

## **A Population-Based Study on Advance Directive Completion and Completion Intention among Citizens of the Western Canadian Province of Alberta**

**Reference:** Wilson, Donna M. et. al. *Journal of Palliative Care*; Spring 2013; 20,1: 5-12.

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### **Abstract:**

Determining what proportion of the public has completed an advance directive and which population subgroups complete or do not complete such a directive is crucially important for planning purposes. Our research objective was to examine and compare advance directive completion, intention to complete, and noncompletion rates among citizens of one Canadian province. A telephone survey was conducted with 1,203 Albertans who met gender, age, and other requirements for a representative sample. When asked, "Do you have a living will or personal directive?" 43.6 percent reported having completed a directive and 42.1 percent indicated that they planned or intended to complete one. Completion rates increased with age. Widowed, self-employed, and retired people, and those who had lost a family member or friend and had other select end-of-life experiences and viewpoints were significantly more likely to have completed one. Although older people more often had an advance directive, personal life-and-death experiences should be recognized as major influences on directive completion.

### **Strengths:**

- Large sample size
- Only Included one member per household
- Combined with larger survey; more data available for analysis
- Done within context of Canadian health system

### **Weaknesses:**

- only 21% answered survey; raises possibility of voluntary response bias
- social desirability cannot be excluded; in other words, respondents may be stating that they intend to complete a personal directive because it's more socially acceptable to do so
- does not directly assess causation or describe mechanism

### **Relevance to Palliative Care:**

Goals of care, and advanced directives are discussed with every patient in this department (and should be in every health setting) and have meaningful clinical impacts on Palliative care management. This study is also notable for having been done in Alberta.