

Advanced directive plays a crucial role in healthcare. The directive was developed to respect the end of life medical wishes of individuals with incurable diseases. Similarly, the rights of patients are protected as well as healthcare practitioners provided with clinical guidelines to offer end of life care. Therefore, advanced directive is a legal document that enables a patient to provide their decisions about end of life care in the coming days. Furthermore, an example of advanced directive includes the medical power of attorney and the living will. This paper will focus on ethical theory and contemporary issues in advanced directive by researching its history and social context, the relevance of the event as well as assess the current arguments and ethical and moral reasoning. The history of advanced directives is traced back in 1914 when the case law recognized the necessity to acquire patient consent for aggressive therapeutic actions that are according to self-determination rights. However, according to Booth & Lehna (2016), health decisions have always been the authority of the healthcare professionals to make and therefore, medical practitioners make these decisions intending to make the patient feel cured or relieved. Nonetheless, as technology progressed and several technological pieces of equipment emerged such as mechanical ventilators, the emphasis on care changed to sustaining life rather than based on comfort. Moreover, by 1960 several rights movements were created to protect both consumers and patients. The hospital care advocates pursued to release the critically ill individuals from antagonistic and eventually unsuccessful life-supporting treatment through authorized procedures with the creation of advanced directives such as living wills. Living wills are created to uphold patients' voices in making decisions regarding their health matters and permit them authority to command the standings of their therapeutic care during the end of life. Advanced directives facilitate communication with family members as well as encouraging patient sovereignty with healthcare providers. The social constraints within patients and

healthcare professionals are broken and therefore advanced directives provided benefits to both of them. For instance, having a directive ensures healthcare professionals have a direction of providing medical care and thus enhances their professional work as they will work based on individuals' wishes and desires. Moreover, communication among families is enhanced, since advanced directive provides healthcare providers with a channel of communication with patient families (Booth & Lehna, 2016). Similarly, upon the patient selecting a surrogate member provides the physicians with an easy task of communicating the health status of a patient. An advanced directive is relevant as it settles the increased concerns of patients going through unwanted medical treatments and procedures to preserve life at any cost. For the past decade, outstanding efforts have been made to establish an advanced directive as an element of medical care in the United States. Hence, advanced directives such as living wills are significant in ensuring individuals' medical care and decision making are considered in situations when they are momentarily or permanently incapable of making decisions. Additionally, with the situation ensures that the burden for family and healthcare professionals making decisions is also removed and also enhances the preservation of dignity and autonomy of the patient when medical care is done based on their choices and preference irrespective of physical or mental capacity. Several arguments surround the use of advanced directives. First, advanced directives are considered to be underutilized because majority of the Americans have them, but healthcare providers are not always in a position to use it. When one provides a means that they would wish to be treated when in a position unable to make their own decisions and healthcare professionals do not do as the patient required it causes the unethical behavior in the healthcare industry. Every person has a right to make decisions concerning their lives, therefore through advance directives patients can decide on their medical care, however many health professionals have a philosophical

objection of their use as most patients do not know the distinct possibility of their choice and thus lacking critical information hence prohibiting them from making fully informed and autonomous decisions. Another argument for advanced directives revolves around the format used to store the consent agreement. No law requires advanced directive to have a certain format according to the Mental Capacity Act 2005 (Cave, 2015). For that reason, the development of video advanced directives is an option that will reinforce an individual expression thus ensuring the validity of the decision. Several ethical issues arise due to the use of advanced directives. Although several individuals such as doctors and lawyers have supported the advanced directives as a way of ensuring autonomy and enhancing personal wishes in medical care, the practice is associated with ethical concerns. First, there is an issue of medical futility which is an intervention that is inefficient and thus does not conform to acceptable community standards (Karnik & Kanekar, 2016). When health professionals involve themselves in the intervention that does not lead to the intended goal, for instance, considering the patients' wishes before losing decision-making capacity then it will lead to misunderstanding and loss of trust in the healthcare system. Another ethical issue is the rise of physician-assisted suicide which patients may request in case of pain or fear of being a burden to the family (Karnik & Kanekar, 2016). Although the practice is legal in Oregon state, the physician does not support the process because it leads to violation of the patient-physician relationship. In conclusion, advanced medical directive is created to outline patient's wishes and preferences concerning medical treatments and interventions. The event is traced back in 1914 when the case law realized the need for patients expressing their self-determination in making decisions about their medical care. Moreover, Advanced directives facilitate societal concerns including communication with family members and encouraging patient sovereignty with healthcare providers. Moreover, situations such as

unwanted medical treatments and procedures to preserve life are removed. Furthermore, the burden of family members making decisions is removed and the patient's dignity and autonomy upheld. The present arguments surrounding advanced directive are underutilization of the event and format of the agreement. Lastly, the ethical issues in the advanced directive are physician-assisted suicide and medical futility.

References Booth, A. T., & Lehna, C. (2016). Advanced Directives and Advanced Care Planning for Healthcare Professionals. Kentucky nurse, 64(2). Cave, E. (2015).

Determining capacity to make medical treatment decisions: Problems implementing the mental capacity act 2005. Statute law review, 36(1), 86-106. Karnik, S., & Kanekar, A. (2016, June).

Ethical issues surrounding end-of-life care: a narrative review. In Healthcare (Vol. 4, No. 2, p. 24). Multidisciplinary Digital Publishing Institute.