Relationship of Advance Directives to Physician-Patient Communication

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Background: Although advance medical directives, such as living wills and durable powers of attorney for health care, are by themselves imperfect instruments for expressing patients' treatment preferences, a possible benefit of these documents is that they will enhance patient-physician communication, especially when end-of-life treatment decisions have to be made.

Method: Structured interviews were completed for 115 seriously ill cancer patients and 22 of their physicians. The questions dealt with various aspects of advance directives, including communications between the two parties regarding general and specific treatment wishes. Responses were compared in 37 physician-patient pairs for patients who had executed advance directives and in 31 physician-patient pairs for patients who had not executed advance directives.

Results: Physicians were frequently unaware of their patients' advance directives. Although patients with advance directives were marginally more likely than patients without advance directives to report discussions about end-of-life treatment decisions, only 34 (30%) out of the total of 115 patients claimed that they had any discussion of treatment decisions with their physicians. Such discussions tended to be about general life attitudes and feelings rather than specific treatments, such as use of artificial nutrition or ventilation.

Conclusion: Despite public enthusiasm for the use of advance directives and great efforts to promote them, we found little evidence that these documents are associated with enhanced communication between patients and physicians about end-of-life treatment decisions.

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Patients' rights to participate in medical decisions and, in particular, to refuse unwanted treatments are now well grounded in ethics and the law. Advance directives, including instruction directives, such as living wills, and proxy directives, such as durable powers of attorney for health care, have been developed as means of extending patients' decision-making powers beyond their loss of mental competence. The federally legislated Patient Self-Determination Act now requires all medical facilities certified by Medicaid or Medicare to advise patients of their rights to accept or refuse medical treatment and to provide information regarding state-provided advance directives. Surveys and studies show, however, that despite widespread support and promotion, written advance directives are infrequently executed even by seriously ill patients. Furthermore, they have been shown to be imperfect vehicles for conveying patients' wishes. Without specific guidance, however, physicians apparently have poor insights into their patients' wishes and may even project their own values when it comes to medical treatment decisions. In the face of these observations, an argument has been made that, although they may be flawed instruments for conveying information, advance directives will enhance communication between patients and their physicians about these matters through the process of formulating and recording critical end-of-life medical treatment wishes. The purpose of this study
METHODS

SUBJECTS

Physicians in the Cancer Center of the University of California, San Diego, Medical Center, the Veterans Affairs Medical Center in San Diego, and the offices of two oncologists in private practice in San Diego were asked to provide the names of cancer patients who were estimated to have less than a 50% chance of 5 year survival. No other criteria, such as age, gender, type of cancer, or advance directive status, were imposed. A total of 150 patients were referred, and attempts were made to contact and administer a structured interview to all of them by phone. Of these 150 patients, 33 could not be entered into the study: 16 had died by the time contact was attempted, nine refused the interview, five were too sick to speak over the phone, and three did not speak English. A total of 115 patients (77%) (62 patients from the Cancer Center, 14 from the Veterans Affairs Medical Center, and 39 from the offices of the two oncologists in private practice) of the original sample of 150 patients formed the subject of this study. The referring physicians were asked to return a written questionnaire that was designed to match the format administered by telephone to the patients. Twenty-two (76%) of 29 physicians returned completed questionnaires, which resulted in 37 physician-patient pairs for those patients who had executed advance directives and 31 physician-patient pairs for those patients who had not executed advance directives. Fifteen (52%) of 29 physicians had more than one patient in the study (range, two to 18 patients; median, four patients).

DATA ANALYSIS

The data were analyzed using descriptive techniques. Comparisons were made using x² tests for dichotomous variables. Ninety-five percent confidence intervals (CIs) were calculated using SEs for proportions and the standard normal distribution.

is to examine this argument and to determine whether executing advance directives is indeed associated with enhanced communication between patients and their physicians on these issues.

RESULTS

Of the 115 patients contacted and interviewed, 64 (55.7%) had executed some type of advance directive; 51 (44.3%) had not. Of those patients with advance directives, 52 had executed a California Durable Power of Attorney for Health Care (which contains both a proxy and an instruction component), seven had executed a living will (which provides an instruction component only), and five had executed living wills and durable powers of attorney for health care as two separate documents. There were no significant differences between the two groups with respect to age, sex, physician response, or number of physician-patient pairs (Table 1).

Half the patients who had executed an advance directive stated that the documents were suggested to them by their physician or another health care worker. The next highest category was patients who reported that it was “my own idea.” Other responses were lawyer, friend, family, and counselor (Table 2). The majority of the patients who had executed advance directives (53 of 64) stated that the document clearly expressed their wishes for future medical treatments.

Of those patients who had not executed an advance directive, 36 (71%) of 51 claimed knowledge about what these documents are and gave various reasons for not having executed one.

PHYSICIAN RESPONSES TO, ‘DOES THE PATIENT HAVE AN ADVANCE DIRECTIVE?’

Within the group of 64 patients with advance directives, there were 37 cases in which a physician interview was also available. When the physicians of these patients were asked, “Does the patient have an advance directive?” 28 physicians (76%; 95% CI, 62% to 90%) responded “no” or “I don’t know” to the question. In the group of 51 patients without advance directives, there were 31 physician-patient pairs. When the physicians of these patients were...
asked, ‘Does the patient have an advance directive?’ 28 physicians (90%; 95% CI, 80% to 100%) responded ‘No’ or ‘I don’t know’ (Table 3). The difference between the two groups regarding physicians’ claim of knowledge of whether or not their patients had an advance directive was nonsignificant (P=.205).

**Physician and Patient Responses to, ‘Did You Discuss Future Treatment Plans?’**

In 12 (32%) of the patient-physician pairs from the advance directive group, both patient and physician stated that they had discussed future treatment plans. In 14 pairs (38%), the physician said they had discussed future treatment plans but the patient said they had not; in 10 pairs (27%), both patient and physician said they had not discussed future treatment plans; and in one pair (3%), the physician said they had not discussed future treatment plans while the patient said they had. In the group of physician-patient pairs without advance directives, 11 pairs (35%; 95% CI, 19% to 52%) were in agreement and 20 pairs (65%; 95% CI, 48% to 81%) were in disagreement about whether or not they had discussed future treatment plans (Table S4). Although disagreement between physicians and patients was slightly higher among patients who had not executed advance directives than among patients who had executed advance directives (P=.05), both groups of patients showed substantial disagreement with their physician on this matter. Because some of the physicians had multiple patients in the study, the above calculations were performed on randomly selected physician-patient pairs so that each physician was matched with only one patient. When this was done, the P value was nonsignificant (P<.05) rather than being marginally significant (P=.05).

**Responses of Patients with and Without Advance Directives to, ‘Did You Discuss Future Treatment Plans?’**

Patients who had executed an advance directive (24 [38%] of 64; 95% CI, 27% to 49%) reported slightly more discussions of future treatment plans with their physician than patients without an advance directive (10 [20%] of 51; 95% CI, 9% to 30%) (P=.04) (Table S5). However, only seven patients (11%) who had executed advance directives reported that they had specific discussions about the advance directives with their physician. Taken as a
ventilation or nutrition. In the advance directive group, seven (29%) of the 24 patients stated they had discussed specific treatment modalities. The most frequent reason offered by patients in either group for not discussing future treatment plans was that the subject never came up (Table 6). Patient gender did not significantly influence whether discussion of future treatment plans took place; 20 women and 14 men reported having discussed future health care plans (P=.99).

When asked whether their physician would know what kind of treatment to give them if they lost decision-making capacity, 42 (66%) of the 64 patients with advance directives answered “yes,” while 22 (34%) answered “no” or “I don’t know.” This is in sharp contrast to the responses of these same patients when asked whether they had discussed their wishes regarding future medical treatment (either general and specific) with their physician regardless of any discussion about the advance directive (P=.003). As noted previously, only 24 (37%) of the 64 patients said they had discussed any such issues.

When asked whether their physician would know what kind of treatment to give them if they lost decision-making capacity, 21 (41%) of the 51 patients without advance directives said “yes,” while 30 (59%) said “no” or “I don’t know.” Again, this is in contrast to the responses of these same patients when asked whether they had discussed with their physician their wishes regarding future medical treatments (either general and specific) (P=.032). As stated previously, only 10 (20%; 95% CI, 10% to 30%) of the 51 patients claimed they had discussed these issues with their physician. Thus, in both groups, patients expressed confidence that their physician would know their treatment wishes despite the absence of discussion on these matters (Table 7).

Results from this study must be interpreted cautiously for several reasons. First, the patients were not selected randomly from the general population and may not be representative. Second, the sample size is relatively small. In particular, the small number of matched patient-physician pairs may not have provided enough statistical power to detect some significant differences. Future studies with larger, more representative samples may help strengthen these conclusions.

Although the number of subjects is small, these results suggest that there is a slight association between a patient’s claim of having executed an advance directive and reporting end-of-life treatment discussions with the physician. However, we are struck by how infrequently these discussions are reported to have taken place, and it appears that physicians are for the most part unaware whether their patient has executed an advance directive.

### Table 5: Comparison of Responses of Patients With and Without Advance Directives to, “Have You Discussed Future Health Care Plans?”

<table>
<thead>
<tr>
<th>Discussed Future Plans?</th>
<th>Patients With Advance Directives, No. (%)</th>
<th>Patients Without Advance Directives, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(95% Confidence Interval)</td>
<td>(95% Confidence Interval)</td>
</tr>
<tr>
<td>Yes</td>
<td>24 (38) [27-49]</td>
<td>10 (20) [9-30]</td>
</tr>
<tr>
<td>No</td>
<td>40 (62) [50-74]</td>
<td>41 (80) [69-91]</td>
</tr>
<tr>
<td>Total</td>
<td>64 (100)</td>
<td>51 (100)</td>
</tr>
</tbody>
</table>

*P=.037.

### Table 6: Patient and Physician Responses to, ‘Why Was There No Discussion of Future Health Care Plans?’

<table>
<thead>
<tr>
<th></th>
<th>Patients With Advance Directives, No. (%)</th>
<th>Patients Without Advance Directives, No. (%)</th>
<th>Physicians, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(95% Confidence Interval)</td>
<td>(95% Confidence Interval)</td>
<td>(95% Confidence Interval)</td>
</tr>
<tr>
<td>Never came up</td>
<td>22 (40) [31-50]</td>
<td>30 (50) [40-60]</td>
<td>11 (64)</td>
</tr>
<tr>
<td>Unnecessary</td>
<td>13 (25) [17-33]</td>
<td>3 (5) [2-9]</td>
<td>3 (18)</td>
</tr>
<tr>
<td>No time</td>
<td>5 (11) [4-26]</td>
<td>1 (2) [1-6]</td>
<td>2 (11)</td>
</tr>
<tr>
<td>Did not occur to me</td>
<td>3 (7) [2-16]</td>
<td>2 (3) [1-8]</td>
<td>2 (11)</td>
</tr>
<tr>
<td>Unnecessary/did not occur to me</td>
<td>2 (4) [2-12]</td>
<td>2 (3) [1-8]</td>
<td>2 (11)</td>
</tr>
<tr>
<td>Unnecessary/never came up</td>
<td>1 (2) [1-6]</td>
<td>1 (2) [1-6]</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>46 (100)</td>
<td>38 (100)</td>
<td>17 (100)</td>
</tr>
</tbody>
</table>

### Table 7: Comparison of Two Questions to the Patient: ‘Have You Discussed Future Health Care Plans With Your Physician?’ and ‘Do You Believe That Your Physician Would Know What Level of Care You Would Want Should You Become Incompetent?’

<table>
<thead>
<tr>
<th></th>
<th>Patients With Advance Directives*</th>
<th>Patients Without Advance Directives*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed future plans?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>41</td>
</tr>
<tr>
<td>Physician knows level of care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>No</td>
<td>22</td>
<td>30</td>
</tr>
</tbody>
</table>

*P=.003 for “discussed future plans” vs “physician knows level of care.”

†P=.032 for “discussed future plans” vs “physician knows level of care.”

whole, only 34 (30%) of a total of 115 patients claimed that they had any discussion about future treatment plans with their physician.

Of those patients who claimed they had discussed future medical treatment plans with their physician, almost all (23 [96%]) of 24 who had executed advance directives and 10 [100%] of 10 who had not executed advance directives stated that the discussion was devoted, for the most part, to general attitudes and feelings rather than to specific treatment modalities, such as artificial
Indeed, overall communication on these matters between physicians and patients seems to be low. This is all the more surprising since, if any patients would be likely to seek discussions about future end-of-life medical treatments, it would seem to be this group of patients, all of whom were aware that they were seriously ill with cancer. Also, it is apparent that discussions that took place did not usually concern specifics of treatment, such as artificial ventilation or cardiopulmonary resuscitation, but rather tended to deal with generalities and avoided details.

The most frequent reason claimed by both patients and physicians for not having discussions about end-of-life medical treatments was that "the subject never came up." It would seem, therefore, that physicians are not taking the responsibility for initiating such discussions.

Because there was slightly more agreement between physicians and patients in the advance directive group about whether or not future medical treatment plans had been discussed, it seems that the presence of the document did stimulate communication between the two parties. Nevertheless, even in the absence of such discussions, patients appeared to have great confidence that their physicians would know what kind of treatments they would want. Unfortunately, empirical studies provide little ground for this confidence in physicians' knowledge of their patients' treatment wishes.11-13

The evidence of infrequent discussion between physician and patient about matters contained in advance directives may indicate physician discomfort with the subject. It is worth noting that all the patients in this study discussed their disease and personal wishes openly on the telephone with an unseen and unfamiliar interviewer. This leads us to believe that patients themselves want to talk about their end-of-life medical treatment needs and wishes; therefore, there is little justification for physicians not initiating discussions on these subjects based on the idea that such discussions might make patients feel uncomfortable. Indeed, five of the patients who had not executed advance directives asked the interviewer during the telephone interview how they could obtain such a document. Although it has been suggested that women are more willing than men to discuss their medical concerns with their physician, in this study there was no significant difference in the likelihood of discussing future medical treatment plans. Neither men nor women, however, reported discussing these issues much with their physician.

This study provides further disquieting evidence of the poor communication between patients and physicians regarding important medical treatment decisions in the presence of serious illness, despite the many efforts that have been made to promote advance directives. (This study was carried out after the enactment of the Patient Self-Determination Act.) Although there is evidence that communication is slightly improved in the presence of an advance directive document, there still appears to be a lack of detailed discussion dealing with specific medical treatments. It is clear, therefore, that there is more to be learned about the role of advance directives in physician-patient communication and, in particular, about the apparent lack of engagement in this process, despite public enthusiasm to promote these instruments.

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REFERENCES