



6th International Conference on Clinical Ethics Consultation

May 11-14, 2010 ♦ Portland Art Museum ♦ Portland, Oregon, USA

www.ethics2010.org



Abstract Submission Form – Papers

Please contact John Tuohey at ethics@providence.org with any questions.

Name: Gary Goldsand

Title/Degree: Clinical Ethicist

Institution: Royal Alexandra Hospital - Alberta Health Services

Country: Canada

Email: gary.goldsand@albertahealthservices.ca

Phone including country code (<http://www.countrycallingcodes.com>): 780 735 5330

Proposed title of paper: The Default Advance Care Directive

Abstract with 3 clearly stated objectives in 250 words:

Objectives:

1. Brief review of the sudden and drastic growth of advance directives in the wake of the Cruzan case.
2. Description of the stark similarities in the instructions that appear in the vast majority of advance directives.
3. Conclusion that people's preferences for life saving treatment at the very end are neither as varied nor as personal as was thought, and as a result there should exist a default approach, known as the standard of care.

When the U.S. supreme court, in reviewing the case of Nancy Cruzan, declared that it sought "clear and convincing" evidence of whether she would have consented to the removal of life sustaining treatment, a legislative locomotive was set into motion in virtually every state and province.

In reviewing personal directives during patient care, it has been surprising to see how similar such documents are, rarely straying from a very standardized approach that authorizes the non-use of "heroic" treatments, and that permits the administration of increasing amounts of pain medication, once the patient's demise seems inevitable.

The stark similarities in over 90% of these documents leads me to believe that the need for them has been over-estimated, and the assumption that people's wishes are highly individualized was wrong. I shall elaborate on these ideas, review the benefits and drawbacks of written advance care plans, and suggest that now, 20 years later, a standard of care has emerged that renders the documents less necessary, and less helpful, than was originally thought. People who do not make formal advance care plans should be able to assume that the standard of care will apply to them when their time comes.

.....I am willing to present this in a poster if it is not accepted as a paper. I am also willing to discuss it on some kind of panel, or in a plenary, if you like.

If you have or will publish on this topic, please cite reference:

I have not published this but may in the future.

Are you planning to or will you be willing to submit a poster along with your paper?

Yes No