

News and notes

Living Wills: Working Party Report

The Centre for Medical Law and Ethics at King's College London and Age Concern have recently produced a report on living wills. The following is a summary of the report by Dr David Greaves, a member of the working party which produced it.

There are increasing numbers of incurably ill and incapacitated people, many of whom are elderly, who can be kept alive for prolonged periods by medical treatment and care, but who are incompetent to consent to or refuse such management. In these circumstances the unquestioned application of all possible life-sustaining procedures may not be desired by a majority of the public and is morally debatable. The report covers the medical, ethical and legal issues involved in considering those patients to which this might apply. They are people who have become permanently incompetent in making their wishes known, as a result of terminal illness, serious and permanent illness, disability, or severe dementia.

Two potential routes, which are complementary, may be considered in changing existing practices. First, doctors may be persuaded to make changes in their practice. Secondly, advance directives for health care may be introduced on a statutory or non-statutory basis. An advance directive is the generic term for an act whereby a person, whilst competent, specifically makes arrangements about his/her future health care decisions should he/she become incompetent. This may be achieved either by an instrument which has become known as a living will, or by a durable (or enduring) power of attorney, or a combination of both.

The term living will refers to a document in which a person, while still competent, requests and directs that

certain measures, which may be variously specified, should be adopted if and when he becomes incapable of taking responsibility for his own health care, ie by consenting to or refusing treatment. The measures usually relate to the refusal of certain forms of treatment aimed at the preservation of the person's life. A durable (or enduring) power of attorney in the context of health care allows a person, whilst competent, to appoint an agent to act on his behalf, in specified matters of health care, if and when he becomes incompetent.

The ethical principle adopted in examining this question is the desire to respect the liberty of individuals and to protect them from the indignity, suffering and pain to which continued treatment may lead. Although it has not been tested in the courts, we consider that doctors may lawfully withdraw or withhold treatments which they consider unduly burdensome in relation to pain, suffering and the likely period of survival. Good medical practice should therefore take account of this and together with a general improvement in services for those groups being considered sets the context for and complements more specific measures in the form of advance directives. These should be considered for those who become permanently incompetent because there is no other means of promoting their autonomy. However, the absence of any previous experience in the UK calls for caution in suggesting the precise steps which should be taken at present. The advantages and disadvantages of the possible options are therefore discussed as a means of promoting the public and political debate which will be required before decisions are taken. It is concluded that the principal options to be considered in determining the best way forward, are either to introduce living wills on a non-statutory basis or a combination of living wills and durable

powers of attorney on a statutory basis. Research, education and monitoring programmes will be essential in ensuring their successful introduction.

International Fellowship Program at The Hastings Centre

As part of its Program on International Biomedical Ethics, The Hastings Centre offers individuals from foreign countries an opportunity for independent study of ethical problems in medicine, the life sciences, and the professions. The purpose of this programme is to enable international scholars to spend time at the centre for advanced study and research, usually for a period of one month. During that period, participation in the ongoing activities of the centre, such as conferences, seminars, and workshops, is encouraged.

The Hastings Center is able to provide partial fellowships for needy applicants. These fellowships will be awarded on the basis of three criteria: (1) a distinguished academic and/or professional record, (2) a commitment to scholarly work in the field, and (3) the ability of the centre to make a substantial contribution to the applicant's interests. Because the centre has a limited number of offices, availability of space is also a consideration.

Interested individuals should request from the Director of Education the materials and forms outlining the application requirements. Those applying will be asked to submit a detailed description of their workplan (3-5 pages), a copy of a recent writing sample, a resumé, the names and addresses of two referees, and a rationale for the fellowship requested.