

Oral presentation

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New research on psychiatric advance directives

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from WPA Thematic Conference. Coercive Treatment in Psychiatry: A Comprehensive Review
Dresden, Germany. 6–8 June 2007

Published: 19 December 2007

BMC Psychiatry 2007, 7(Suppl 1):S111 doi:10.1186/1471-244X-7-S1-S111

This abstract is available from: <http://www.biomedcentral.com/1471-244X/7/S1/S111>

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Background

Psychiatric advance directives (PADs) provide a legal means for competent individuals to refuse or consent to future mental health treatment during periods of decisional incapacity. Previous studies have shown high potential demand for PADs but low rates of completion in the United States, despite new laws authorizing PADs in over 20 states. This paper reports the results of the first randomized study of a structured, manualized intervention to facilitate completion of PADs.

Methods

A sample of 469 patients with severe mental illness were randomly assigned to a facilitated advance directive (F-PAD) session or a control group receiving written information about PADs and a referral for assistance from existing resources in the public mental health system.

Results

Sixty-one percent of F-PAD participants completed legal advance instructions and/or authorized a proxy decision maker; 3% of control group participants completed these legal instruments. PAD instructional documents were rated by psychiatrist-raters to have highly consistent with standard standards of community practice. No participant used a PAD to refuse all treatment, though most participants refused some medications and expressed preferences for admission to specific hospitals and not others. At 1 month follow-up, F-PAD participants had significantly greater improvement in working alliance and were significantly more likely to report receiving the mental health services they believed they needed, compared to

the control group. In addition other improvements were seen at 6 and 12 months in other clinical domains.

Conclusion

Structured facilitation of PADs may be a necessary service in order for PAD policies to be implemented and to achieve PADs' promise of providing greater self-determination and better-informed treatment decision making for persons with severe mental illness.