



Title	Advance Directives for End-of-life Care in the Elderly – Effectiveness of Delivery Modes
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Aim

To examine the research evidence on the effectiveness of different methods for delivering advance directives to the elderly and to describe the utilization of advance directives in Alberta, Canada.

Conclusions and results

One systematic review and 10 randomized controlled trials (RCTs) met the inclusion criteria. The types of interventions used in the RCTs included: written educational materials alone (1 RCT); written material plus an educational videotape (3 RCTs); written materials plus an interactive seminar (1 RCT); an education session plus telephone reminder (1 RCT); physician-initiated discussion (3 RCTs); and a comprehensive nurse-initiated education program (1 RCT).

Limited evidence indicates that mailing written materials alone increased the advance directive (AD) completion rate by 18%. Compared to provision of written materials alone, the addition of educational videotapes did not increase the completion rate, whereas adding an interactive seminar significantly increased the AD completion rate by 38%. An education session plus a telephone reminder did not increase AD completion rates when compared to an education session alone. Physicians discussing ADs with outpatients increased completion rates by 15% to 16%. The most comprehensive and complex education program, Let Me Decide (LMD), increased completion rates by at least 45%. However, both competent nursing home residents and family members of incompetent residents completed the ADs in this study.

Many different formats of ADs are currently available in Canada. Alberta's Personal Directive Act does not require healthcare professionals to inquire about personal directives. Capital Health evaluated the LMD Personal Directive Program in 2002 and encountered some difficulties in implementing the program, which had originated in Ontario.

Recommendations

The optimal method to increase discussions with older patients about end-of-life healthcare and the completion of written directives remains unclear. Providing written materials plus an interactive seminar significantly increased AD completion rates, compared to written materials alone. A comprehensive and time-intensive educational program that included both competent elderly persons and family members of incompetent persons significantly increased completion rates, but the results could not be compared to other studies because of differences in study design and reporting. Since there is no provincial policy on advance healthcare planning in Alberta, regional health authorities may choose to implement customized programs. Applying a directive program modeled on a program from another province may be challenging due to differences in legislation between provinces.

Methods

Systematic reviews and RCTs were identified by systematically searching PubMed, EMBASE, HealthStar, the Cochrane Library, Science Citation Index, and the websites of health technology assessment agencies and guidelines sites from January 1993 to March 2004. The study population included seniors aged 55 years or older.

Further research/reviews required

Further research is required to find the best strategy for increasing the completion rate of written directives among seniors. It is also important to identify the type of professional that is best qualified to deliver advance directive programs, since this may differ depending on the method of delivery and complexity of the advance directive, the setting, the availability of resources, and the target population.