

Psychiatric Advance Directives: A Tool to Improve Care

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What are Psychiatric Advance Directives (PADs)?

- **Legal documents that allow persons when of “sound mind.”**
- **To refuse or give consent to future psychiatric treatment.**
- **May authorize another person to make future decisions about mental health care on behalf of the mentally ill person, if he/she becomes incapacitated.**

Why are Psychiatric Advance Directives important?

- Patient Self-Determination Act (PSDA) of 1991 requires hospitals and clinics to assist in the use of Medical Advance Directives (“living wills”).**
- In states with Psychiatric Advance Directives laws, the PSDA requires hospital and clinics to assist in their use.**

Two parts to Psychiatric Advance Directives

- **Instructional Directive:**
 - Similar to a living will.
 - Documents wishes, consent or refusal of future care.
- **Health Care Power of Attorney:**
 - Appoints another person to make decisions during crises.
 - May be designed with limited or broad powers.
- **Not required to have either, in some states can have either or both.**

Making an Instructional Directive

- Any adult “of sound mind” can make.
- Signed in presence of two witnesses:
 - Not a relative.
 - Not person’s doctor, mental health provider or other staff.
 - Not staff of a health care facility in which the client is a patient.
- Must be notarized.
- Present to doctor and other mental health treatment providers.

What does “Incapable” Mean?

“..in the opinion of a physician or eligible psychologist the person currently lacks sufficient understanding or capacity to make and communicate mental health treatment decisions.”

What powers does the health care power of attorney have?

- **Can make whatever treatment decisions the consumer could usually make;**
 - **Unless the consumer limits the authority of the health care power of attorney.**
 - **Consumer can instruct health care power of attorney on decision about medications, ECT, hospital admission, other.**

Must clinicians always honor the instructions?

- **Clinicians may disregard instructions:**
 - **Not consistent with “generally accepted community practice standards.”**
 - **When treatments requests are not feasible or unavailable.**
 - **When treatment requests would interfere with treating an emergency.**
 - **Instructions may be over-ridden by involuntary inpatient commitment.**
 - **Conflicts with other law.**

If one instruction is not followed, what happens to other instructions?

Generally:

- If one part the instructions cannot be carried out, the remaining instructions must still be followed.**
- If not followed, reason for not following instruction must be communicated and documented.**

Can the instructions be changed?

- **Generally: Instructions may be changed whenever the person is “competent” or “capable.”**



Potential Ethical Problems with PADs

- **Lack of requirement or mechanism to determine competency to prepare a PAD.**
- **Potential divergence of PAD instructions from standard treatment guidelines.**
- **Potential lack of resources.**

An agreement relinquishing the right to change one's mind can be called a "Ulysses contract."

- On his 10-year voyage back to Ithaca from the Trojan War, Ulysses was warned by Circe to take precautions if he wanted to hear the Sirens' transfixing song, or there would be "no sailing home for him, no wife rising to meet him, /no happy children beaming up at their father's face."
- Ulysses accordingly ordered his men to stop their ears with beeswax and bind him firmly to the mast and instructed them that if he gestured to be set free, they should stick to the original agreement and bind him tighter still



Examples of Use of PADs

- **Advance informed consent to future hospitalization in the event of incapacitating mental health crisis.**
- **Request or refuse future treatment with medications or other interventions.**
- **Authorize health care power of attorney to make future decisions about psychiatric treatment in patient's best interest.**

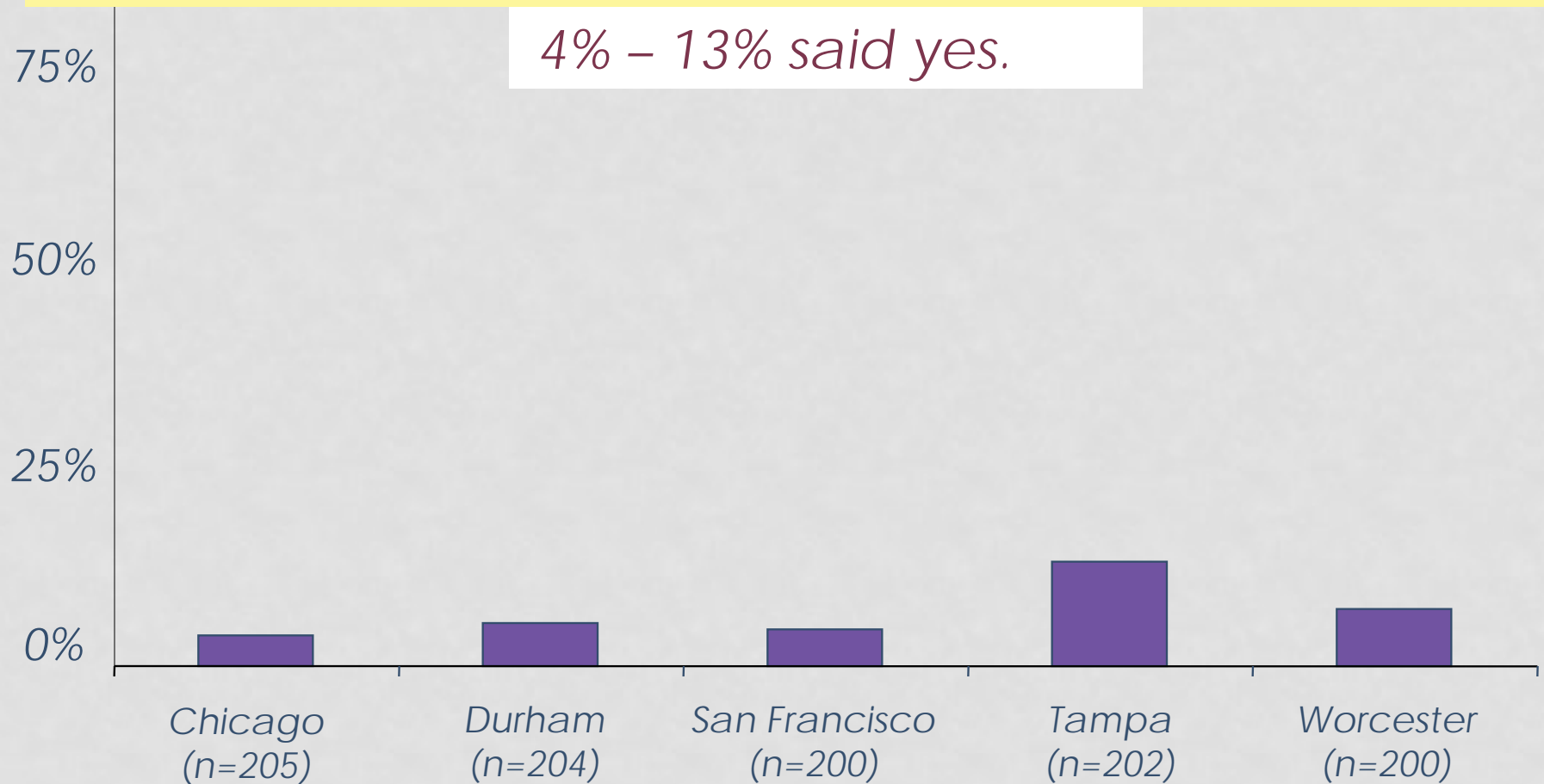
Why don't more consumers have Psychiatric Advance Directives?

- Some hospitals have not complied.**
- Families and consumers have not realized they should encourage them.**
- Fewer than half of states have these laws.**
- Advance directives may be difficult to complete for some consumers.**
- Help in completing advance directives may not always be available.**

PAD PREVALENCE...

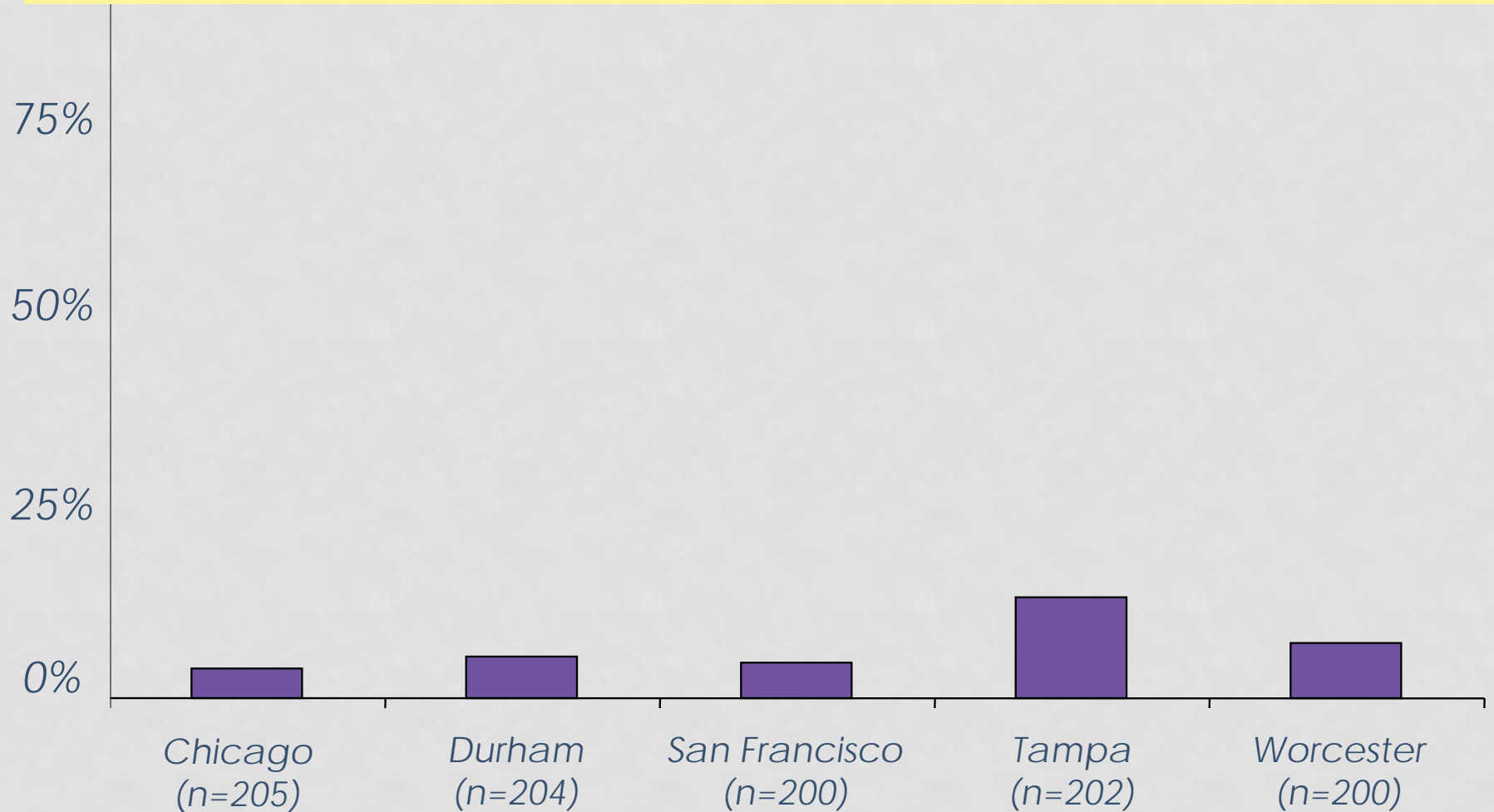
MacArthur Network Survey: *Have you completed an advance directive or authorized someone to make decisions for you in a mental health crisis?*

4% – 13% said yes.



PAD PREVALENCE... *AND LATENT DEMAND*

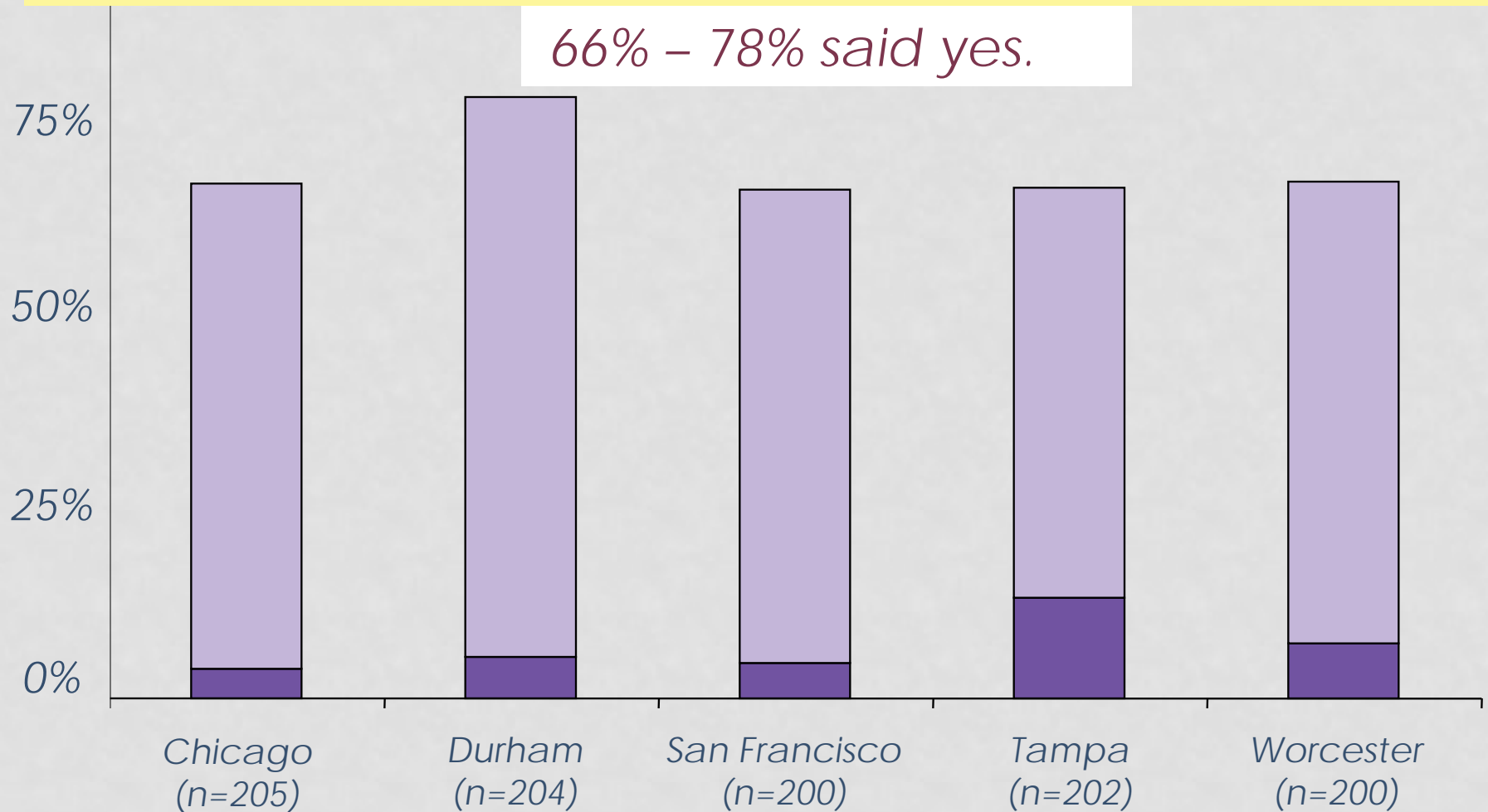
MacArthur Network survey: *Would you want to complete a PAD if someone showed you how and helped you do it?*



PAD PREVALENCE...AND LATENT DEMAND

MacArthur Network survey: *Would you want to complete a PAD if someone showed you how and helped you do it?*

66% – 78% said yes.



Increasing interest in PADs: New laws in 25 states since 1991

ALASKA

ARIZONA

HAWAII

IDAHO

INDIANA

ILLINOIS

KENTUCKY

LOUISIANA

MAINE

MARYLAND

MICHIGAN

MINNESOTA

PENNSYLVANIA

MONTANA

NEW JERSEY

NORTH CAROLINA

OREGON

OHIO

OKLAHOMA

SOUTH DAKOTA

TEXAS

UTAH

WASHINGTON

WYOMING

NEW MEXICO

EXCERPTS FROM A pad (UNFACILITATED)

I do not consent to the administration of the following medications:

- ① Haldol, prolifer - locks my jaw even w/ Cogentin RX + Tougeine, mellaril + elavil
- ② Lithium or Tegretal - ↑ liver Fx tests + kidney dysfunction
- ③ Codiene - hallucinations
- ④ Tegem - locks my jaw
- ⑤ Dipakote - acid destroys lining of stomach + intestines, of Celiso spine weakness
- ⑥ Serroquel - makes me high or manic
- ⑦ prozac - makes me manic
- ⑧ Zanaf - adverse reaction
- ⑨ Resperiodol - locks jaw
- ⑩ Zanaf - adverse reaction

* Meds suspended in alcohol (see over)
Conditions or limitations: All questions (10) episodes are to be managed @ home where my special foods are prepared by me or health care aide as no hospital can afford my expensive diet + cost effectiveness of medicine (which does not cover USP standard no generic meds + which I need or I'll need in a psychiatric break 5x + 5x) can be spared unnecessary hospital stays, in the event of MI or CVA = Regional ICU where my team of doctors can treat me is hospital of choice - not Duke or Unstead or UNC. My son + my church

Church are to be notified ASAP if I am hospitalized. DO NOT NOTIFY SON or his family as they are hostile relatives
* No meds other than CPR drugs are to be given's notification of

Abusive Treatment @ past by Dr. _____, where abusive treatment has occurred. Regional hospital has occurred in the psych ward, so I would want a legal Aide Attorney to see me ASAP
X I do not consent to being admitted to a health care facility for mental health treatment.

Facilitated PAD medication instructions:

A. I agree to administration of the following medication(s):

I agree to Zyprexa because it treats my manic-depression, brings me back to reality, clears blurriness, helps me think clearly.

B. I do not agree to administration of the following medication(s):

I do not want Lithium or Tegretol because it could compromise my kidney functioning and liver function tests were once affected. Depakote

Research on PADs: Effectively Implementing PADs

- Enroll sample of 450 patients with serious mental illness from 2 county outpatient mental health centers and 1 regional state psychiatric hospital in North Carolina
- Random assignment
- Structured interview assessments at baseline, 1 month, 6 months, 12 months; record reviews

Can PADs reduce coercion?

Prevalence of coercive crisis interventions in North Carolina PAD study

Type of intervention	Percent
Police transport to treatment	67.78
Placed in handcuffs	41.84
Involuntary commitment	61.09
Seclusion on locked unit	49.79
Physical restraints used	37.66
Forced medications	33.89
Any coercive crisis intervention (lifetime)	82.43



Summary of key findings

- Large latent demand but low completion of psychiatric advance directives among public mental health consumers in the USA
- Consumers face significant barriers to PAD completion, including clinician resistance and willingness to override PADs.
- Structured facilitation can overcome most of these barriers: Most consumers offered facilitation complete legal PADs.

Summary of key findings (cont.)

- F-PAD appears to improve working alliance and perceived met need for services in the short term, reduce crises and improve functional outcomes at 6 months.
- PAD completion appears to reduce the frequency of coercive crisis interventions over 24 months.

Options for Sharing PADs

- **Can place in Medical record**
- **Can place in state or health system electronic registry**
- **US Living Will Directory**

Options for Sharing PADs in NC

- **Can place in Medical record**
- **Can place in North Carolina Department of the Secretary of State Advance Health Care Directive Registry—secure web site**

**NORTH CAROLINA DEPARTMENT OF THE
SECRETARY OF STATE
ADVANCE HEALTH CARE DIRECTIVE REGISTRY**



**Welcome to the North Carolina Advance Health
Care Directive Registry! We are pleased to offer
this service of registering your Advance Health
Care Directives online for easy accessibility**

Internet: WWW.SOSNC.COM

**NORTH CAROLINA DEPARTMENT OF THE
SECRETARY OF STATE
ADVANCE HEALTH CARE DIRECTIVE REGISTRY**

Standard Forms:

- **Registration Form**
- **Health Care Power of Attorney Form**
- **Advance Instruction for Mental health Treatment**
- **Revocation Form**



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PAD STORIES

"This time, with a PAD, I did not receive any treatments that I did not want. They were very respectful. I really felt like the hospital took better care of me because I had my PAD. In fact, I think it's the best care that I've ever received."

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Welcome to the National Resource Center on Psychiatric Advance Directives



PATIENTS AND CONSUMERS

Find out what you need to know about preparing your own psychiatric advance directive in your state using this simple step-by-step guide.

[More details....](#)

[State-by-State Information](#)

Psychiatric advance directives are relatively new legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. Psychiatric advance directives can be used to plan for the possibility that someone may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness.



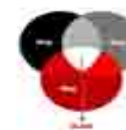
HEALTH AND LEGAL PROFESSIONALS

Access practical, clinically focused information as well as comprehensive legal resources to help you make decisions when you encounter psychiatric advance directives in practice.

[Find out more...](#)

FAMILY MEMBERS AND FRIENDS

Help a family member with mental illness prepare for a psychiatric crisis using advance instructions or health care power of attorney documents.

[More details...](#)

[NRC-PAD Web Blog](#)

Where can I get more information about Psychiatric Advance Directives?

- **National Resource Center on Psychiatric Advance Directives**
<http://nrc-pad.org>
- **NAMI**
www.nami.org
- **Bazelon Center**
www.bazelon.org
- **National Mental Health Association**
www.nmha.org

Thank you!

Visit us at:

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