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## RE: Towards realistic and flexible advance care planning.

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## RE: Towards Realistic and Flexible Advance Care Planning

Brendan O'Shea, Geoff King, Catherine McGuinness, David Smith

Sir,

We refer to IMJ Editorial entitled 'Towards Realistic and Flexible Advance Care Planning'<sup>1</sup>. We appreciate the focus on this issue which is agreed to be of importance internationally<sup>2</sup>. We agree with the author that 'Think Ahead'<sup>3</sup> is indeed 'the most prominent advanced care directive currently available in Ireland.' We disagree with most other opinions expressed.

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'Think Ahead' is more than an advance care directive. It is this, but also a comprehensive end of life planning tool, facilitating the individual to engage with their family, friends and professionals to make and record a broad number of preferences regarding end of life. It particularly addresses issues known to be of concern to the Irish Public<sup>4</sup>. It is a citizen-led tool, developed from a prolonged process of engagement with the public, patients, and medical and legal professions. Its development has been informed with reference to the international peer reviewed literature, and by pragmatic studies conducted in the community setting, evaluating feasibility and acceptability to patients and to health care professionals.

We believe that it is unhelpful for Prof. O' Neill to draw comparisons between the property bubble in Ireland from 2006 and end of life planning. We do not understand how he plausibly associates end of life planning with '....negativity about life with dementia and disability,' which appears to be the impression created by his editorial. Think Ahead is aimed at the entire population and is empowering to the individual, who can revoke or revise their advance care directive at any time - in writing or verbally. Those of us working in the community do appreciate constructive criticism, which leads to improved care for patients. We understand most clinical tools in use are imperfect to some extent. Prof O Neill is, however, clear in his rejection of all such tools, which he expansively dismisses as 'most forms of advance care directives.' We believe what he proposes instead appears vague and impractical. He advises Irish Clinicians to 'inject clinical reality' into the debate, concluding with a reference to 'a full palette of care at the end of life.'

We believe that this point of the patient journey in Ireland is often experienced in the out of hours setting by older, suffering public patients, supported by Nursing Home staff and on call General Practitioners who may not have personal knowledge of the patient. The individuals concerned, and Nurses and Doctors responsible for their care, would benefit from clear information reflective of the expressed wishes of the patient. At the risk of appearing fanciful ourselves, Prof O' Neill's editorial does rather appear a classic example of what Voltaire neatly expressed as 'the great being the enemy of the good.' We are all ethically obligated to collaborate in the interest of patients for whom we have a duty of care.

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### Author's Correspondence

No Author Comments

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