



The end of life and the different perceptions of individuals in the treatment with advance directives

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1 INTRODUCTION

People at the end of their lives may have different health problems and difficulties. Palliative care aims at controlling their health conditions or special attention, such as specific aids, to help them live in better conditions in the context of their family. When unable to communicate, their autonomy can be respected through the fulfillment of their advance directives of will.

2 OBJECTIVE

Addressing the individuality of perceptions, on whether or not to desire health care in specific life cases through advance directives of will.

3 METHODOLOGY

This is a literature review of published articles and their perceptions, articles published between the years 2011 and 2022. The database used was the Google Academic platform. The key phrase was "Advance Directives of Will".

4 DEVELOPMENT

Three articles were selected, Advance Directives of Will are mainly aimed at the elderly, but not only; it is based on improving the patient's quality of life, addressing the physical and psychosocial part, and seeking to relieve their symptoms, as well as providing support and comfort, both for the patient and his family, as discussed by Nunes and Anjos (2014, p. 243):

The end of life may have different perceptions for each individual, taking into consideration preferences, needs or specific personal choices. Some patients opt for the desire to be in the comfort of home, while others will wish to be assisted by specialized hospital care, in some health care institution, until the end of possible treatment options. In other words, there is a change in the end-of-



life culture over the years and in the way it is faced by patients, which must be taken into account (NUNES and ANJOS apud KOVÁCS, 2014, p. 243).

Thus, when possible, there are measures that can be taken in order to increase the likelihood of a peaceful death, following the patient's end-of-life wishes and always treating them with respect and dignity at this time. In this regard, advance care planning, along with advance directives, can be an important part of end-of-life care.

Thus, advance directives are nothing more than the different types of approaches and possible treatments that, in accordance with the wishes expressed by the patient, postulated in a legal document, mark out the various types of possible care that should or should not be carried out in the near future, during the final stage of life (SCOTTINI; SIQUEIRA; MORITZ, 2018, p. 441).

However, there is also, on the part of the physician, the possibility of conscientious objection for not agreeing with a certain will of the patient for ethical, personal, or belief issues (CFM, 2018). This guidance is important so that the physician has a good ethical, philosophical, and anthropological basis in facing the difficult phases of life and in the relationship with death.

5 CONCLUDING REMARKS

The perceptions about Advance Directives of Will, for patients under palliative care at the end of life, were denoted, addressing the need to respect the wills of these patients, thus respecting their autonomy and dignity.

Although advances in ethical and technological aspects, the doctor's role in collaborating with life decisions is primordial to guide all possible forms of treatment, not interfering with the patient's will.



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