# Nurses' Attitudes Toward Advance Directives in Lithuania

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**Key words:** advance directives; end-of-life care; nurses, attitudes; knowledge.

**Summary.** *The aim* of this article was to reveal the preliminary trends in the attitudes of professional nurses toward advance directives in Lithuania as well as to address some of the key ethical issues in end-of-life care in clinical practice.

*Methods.* The study used one of the qualitative methods – a structural interview.

*Results.* The nurse as an advocate in favor of patient welfare is one of the most significant professional nursing roles in the end-of-life care. The study revealed very poor knowledge of nurses about the living will. Despite the fact that the most respondents think that it is ethical to consider and sign advance directives, less than one-third of them think that advance directives would help to solve the problem of responsibility sharing between the patient and health care professionals and would make the health care professionals' work easier when making decisions in patient care.

*Conclusions.* The awareness level of advance directives and their implications among Lithuanian nursing professionals is low. Nurses have an increasing interest to get more familiar with advance directives and discuss legal and ethical aspects related to nursing practice at the end of life. The lack of dialogue between nurses and physicians regarding standards of end-of-life decision making including advance directives legislation in the future was highly emphasized.

## Introduction

The idea of the living will has been increasingly discussed as a result of enhancement of individual autonomy in the contexts of medical ethics and nursing. The basic rights of individuals to participate in the medical decision making and to be treated with dignity and respect according to their beliefs stipulated the emergence of controversial dilemma of current democratic society – whether patient autonomy can be applied to the end-of-life decisions, i.e., should patient's wish to be allowed to die be taken seriously by medical staff (1–3).

The analysis of "the right to die" problem was associated by some researchers with such social factors as global aging, increasing life expectancy, and appearance of new technologies or superficial drugs that significantly prolong human life. On other hand, new terminal diseases like Alzheimer's, degenerative, or cancer stipulated the discussion of new dimensions of the quality of life, which consequently led to the formulation of the concept of advance directives (4, 5).

Despite many potential definitions and their interpretations, we assume that advance directives is an authorized written document indicating personal choices about medical treatment and predetermination of preferred end-of-life decisions about future medical care in a legally sound way (6, 7). Most importantly, such a document is supposed to be binding and, thus, implicating adequate responsibilities of physicians and nurses and should be integrated into national legislative system. However, such a concept induces a number of juridical, ethical, and even social collisions like whether it is acceptable to consider such end-of-life issues in public, whether it is acceptable to medical professionals to stop the treatment of patients letting them die, what legal consequences the application of advance directives in practice can have, etc. According to the recommendations of the World Medical Association, advance directives are purely optional and might be applied or not depending on cultural traditions, religious beliefs, and legal legislation (8).

Advance directives, which evolved in such countries as the United States or Canada, have been recently applied in some European countries such as the Netherlands, Switzerland, and Spain. However, advance directives remain a new issue in Eastern

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Europe. The Baltic States including Lithuania have had no data related to advance directives up to now.

Advances in technology, changes in family structure and social systems, an aging population, and managed care have compounded end-of-life care. Lithuanians, like other people in the world, are living longer and living with progressive, fatal diseases characterized by prolonged dependency on others. Scientific advances focus on cure rather than appropriate treatment and compassionate care during the end of life (9, 10). Furthermore, issues, such as assisted suicide, challenge society to define rights of the dying (11).

Nurses spend more time than any other member of the health care team with patients who are facing the end-of-life care. Yet, studies have shown that many nurses feel inadequately prepared to provide the comprehensive care, which is vital at the end of life (11, 12). Taking into consideration that the entire Lithuanian health care system has been dominated by paternalistic relationship, nurses have even greater difficulty communicating with patients about the end-of-life problems, especially about advance directives.

These and many other factors contribute to ethical dilemmas that occur as the debate over extending life versus postponing death continues. Nowhere this is more evident than in palliative care where decisions about interventions to support and to end life are made daily (9). Many conflicts can be prevented by advanced care planning, and most can be resolved through ethical practice and professional standards of care. The nurse plays a major role in the end-of-life care related to the following: 1) decision making; 2) communication; and 3) care and comfort (10, 11, 13).

The aim of this paper was to reveal the preliminary trends in attitudes of professional nurses toward advance directives in Lithuania as well as to address some of the key ethical issues in the end-of-life care in practice.

**Methods**

The study used a qualitative method – a structural group interview. Two researchers were present during the interviews: one as a moderator/facilitator and the other responsible for making notes. Each of the 3 sessions lasted from 1.5 to 2 hours where interviews were recorded to be transcribed later. A question guide was designed to cover different aspects of ethical dilemmas in the end-of life care and advance directives. The interview contained questions to assess the nurses' point of view to professional values, decision making related to the end-of-life care, and their attitudes and knowledge about advance directives. All questions were followed up by group discussions and/or additional questions from the moderator.

The sample of the study consisted of professional nurses in a few major clinical settings in Lithuania. The study sample included 34 acute care registered nurses who have a daily contact with terminally ill patients. The survey was conducted following the ethical code of the sociological research.

**Results**

The findings of the group interviews are presented below. The categories were deduced from the statements dealing with ethical questions and particularly from those associated with advance directives. Many of the situations that are described could be assigned to more than one category.

*Professional Values of the Nurses.* The nurse as an advocate is one of the most significant professional nursing roles in the end-of-life care. It is the responsibility of a nurse to assure that: 1) personal values and morals are separated from the patient's and family's decision-making process; 2) the patient and family clearly understand available options; and 3) patient wishes are communicated to the interdisciplinary team.

All nurses agreed that longer life duration was irrelevant, and quality of life was more preferred by terminally ill patients:

A 35-year-old nurse stated, "I think that the most important thing when providing care to a terminally ill patient is to make sure that the patient does not feel pain and does not suffer."

A 32-year-old nurse stated, "I agree that the absence of pain and suffering are very important, but one should also take into consideration the quality of life."

*Knowledge and Beliefs About Advance Directives.* Advance directives are defined as mechanisms by which individuals make known how they want medical treatment decisions made when they can no longer make the decisions themselves.

Advance directives can take the form of living wills, health care proxies, do-not-resuscitate orders, and durable powers of attorney. Health care providers play an important role in patients' understanding and completion of advance directives. Providers' knowledge and attitudes toward advance directives can be important aspects that influence the effectiveness of the providers' role in helping patients complete advance directives and in ensuring that patients' end-of-life wishes are carried out as well as helping patients' family members understand and cope with end-of-life decision making.

Nurses' knew little about the living will:

"I have not heard of it," a 28-year-old nurse said.

"I am not familiar. What is it?" a 33-year-old nurse said.

Only a few nurses had sufficient knowledge about the living will.

A 36-year-old nurse noted, "Yes, I know a lot about this. I work in the intensive care unit and talking about the end-of-life wishes with patients is very important."

Though nurses did not know a lot about the living will, all of them agreed that "[t]hey would love to express their will through the living will or some other written document having a valid legislative and ethical consequence in case of serious illness, emergency, or other critical circumstances."

Nurses individually and collectively serve as advocates for the ethical practice at the end of life. Recently, perplexing ethical problems have been widely discussed by patients, nurses, and physicians. The signing of the living will is one of the most debated ethical issues. Our research shows that the majority of nurses think that it is ethical to consider and sign advance directives:

A 37-year-old nurse stated, "...Yes. This is an ethical decision, when we are talking about terminally ill patients. It would be good if patient's wishes and expectations were discussed in advance."

A 29-year-old nurse stated, "I think each critically ill patient has to know all the alternatives. And signing the living will seems ethically acceptable to me."

*Application of Advance Directives in Clinical Practice.* Advances in medical technology now allow the extensive use of life-sustaining treatments. However, not all individuals want to receive life-prolonging therapies for every health crisis. Critically ill patients are often unconscious or incompetent to indicate their treatment preferences. The issue of sharing the responsibility between the health care professionals and the patient becomes very important when we talk about the freedom to choose at the very end of one's life. The ethics of collective judgments must become part of any "new" or reconstructed medical morality suitable to the conditions under which medicine is practiced today (14).

Besides, less than one-third of the interviewed nurses in this study thought that advance directives would help solve the problem of responsibility sharing between the patient and health care professionals and would make the work of health care professionals less complicated in decision making about patient care:

A 33-year-old nurse noted, "I don't think that the living will would help share the moral responsibility. And this would not make the nurse's work easier with terminally ill patients."

A 38-year-old nurse noted, "Most commonly, moral responsibilities are laid on health care professionals. And usually neither moral nor legal documents make nurse's work with terminally ill patients simpler."

Nurses agreed that if such a document were created, it would be applicable in the clinical practice and would help make decisions regarding patients in vegetative state. Besides this, advance directives are a good way to solve the potential cases of passive euthanasia.

**Discussion**

Many ethical questions continue to be discussed and debated, but it is generally agreed that nurses should be well prepared for the care of people who are nearing the end of their life. An essential first step in moral decision making is clarification of personal values. Values are pivotal in the art of nursing; thus, nursing practice based on unexamined values often leads to "confusion, indecision, and inconsistency" (15). Moreover, every nursing action has the potential of promoting or disregarding important values held by the patient.

In order to improve the care of dying patients, nurses need to have a clear understanding of what patients, their families, and health care practitioners view as important at the end of life (11). Self-awareness of their own beliefs toward their own death and dying is especially important for nurses because awareness of the similarities and differences between their own beliefs and those of their patients enables them to take care of terminally ill patients in a more empathic way. Nurses spend more time with dying patients than other health care practitioners do. In particular, home nurses and hospice care nurses are in a unique position to facilitate early discussions about patients' care wishes and goals at the end of life (16, 17).

In Lithuania, the problems of seriously ill and dying patients, especially of those who are sick and are dying at home, have not been solved yet. There are very few pain clinics and nursing homes in Lithuania. The country does not have an organized group of volunteers to help people who are seriously ill and who are dying at home. The Law on Patient Rights and Health Damage Compensation states that patients have a right not to know the whole truth about their health condition, yet it does not discuss death with dignity or with respect to moral beliefs of patients. When searching through Lithuanian legal acts and moral requirements related with terminally ill patients, we face the lack of knowledge and information on such aspects of the end-of-life care.

The data of this research show that nurses have very little knowledge about the living will. Yet, the similar results were displayed in a study by Crego and Lipp (18) where nurses at intensive care units demonstrated a very low level of knowledge regarding the living will. Another similar study reporting very low levels of nurses' knowledge about the living will was conducted by Canadian scientists (13). It becomes clear that teaching about the death with

dignity, the living will, and ethical problems related to it should be the subject of nursing ethics in undergraduate and postgraduate level programs alike.

The problem of moral responsibility in health care is also very important. There are several theories concerning this issue. The first is based on the patient's liberty and autonomy of the individual. This theory is based on ethical issues like rights, duties, and obligations. Applied to the physician-patient relationship, this theory imposes the obligation of respect for the patient's self-determination on the physician (14). The autonomy of a terminally ill patient makes a lot of doubt. Can we really consider a patient who is suffering enormous pains autonomous? Are not his/her radical decisions under the influence of pain? The second theory is based on social well-being, rules of conduct, and social accountability. This theory requires actions from physicians to maximize the benefit even if this might demand acting without the patient's consent. It sanctions overriding the autonomous decision of a patient, if that decision is not judged by the physician to be in the patient's or society's good.

Advance directives promote patient autonomy and self-determination by allowing individuals to identify their preferences regarding life-sustaining treatment in case they become incapable of expressing such wishes themselves (19). Taking into consideration the principle of social benefit, one can question if advance directives are the best decision for the patient. Similarly, it also raises a question whether consent to advance directives maximizes the welfare and minimizes the malfeasance in a certain health care system.

**Conclusions**

The study revealed the low level of awareness of advance directives and their implications among Lithuanian nurses. It was also determined that there was an increasing interest to get more familiar with advance directives and discuss legal and ethical aspects related to nursing practice in the end-of-life care. The lack of dialogue between nurses and physicians regarding standards for end-of-life decision making and necessity of advance directives legislation in the nearest future was highly emphasized as well.

Finally, the importance to carry out further research on how nurses change their attributes and their values during training was revealed. They would also welcome more research on how different clinical situations can influence nurses' values as this could have significant influence on the development of the value-centered elements of the nursing curriculum.

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**Statement of Conflict of Interest**

The authors state no conflict of interest.

## Lietuvos slaugytojų požiūris į Gyvenimo valios testamentą

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**Raktažodžiai:** Gyvenimo valios testamentas, gyvenimo pabaiga, slaugytojos, požiūris, žinios.

**Santrauka.** *Tyrimo tikslas.* Įvertinti slaugytojų požiūrį į profesines vertybes bei Gyvenimo valios testamentą.

*Medžiaga ir metodai.* Atliktas kokybinis tyrimas – struktūrizuotas interviu.

*Rezultatai.* Pagrindinė profesinė slaugytojos vertybė – pacientų interesų atstovavimas gyvenimo pabaigos klausimais. Tyrimas parodė, kad slaugytojos labai mažai žinojo apie Gyvenimo valios testamentą. Nors trečdalis slaugytojų mano, kad etiška iš anksto apsvarstyti ir pasirašyti Gyvenimo valios testamentą, tačiau mažiau nei trečdalis respondenčių sutinka su tuo, kad Gyvenimo valios testamentas padėtų išspręsti sveikatos priežiūros profesionalo ir paciento atsakomybės pasiskirstymą bei palengvintų slaugos profesionalų darbą priimant paciento sveikatos priežiūros sprendimus.

*Išvados.* Slaugytojos turėjo nepakankamai žinių apie Gyvenimo valios testamentą. Didžioji dalis respondenčių sutiko, kad dokumentas yra būtinas – jis palengvintų pacientų ir sveikatos priežiūros profesionalų dialogą gyvenimo pabaigos momentu.

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