

ADVANCE DIRECTIVES

The NMC Code of Professional Conduct says in clause 3.6,

When patients or clients are no longer legally competent and thus have lost the capacity to consent to or refuse treatment and care, you should try to find out whether they have previously indicated preferences in an advance statement.

Whether we like it or not the advance directive is here to stay. At first glance there seems to be little wrong with them in principle – surely it is much the same as making a will, hence their alternative name ‘living wills’. The advance directive can be used to request or decline treatment regimes – to make the patient’s wishes known – in the advent of circumstances that make it impossible for the patient to articulate his or her wishes. All sounds quite positive so far. The problems however are much more subtle, but no less significant. One of the leading producers of living will documents are the Voluntary Euthanasia Society, and one of the commonest uses to which they are put is to refuse life-sustaining treatment or to actively request the terminating of one’s life. If Euthanasia were ever to become legal in UK, under the NMC Code of Conduct nurses would be under an obligation to see if patients wanted to be killed.

Advance Directives have been popularised due to the societal call for autonomy, the loss of trust in the medical professions and medical progress meaning that we can sustain the lives of those with increasingly serious ill health, to the loss, as many see it, of human dignity. As Christians we need to be aware of societal trends and be able to comment on them, but we also need to be aware of God’s values. How does God’s sovereignty, protection of the weak and vulnerable, having due regard for the value of human life and the dignity of the individual have a bearing on the issues at hand?

The following Bible study and Case Studies are aimed at helping you work through some of the issues for yourselves.

BIBLE STUDY - 1 Corinthians 1:18-25

1. What are the big themes of this passage?

Wisdom/foolishness

18-21 Wisdom = foolishness

21-25 Foolishness = wisdom

2. What is likely to be the problem being addressed in the Corinthian Church?

False wisdom (1:17; 3:10; 4:18-19)

3. What is God’s wisdom? To whom is it given and with what result?

The message of the cross – Christ crucified (21, 23-24). Salvation is given to those God has called, who believe through hearing the message (21, 24).

4. What is worldly wisdom?

Trying to get to God and discover him in your own power.

5. Why does the cross seem foolish as a means of revealing God?

The cross was used as the worst form of punishment for criminals, so it was unthinkable that Jesus could be the Saviour. His death was not that of a conquering, triumphant hero. (Context: Letters to the Corinthians were written within 20 years of Jesus' death.)

6. How has God made the world's wisdom foolish? Why, ultimately, is God's plan wiser and stronger than man's best efforts?

He has frustrated its attempts to find him (21). He has provided a revelation of himself by another way – the cross. Christ's death alone offers salvation for those who will believe (21).

7. How do we slip into a preoccupation with mysteries/wisdom?

8. If Christ crucified reveals God to us, what implications does this have for our lifestyle?

9. In what ways might Living Wills reflect the World's wisdom as opposed to God's?

10. Are there any ways in which Advance Directives might be used in line with Godly wisdom?

EVALUATION OF LIVING WILLS

Here are pointers to help you evaluate the values implicit in one example of a Living Will. Following this are two case studies to help you to think through the issues at hand and apply some biblical teaching to practice.

1. Look at a Living Will from Voluntary Euthanasia Society

You can purchase one through www.ves.org.uk/livingwills.html. Identify its highest value - what it aspires to - what is its priority, under which everything else is placed. (NB. 'Dignity' = non-dependent self-directed rationality.) Examine under the headings below its view of **autonomy, rationality, compassion and the purpose and value of human life**. [It assumes rationality, death as a release, total autonomy, and the purpose of life being to live independently without suffering.] Note definitions from Peter Saunders (at the end of this material).

▪ **Autonomy**

The living will assumes that we have the right and ability to determine our lives – to the point where our lives should end. However, we clearly have limited autonomy as God's creation. God created us from nothing (Gen.2:7) to rule over the earth (Gen.1:28). Human life has great significance as a special creation in the image of God (Gen.1:27) and belongs to God (Ps.24:1). Gen.9:6 sets out the clear value that God places on human life and its shedding. He has clearly set limits on our autonomy – prohibiting sexual immorality (Eph 5:3) for example. There is no right to die as life belongs to God.

- **Rationality**

The living will assumes that we have perfect rationality and then at some point may lose it. However the Bible tells us that because of the effects of sin our minds are darkened and we do not think clearly without God's help (*Rom 1:21*). We might have a degree of rationality, but it is far from perfect.

- **Compassion**

The living will assumes death is a release, and that relieving physical suffering is the most compassionate thing to do. Yet the bible tells us that true compassion is wanting a person to escape from hell – conscious, eternal torment. (*Heb. 9:27*), see for example *Luke 16:19-31* where the rich man in torment begs Lazarus the beggar, now in heaven, to dip the tip of his finger in water to cool his tongue, as he is in agony in the fire. He cannot, as 'a chasm has been fixed between them.' The rich man then begs Abraham to send someone to make his brothers repent before they die. It may be more compassionate to give a person longer to repent than to hasten their death.

- **The purpose and value of human life**

Purpose

The living will assumes that the purpose of life is to be self-directed, and the value of life is to do with rationality. The Bible tells us that God created us for His glory and this gives us our meaning and value/significance *Is 43:7, Eph 1:11-12, 1 Cor. 10:31*.

Can we really say that we could not give glory to God if we had Alzheimer's? We are also to rejoice in God and the lessons he gives us *1 Thess 5:16-18*.

Value

The value of human life according to the Bible is that we're created in God's image. This survives after the fall: eg (*James 3:9*). As Christians we grow progressively in likeness to God (*Col 3:10*) and conformed to the image of his son (*Rom 8:29*). When Jesus returns there will be complete restoration of God's image (*1 Cor. 15:49*).

Human beings have value because they are more like God than any other part of creation.

2. A review of practical objections

- i Establishing validity - accurate reporting from relatives (self interest); can we establish that the patient was competent to write the will when they did this 10 years ago? can we establish whether or not it was revoked?
- ii Changed mind: people make different decisions when sick to when well
- iii How do we know if any impairment/illness is permanent? Wrong diagnosis?
- iv Informed consent - how could a person know all the future advances in science which may then be relevant to the condition they suffer from?
- v Dangers of being made in atmosphere of poor palliative care
- vi Disparaging about disability/impairment – impact on the disabled
- vii Periods of lucidity/rationality in a listed disease (on the form) – how long would they have to be?
- viii Back door to euthanasia: because if it allows for starvation/dehydration to death, this will be argued to be less compassionate than lethal injection.

CASE STUDIES - Ethical issues in death and dying

CASE STUDY A

Susan Green is 92 and until a year ago had been living independently in a flat with warden facilities. She has a large family to whom she repeatedly stressed that she enjoyed living alone and not being a burden to anyone. She made an advance directive 5 years ago to the effect that should she develop any serious incapacity she did not want life-prolonging treatment. She feared the burden this would place on others, particularly on her family. Since this time, Susan has developed signs of dementia and now needs full-time nursing care in a nursing home.

Susan appears extremely cheerful and remains keen to get involved with any activities in the home, and has formed good friendships. Her right lower leg recently developed large brown moles which were diagnosed as melanoma. If treated, the GP felt the condition could be easily contained and spread of the cancer prevented, so alleviating further suffering. The treatment will involve radiotherapy and outpatient hospital visits. Susan's family, however, feel that any treatment is against Susan's wishes recorded in her advance directive. They argue that it constitutes life-prolonging treatment while she has a condition in which she would not have wanted to continue.

- Weigh the benefits and burdens of each course of action.
- Is the living will valid and applicable? What concerns would you have?

CASE STUDY B

Peter is a 32 year old lawyer who has been admitted via accident and emergency to intensive care following a hit-and-run incident near Mile End underground. He has a severe sub-arachnoid haemorrhage and MRI scans indicate extensive brain damage. He also has extensive crush injuries to his chest and both legs. He is considered unlikely to be able to walk again, be continent or able to speak. His girlfriend of 10 years, Gemma, states that Peter often said he thought that life was only worth living if you could enjoy it's good things, such his relationships and his work. His mother Abby, however, states that in a recent conversation with Peter he commented on a TV programme about people with learning disabilities. He felt that they were of great value and stated that his appreciation of life had changed.

Peter is currently ventilated, and the staff team need to make management decisions about whether to make every effort to save his life, or not, if he would have preferred to die from his injuries. Without several operations this is likely to be the case. The team seek the opinion of Gemma and Abby as his closest relatives. However they disagree on the terms of his verbal 'living will.'

- How should the team proceed? What are the benefits and burdens of each option?

An extract from 'Euthanasia' in *Nucleus*, April 2000, pp. 11-23, by Peter Saunders, General Secretary, CMF.

Definitions

What is euthanasia? I think one of the best definitions available is that of HOPE (Healthcare Opposed to Euthanasia) who define it as 'the intentional killing by act or omission of a person whose life is felt not to be worth living'. It does not therefore include the following:

I. **Terminating or not initiating a medically useless treatment.**

Some treatments are medically useless in that their benefits are outweighed by the suffering that they cause the patient. But there is a world of difference between saying a that a treatment is useless (and therefore not worth giving) and that a patient is useless (and therefore not worth treating).

II. **Proportionate pain and symptom treatment where the intention is not to kill but to care (the principle of 'double effect')**

Dr Moor was found not guilty of murder because the jury judged that his intention had been to kill the patient's pain and not the patient himself. Sometimes when strong narcotics are given they may have the secondary effect of shortening a patient's life - although in practice this occurs in less than one case in a thousand. This is the principle of 'double effect' - when an action has two effects - one good and one bad.

III. **Refusal of medical treatment by a competent patient.**

Doctors cannot force patients to have treatment against their wills. If a patient who is capable of deciding refuses a life-saving treatment - then the doctor is not performing euthanasia by not forcing it upon them against their will. On the other hand if a patient asks to be killed and the doctor consents then that is euthanasia

Other Resources on Euthanasia and Advance Directives can be found on the CMF Web site – www.cmf.org.uk - In particular there is an ethics file on Advance Directives written by Jim Paul, specialist registrar in palliative care and former CMF Staff Worker.