

Problems with Decision Making Capacity

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Advance care planning first emerged back in the mid-1970 at the state legislative level and with more than thirty years of a tremendous transformation it still presents as a dysfunctional policy, yet with very important points that accumulated over these years (Sabatino, 2010). It is a third wave of Patient Self Determination Act that was passed by United States Government and became effective on December 1, 1991 required many health care institutions such as: hospitals, nursing homes, home health agencies, hospice providers, to provide information about advance directives to adult patients upon their admission to the healthcare facility. According to Jones, A., Moss, A., and Harris-Kojetin, L., (2011, January 1), "Advance care planning is often referred to as a gift you give yourself and your family, yet 70% of Americans are without a plan".

AD are straightforward forms, they legal, free of charge and can be completed in a few minutes. AD let a person to plan ahead of time medical care he or she wants, avoid unnecessary suffering and relieve caregivers of decision-making burdens during moments of crisis or grief. By preparing these forms in advance helps reduce confusion or disagreement about the choices person would want people to make on their behalf. These forms define the amount and kind of care person might receive under various medical circumstances. Another document a durable power of attorney designates a health care proxy, someone a patient can trust to make medical decisions when he or she can no longer do so. Living will can also include instructions on organ or tissue donation.

Researchers found that the highest number of residents who have AD was among discharged hospice care patients (88%) and lowest among home health care patients (28%). Among home health care and nursing home populations, those aged 85 and over were more than twice as likely as those under age 65 to have an AD. Research study also revealed significant differences among racial and ethnic groups in the rate of completion of advance directives. For

instance about twice as many Whites as African Americans completed advance directives. Black care recipients were half as likely to have an AD when compared with white care recipients in the home health care (13% compared with 32%), in nursing home (35% compared with 70%) populations. In the hospice care setting, black care recipients were also less likely than white care recipients to have an AD. The difference between Whites and African Americans regarding the prevalence of advance directives is likely attributable to several factors including: cultural differences in family-centered decision-making, distrust of the health care system, or poor communication between health care professionals and patients (Wilkinson, 2010).

Research indicates that the preference for having an AD can be influenced by many factors such as: individual attitudes, cultural beliefs, health conditions, and trust in health care professionals, as well as educational level (Wilkinson, 2010). According to Morhaim, D., and Pollack, K. (n.d.), “Research has shown that those who were older in age with higher levels of education and income were associated with greater likelihood of completion of advance directives. People who had completed an AD were more likely to have a chronic disease as well as access to care”. People had given thought to the question of end-of-life care, but majority had not completed the forms. What were the reasons people did not complete advance directives? Because often times patients are being bombarded with loads of paperwork that needs to be completed without any explanation and perhaps a lack of translation. The problem has to do with how the information is being provided, because that says a lot about how well the information is being received. Research shows that about a quarter of those who did not have an advance directives said, they did not know about them simply because their physician never brood up this topic, others felt they were too young or healthy to complete them or were concerned about cost, complexity, or time needed to compete these forms.

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