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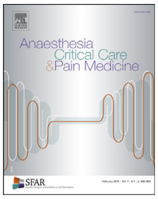

Letter to the Editor

Answer to the reply letter to: Physician's experience in decisions of withholding, withdrawing life-sustaining treatments: A multicentre survey in emergency departments

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Dear Editor-in-Chief

We thank Antoine Lamblin et al for the reply letter to our survey [1], which discussed the difficulty to have an ethical approach during the decision of withholding or withdrawing life sustaining-treatments and the necessity to have advance directives before admission in emergency department. The authors suggested that this is the responsibility of physicians who are following patients with chronic and/or terminal diseases to obtain advance directives from patients in case they would not be able to communicate.

This is a very interesting response to our letter that brings out points of interest to be discussed about the advances directives. It has been established that there is a lack of advance directives among patients admitted in emergency departments, especially for those coming from nursing homes despite the fact that advance directives could be useful to guide emergency care [2]. In 2009, only 2.5% of the French population had written their advance directives.

Decisions of withholding or withdrawing life sustaining-treatments in emergency departments mainly concern patients over 80 with numerous comorbidities such as dementia and living in nursing homes. Most of the time they are also unable to communicate their wishes concerning their end-of-life preferences. Ethical aspects must be respected in this context, such as the patient's autonomy and the principle of non-maleficence. Therefore, the relatives or the trustworthy person are important to express the wishes of patients concerning their end of life's preferences. In our experience in emergency departments, the trustworthy person is often a help for the decision-making process when advances directives are lacking.

The most recent law, on February 2, 2016 concerning the new rights of the patients and persons in end of life encourages the use of advance directives but they are not mandatory. Ten years have passed since the first law of April 22, 2005 on the rights of the patients and the end of life mentioned the advanced directives but they are still insufficient. Moreover, the context and the temporality of emergency department is an additional difficulty to obtain the advance directives from the general practitioner especially during the night or the weekend.

So we enquired into the reasons for a lack of advance directives. First, we have shown in our survey that the concept of advance directives was badly known by emergency physicians in comparison with the concept of the trustworthy person [1]. Therefore, advance directives may not be systematically searched for.

Secondly, it has been demonstrated that there was poor communication in decision making for practitioners and family careers at the end of life for people especially with dementia. Unfortunately an acute illness or an admission into hospital was often an opportunity to instigate end-of-life discussion [3]. Moreover, it has been found that quality of end-of-life care and quality of dying for nursing home residents were insufficient in Europe, despite the fact that the number of deaths in nursing homes is growing [4]. If additional palliative care guidelines and practice tools are needed to improve quality of dying for nursing home residents, emergency departments shouldn't be a place to die.

What can we expect to improve patients' end-of-life in emergency departments?

On the one hand, discussions with patients concerning their end-of-life wishes and, on the other hand, written advance directives for patients with chronic diseases must be encouraged early and, if possible, before their admission in nursing homes. We also wonder if advance directives should be mandatory, especially in nursing homes.

The advance care planning used in the United Kingdom and the United States is an interesting approach. It's a process whereby a patient may express their preferences for care and treatment in consultation with medical team, caregivers or family members in case he becomes unable to participate in medical treatment decisions. It is a continual process centred on the patient quite different from the advance directives which are more of an individual reflection. It has been shown that the advance care planning improves end-of-life care, patient, and family satisfaction and reduces stress, anxiety, and depression in surviving relatives. Nevertheless, studies also reported that only 36% of the patients were judged in capacity to participate among patients with cognitive impairment and dementia in nursing homes [5].

Finally, even if advance directives are lacking in emergency department, physicians should have an ethical reflection during end-of-life decision-making process. An approach which maintains the communication with the trustworthy person or relatives in these situations could help them in order to take the most appropriate decision for each patient.

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Disclosure of interest

The authors declare that they have no competing interest.

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