 9 10 Excellent

2. **Are ADs regulated by the law in Andalusia?**
   - YES
   - NO
   - DON’T KNOW

3. **Have you read the Andalusia AD document?**
   - YES
   - NO

4. **Do you agree that patients should plan their health care wishes by writing them in an AD declaration?**
   - Don’t agree
   - 0 1 2 3 4 5 6 7 8 9 10 Strongly agree

5. **Do you believe that the AD Declaration is a useful tool for health professionals when making decisions on a patient?**
   - No use
   - 0 1 2 3 4 5 6 7 8 9 10 Very useful

6. **And for patients’ families?**
   - Don’t like at all
   - 0 1 2 3 4 5 6 7 8 9 10 Like it

7. **Do you believe that if a patient names a representative in the AD, it would help making decisions easier for health professionals in those situations where the patients cannot express themselves?**
   - No
   - 0 1 2 3 4 5 6 7 8 9 10 A lot

8. **Would you, as a professional, recommend your patients to make an AD?**
   - Never
   - 0 1 2 3 4 5 6 7 8 9 10 Always

9. **Although it is a decision for their families, would you prefer that they had made their AD?**
   - Unlikely
   - 0 1 2 3 4 5 6 7 8 9 10 Very likely

10. **Would you personally, as a potential patient, fill in an AD?**
    - Unlikely
    - 0 1 2 3 4 5 6 7 8 9 10 Very likely

11. **You would respect the express wishes of a patient in an AD declaration.**
    - Never
    - 0 1 2 3 4 5 6 7 8 9 10 Always

12. **Do you think it is likely that you would make your own AD in the next year?**
    - Unlikely
    - 0 1 2 3 4 5 6 7 8 9 10 Very likely

Thank you very much for your help.