

Prevalence of the Use of Advance Directives among Residents of an Academic Long-Term Care Facility

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Of 2,780 persons admitted to a long-term care (LTC) facility in the first half of 1993 and followed up in the facility through the end of 1994, 435 (16%) had advance directives and 805 (29%) had do not resuscitate orders either at admission to or subsequently while in the LTC facility. In contrast, 50 of 57 LTC residents (88%) in six Maryland community LTC facilities had either completed an advance directive or had another person complete one on their behalf. The physicians caring for the residents in an academic LTC facility affiliated with Westchester Medical Center/New York Medical College are members of the Geriatric faculty at New York Medical College and have been taught on numerous occasions to obtain advance directives for all residents admitted to the LTC facility. This article reports the prevalence of the use of advance directives among all residents currently residing in an academic LTC facility.

Key words: advance directives, long-term care facility, do not resuscitate orders, health care proxy, legal guardian

Introduction

Advance directives are very important both from a practical and ethical perspective.¹⁻³ Advance directives ensure that medical care accords with the wishes of patients. Barriers to creating and documenting advance directives in the long-term care (LTC) environment are the reluctance of physicians to discuss advance directives with patients and with their families and physicians' discomfort with such discussions. To overcome these

barriers, physicians caring for the residents in an academic LTC facility affiliated with Westchester Medical Center / New York Medical College are members of the Division of the Geriatrics at New York Medical College and have been taught on numerous occasions to obtain advance directives for all residents admitted to the LTC facility. In addition, advance directives are a part of the admission package for all persons admitted to the LTC facility.

Table 1: Prevalence of Use of Advance Directives for Patients in an Academic Long-Term Care Facility

Variable	No.	%
Advance directive	151	100
Health care proxy	110	73
Legal guardian	41	27
Do not resuscitate orders	68	45
Living will	38	25
No artificial nutrition	10	7
No artificial hydration	10	7

Methods

The charts of all residents currently in an academic LTC facility affiliated with Westchester Medical Center / New York Medical College were audited for the prevalence of advance directives. The full-time physicians caring for the LTC residents are members of the Division of Geriatrics at New York Medical College and have been taught on numerous occasions to obtain advance directives for all patients.

All charts were audited for the documentation of a health care proxy signed by the resident and for the nursing home obtaining the appointment of a legal guardian by a judge. The charts were additionally audited for do not resuscitate (DNR) orders, living wills, and orders for no use of artificial nutrition and artificial hydration. Finally, the charts were audited for documentation of a copy of the advance directives being sent to the Westchester Medical Center Emergency Department for all patients transferred there within the past 6 months.

Results

Table 1 shows the prevalence of advance directives for the 151 residents of the academic LTC facility. Of the 151 residents, all 151 (100%) had documented advance directives in the chart. A health care proxy was signed by 110 of 151 residents (73%), and the facility had a legal

guardian appointed by a judge for the other 41 residents (27%). Of 151 residents, 68 (45%) had documented DNR orders, 38 (25%) had a documented living will, and 10 (7%) had documented orders for no use of artificial nutrition and for no use of artificial hydration.

Within a 6-month period, 19 of 151 residents (13%) were transferred a total of 27 times to the Westchester Medical Center Emergency Department. The charts of these 19 individuals showed documentation that a copy of the advance directives was sent with the patient to the emergency department in all 27 transfers (100%).

Discussion

Of 2,780 persons admitted to an LTC facility in the first half of 1993 and followed up in the nursing home through the end of 1994, 292 (11%) had advance directives and 466 (17%) had DNR orders upon admission to the LTC facility.¹ Subsequently, while in the facility, another 143 residents (5%) completed advance directives and 339 residents (12%) established DNR orders.¹ In contrast, in six Maryland community nursing homes, 50 of 57 patients (88%) had advance directives.² Of 1,962,742 Medicare admissions to skilled LTC facilities in 2001 in the U.S., 32% had DNR directives and <2% had do not hospitalize directives.³

Our audit showed that advance directives were obtained in 100% of 151 patients in an academic nursing home. DNR orders were documented in 45% of

Key Points

Advance directives are very important to provide medical care in accordance with the wishes of patients and were obtained in 100% of 151 residents in an academic LTC facility.

Barriers to creating and documenting advance directives in the LTC environment include reluctance of physicians and discomfort of physicians in discussing advance directives with patients and with their families.

A copy of advance directives should be sent with the patient whenever transferred to a hospital or emergency department.

Physicians should be educated to obtain advance directives in all persons admitted to a facility.

If the resident of an LTC facility is unable to sign a health care proxy, the LTC facility should have a judge appoint a legal guardian for the resident.

the patients, living wills in 25% of the patients, and orders for no artificial nutrition and for no artificial hydration in 7% of patients.

It is very important that a copy of the advance directives be sent with a patient whenever transferred to a hospital or to an emergency department. Within a 6-month period, 19 patients were transferred to the Westchester Medical Center Emergency Department a total of 27 times. As noted, a copy of the advance directives was sent to the emergency department with the patient in 27 of 27 transfers (100%).

Conclusion

In conclusion, advance directives are very important to provide medical

care in accordance with the wishes of patients and were obtained in 100% of 151 residents in an academic LTC facility.



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