Knowledge and Attitudes of Medical Staff in Two Health Districts Concerning Living Wills

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**Objectives.** To explore the knowledge and attitudes of physicians towards advance directives in 2 healthcare areas. To compare the outcomes of both areas. To compare the outcomes of primary healthcare and specialised healthcare.

**Design.** A cross-sectional, descriptive study by means of a self-administered questionnaire.

**Setting.** North-Málaga and North-Almería healthcare areas, Spain.

**Participants.** Physicians of primary and specialised healthcare.

**Measurements and main results.** Knowledge and attitudes towards advance directives. 194 (63.19%) questionnaires were filled out by the physicians from both healthcare districts. Mean age (standard deviation) 42.54 (80.85); 65.5% of participants were men and 33.5% were women; 51.55% from primary care and 48.45% from specialised healthcare.

**Conclusions.** Polled physicians revealed a positive attitude towards the usefulness of advance directives for the patient’s relatives and for healthcare professionals. They also show a positive attitude towards the use and respect of advance directives. They show a high predisposition to register their advance directive, but a low predisposition to do so in a short term.

**Key words:** Health care directives. Living wills. Advance directives. Advance care planning. Bioethics.

CONOCIMIENTOS Y ACTITUDES DE LOS MÉDICOS EN DOS ÁREAS SANITARIAS SOBRE LAS VOLUNTADES VITALES ANTICIPADAS

**Objetivos.** Explorar los conocimientos y actitudes de los médicos acerca de las voluntades anticipadas en dos áreas de Andalucía. Comparar los resultados de ambas áreas sanitarias. Comparar los resultados de los médicos de atención primaria y atención especializada.

**Diseño.** Estudio descriptivo, transversal, mediante cuestionario autocumplimentado.

**Emplazamiento.** Área Sanitaria Norte de Málaga y Área Sanitaria Norte de Almería.

**Participantes.** Médicos de atención primaria y especializada.

**Mediciones y resultados principales.** Conocimientos y actitudes acerca de las voluntades vitales anticipadas (testamentos vitales); 194 médicos respondieron al cuestionario (tasa de respuesta del 63,19%). Media de edad ± desviación típica, 42,54 ± 80,85 años; el 65,5% varones, y el 33,5%, mujeres. El 51,55%, médicos de atención primaria, y el 48,45%, de especializada.

**Conclusiones.** Hay una actitud favorable hacia la utilidad de las voluntades anticipadas tanto para los familiares del paciente como para los profesionales sanitarios; también hacia su utilización y respeto. Desearan manifestar su propia voluntad anticipada aunque no en un futuro cercano. El personal de atención primaria muestra una actitud más favorable hacia las voluntades anticipadas en algunos ítems que el personal de especializada.

Introduction

Attempts are being made to improve the health care of the population with the use of advance health care directives. Advance health care directives or previous instructions are documents which enable a person to state the health treatments that they wish to receive if the time comes to make decisions when they may be physically or psychologically unable to make them for themselves. These documents are also known as living wills. This citizen right also helps health professionals to make better decisions for the patient in clinical situations where they cannot express their wishes.

According to the data compiled in the Autonomous Community Registers up to June 2007, 36,289 people in Spain have made their advance directive since the laws that regulate advance directives came into force in our country. However, the making of decisions at the end of life should not be limited to the simple signing of a document. This process must be thought through, reflected upon and informed, and be part of an integrated process of participation called “advance decision planning.”

The creation of living wills and their corresponding registers arose so that doctors might communicate in a permanent way, making use of a general guideline or rule in which to take refuge. However, if health professionals do not have the knowledge and the attitude required to work with this tool, living wills and the advance planning process will be in danger of not being used correctly.

In general, there is not very much in the literature on the subject of living wills in Spain, and what there is, is mainly theoretical. There have been few studies carried out in our country on the knowledge and attitudes of the population on living wills and advance planning in general.

The objective of the present study is to examine the knowledge and attitudes of the medical staff of the North Malaga and North Almeria Health Areas.

Methods

Design

A descriptive, cross-sectional study was performed in primary and specialized care by means of a questionnaire, in the North Malaga and North Almeria Health Areas.

Study Population

The total population was made up of 322 primary and specialized care doctors from both areas. To comply with the inclusion criteria, the professionals surveyed had to be family doctors in primary care or specialized care physicians in internal medicine, traumatology, mental health, rehabilitation and preventive medicine. Of these 322 professionals, 15 participated in the questionnaire pilot study. It was not considered appropriate to carry out sampling due to the population size, so the final study population was made up of a total of 307 doctors.

The complete questionnaire, available on the Internet, is shown in Appendix 1.

Questionnaire Design and Validation

PC and SC Medical Staff (N=322)

Pilot Test (N=15)

Not Located and Refusals to Respond (N=113)

Completed Questionnaires (N=194)

Response Rate (63.19%)

51.55% PC

48.45% SC

53.5% Males

46.5% Females

General Scheme of the Study

A cross-sectional, descriptive study on the knowledge and attitudes of primary care (PC) and specialized care medical staff on advance directives.
Methods
This study was carried out within the framework of a wider project called "In the end, you decide," approved and authorised by the Andalusia School of Public Health Research Committee of Granada. In primary care, a member of the link nursing staff was responsible for the distribution and collection of the questionnaires, whilst in specialized care it was the social worker of each hospital who was responsible for carrying out this task. The verbal consent of the participants was sought beforehand, and the confidentiality and anonymity of the data were guaranteed. This information was also given in writing as an attachment to the questionnaire. The survey was carried out between December 2005 and January 2006.

Data Analysis
The data obtained were analysed with the program SPSS for Windows version 14.0. The descriptive results of the 2 health areas are shown and the responses of the medical staff of both areas are compared using the χ² test or the Student t test.

Results
The total number of doctors who responded to the questionnaire was 194 (63.19%), with a mean age of 42.54±8.05 and a range of 25-63. Of those surveyed, 65.5% were males and 33.5% female. There were 51.55% primary care doctors and 48.45% from specialized care.

### Knowledge and Attitudes of Medical Staff of the 2 Health Areas

<table>
<thead>
<tr>
<th>Question</th>
<th>Malaga NHA</th>
<th>Almeria NHA</th>
<th>Student t Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledge of AD</td>
<td>Mean</td>
<td>SD</td>
<td>Minimum</td>
</tr>
<tr>
<td>Very poor</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. ADs are regulated by the law in Andalusia</td>
<td>Yes</td>
<td>135 (69.6%)</td>
<td>60 (65.9%)</td>
</tr>
<tr>
<td>3. Have read the Andalusia AD document</td>
<td>Yes</td>
<td>73 (37.6%)</td>
<td>29 (31.9%)</td>
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<tr>
<th>Question Variables</th>
<th>Malaga NHA</th>
<th>Almeria NHA</th>
<th>Student t Test</th>
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<tbody>
<tr>
<td>4. Good idea to plan and write health wishes</td>
<td>Mean</td>
<td>SD</td>
<td>Minimum</td>
</tr>
<tr>
<td>Not a good idea</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Useful tool for professionals</td>
<td>Not useful</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Useful tool for families</td>
<td>Not useful</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7. The representative helps professionals to make decisions</td>
<td>Not at all</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. You would recommend your patients to make an AD</td>
<td>Never</td>
<td>135 (69.6%)</td>
<td>60 (65.9%)</td>
</tr>
<tr>
<td>9. You would like your families to make an AD</td>
<td>Never</td>
<td>135 (69.6%)</td>
<td>60 (65.9%)</td>
</tr>
<tr>
<td>10. You would comply with their AD</td>
<td>Would not like that at all</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11. If you were the patient, you would make an AD next year</td>
<td>No</td>
<td>121 (62.4%)</td>
<td>62 (68.1%)</td>
</tr>
<tr>
<td>12. Would you be an AD for the patient</td>
<td>No</td>
<td>121 (62.4%)</td>
<td>62 (68.1%)</td>
</tr>
</tbody>
</table>

*SD indicates standard deviation; DK/NR, don’t know or no response; AD, advance directives; NHA, North Health Area.
The reasons why some doctors did not complete the questionnaire were either due to their refusal to respond or because it was not possible due to their situation (sick, holidays...).

The data which describe and compare the knowledge and attitudes of the doctors of both health areas are shown in Table 1.

No significant statistical differences were found between the 2 areas, except in item number 8.

Table 2 shows the data obtained for primary care and specialized staff. Differences were found in items 7 and 11 where the attitude of primary care medical staff is significantly more positive towards living wills than specialized care is. Differences were found in the significance limits in item 10.

**Discussion**

Firstly some considerations have to be made on the nature of the methodology which, to a greater or lesser extent, could affect the validity of the data. The difficulty in extending the results obtained to a general medical population needs to be pointed out. Similarly possible selection biases produced during the data collection process or to the limitations that could be derived from the validation of the questionnaire, should also be considered.

In general, we can deduce from the results obtained that knowledge of advance directives by medical staff could be much better. These professionals self-scored their knowledge with 5.29. That they are regulated by law was known by 69.6% and only 37.6% say that they have read the Andalusian advance directive document.
As regards the attitudes of the doctors about advance directives, in general, they revealed a positive attitude towards these documents. It is worth mentioning the great contradiction found between the theoretical readiness and the real possibilities of complying with an advanced directive. In our country, there are few studies that have examined the knowledge and attitudes of doctors towards advance directives and towards advance planning in general. The study by Bachiller et al. showed that only 10.8% of doctors surveyed knew the legislation on advance directives in detail. 9.8% had detailed knowledge of the existence of advance directives in other autonomous communities. That all patients must be informed on the existence of this document was expressed by 98.2% and 31.5% had no reservation in applying the will of the patient. Santos de Unamuno et al. polled 169 family doctors and found that 82.5% of those surveyed considered their knowledge on advance directives to be limited or zero. Only 11.1% had read the current legislation, and 97% were in agreement that advance directives could help in decision making. In Canada, Hughes et al. found that family doctors were supporters of advance directives, but they used them very infrequently. The majority of these professionals were of the opinion that education programs about these were needed.

What Is Known About the Subject
- Advance directives did not have legal value in Spain until the year 2000.
- From that time there has been a proliferation of laws on this subject.
- However due to the newness of these documents, there are few studies on advance directives in general, and studies on the knowledge and attitudes to these of medical staff are very limited.

What This Study Contributes
- The doctors surveyed showed a very positive attitude towards the usefulness, use and respect of advance directives.
- Doctors expressed great willingness to comply with their advance directive although not in the near future.
- This study demonstrates the need to extend training on advance directives for the doctors of both districts studied.

Other surveys carried out on family doctors in Finland and Australia are also in agreement with our study on the positive attitude of these professionals towards advance directives and in the need to improve their knowledge on the legislation and its use. The previously mentioned facts demonstrate the need to establish training programs on advance directives and advance planning in general, which would enable doctors to use a tool which, if used correctly, could benefit both the users and the professionals of our health system. It also must be pointed out that to establish suitable and effective programs, it would be of great importance to develop new lines of research aimed at determining which programs would be most suitable for training and educating our professionals. In the international scene, studies have been carried out with the aim of identifying the effectiveness of different education programs to improve the knowledge, attitudes and skills of doctors as regards advance directives. To develop projects of this nature in Spain would involve a great leap forward for research into advance planning and the end of life, enabling the health system to provide suitable programs to suit the needs of doctors.

Acknowledgements
To the medical staff of the North Malaga and North Almeria Health Areas for filling in the questionnaire, to the nursing staff and social workers of these areas who helped collect the data, and Ricardo Ocaña (Professor of Statistics EASP) for the help requested during the statistical analysis.

Investigators of the “In the end, you decide” project

References
The basis of advance health care directives (AHCD) is the respect and promotion of personal freedom. The content of this law, due to its sensitivity and importance, should beg a question to organisations and doctors: Do we have the challenge to develop an active role from the field of primary care? I believe we have.

Let’s look at some of the evidence. The concept of advance directives is more than just legal considerations and is, in the health environment, an advanced expression of the freedom of choice of people which determines the freedom to accept or reject certain medical treatments according to the life circumstances and personal values. Social progress seen as favourable by the population within the framework of well-being fosters the freedom of choice in doctor-patient shared decisions, overcoming the paternalistic attitudes of doctors, as well as the perceptions of the state as supreme guardian of the interests of individuals. As mentioned in the study, 36,289 people in Spain have filled in their AD document. Without a doubt it is an interesting path, but experts like the late David Thomasma stated that “The living will is only effective within a close clinical relationship” (DM, May 25, 2001). All an integral process of participation within the framework of advance decision planning, which the authors of the study point out. Therefore, to examine the knowledge and attitudes doctors and health professionals to establish the improvements necessary to guarantee the use of this right of the people, should be a prime objective as a first step to planning concrete strategies in our health centres.

The People
People are not reluctant to talk about death and, in my experience—“community forum” (70 people) and focal group activity—, demonstrated, naturally, that they would like to express their advanced directives to the doctors, and their main concern is to receive effective palliative care. The ethical and legal dilemmas are also a daily reality in primary care, care in the terminal stages and care in the dying process, when the patient and family have decided that it happens at home, increasingly places the doctors in difficult situations. To collect, at the appropriate time, someone’s AD as one more page in the clinical history in our daily routine would make subsequent clinical decisions much easier, both for professionals and families.

The Professionals
The qualitative results of an investigation with 209 health professionals from 16 health centres were able to con-
clude that the rejection attitudes were very uncommon, and a clear majority of professionals were in favour of using a living will in the clinical history as one work tool more.

However, difficulties are often pointed out when personally confronted with patients to talk about the subject of death and, therefore, to obtain an AD. This could explain the contradiction found in the study between the theoretical willingness and the real possibilities of complying with an advance directive document by the professionals.

The expression of an AD must be based on a prospective and confident doctor patient relationship, it would be an implicit agreement, contained in conversations, effective communication, with periodic follow-up and recorded in the clinical history, more than a document, which could also be effective, when it is thus decided the patient is well informed.

The professionals, besides having knowledge on AD, should inform the patients, perhaps prioritising by risk, on their favourable attitude to personalise certain aspects, according to clinical situations, in the contents of the advance directive document.

The Response to the Initial Tentative Question
Primary care should actively participate in spreading awareness of these rights, fostering in the clinics, “that every citizen who wishes it, and at a time they consider appropriate, may express their feelings, their concerns, their will, on the medical care they would like to receive, or not receive, at the end of their life.”

References
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Score 0</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
<th>Score 5</th>
<th>Score 6</th>
<th>Score 7</th>
<th>Score 8</th>
<th>Score 9</th>
<th>Score 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What score would you give for your knowledge of advance directives (AD) (living wills)?</td>
<td>Very poor</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>2. Are ADs regulated by the law in Andalusia?</td>
<td>Yes</td>
<td>Unknown</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3. Have you read the Andalusia AD document?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
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<tr>
<td>4. Do you agree that patients should plan their health care wishes by writing them in an AD declaration?</td>
<td>Don't agree</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>10</td>
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<tr>
<td>5. Do you believe that the AD Declaration is a useful tool for health professionals when making decisions on a patient?</td>
<td>No use</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>6. And for patients' families?</td>
<td>Don't like it at all</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>10</td>
</tr>
<tr>
<td>7. Do you believe that if a patient names a representative in the AD, it would help making decisions easier for health professionals in those situations where the patients cannot express themselves?</td>
<td>No</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>4</td>
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<td>6</td>
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<td>9</td>
<td>10</td>
</tr>
<tr>
<td>8. Would you, as a professional, recommend your patients to make a an AD?</td>
<td>Never</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>9. Although it is a decision for their families, would you prefer that they had made their AD?</td>
<td>Unlikely</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>10. Would you personally, as a potential patient, fill in an AD?</td>
<td>Unlikely</td>
<td>0</td>
<td>1</td>
<td>2</td>
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<td>6</td>
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</tr>
<tr>
<td>11. You would respect the express wishes of a patient in an AD declaration.</td>
<td>Never</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>9</td>
<td>10</td>
</tr>
<tr>
<td>12. Do you think it is likely that you would make your own AD in the next year?</td>
<td>Unlikely</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>6</td>
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Thank you very much for your help.