

Joint crisis plans and psychiatric advance directives in German psychiatric practice

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Received 20 August 2012

Revised 25 March 2013

Accepted 30 May 2013

Published Online First

21 June 2013

ABSTRACT

This study explores the attitude of German psychiatrists in leading positions towards joint crisis plans and psychiatric advance directives. This topic was examined by contacting 473 medical directors of German psychiatric hospitals and departments. They were asked to complete a questionnaire developed by us. That form contained questions about the incidence and acceptance of joint crisis plans and psychiatric advance directives and previous experiences with them. 108 medical directors of psychiatric hospitals and departments responded (response rate: 22.8%). Their answers demonstrate that in their hospitals these documents are rarely used. Among the respondents, joint crisis plans are more accepted than psychiatric advance directives. There is a certain uncertainty when dealing with these instruments. Our main conclusion is that German psychiatry needs an intensified discussion on the use of instruments for patients to constitute procedures for future critical psychiatric events. For this purpose it will be helpful to collect more empirical data. Furthermore, the proposal of joint crisis plans in psychiatric hospitals and departments should be discussed as well as the possibility of consulting an expert during the preparation of a psychiatric advance directive.

INTRODUCTION

Some common psychiatric disorders may cause a limited or missing ability of patients to consent to medical interventions. Possibilities for these patients to help them realise their autonomy even in critical situations are documents such as advance directives (ADs) adapted especially to psychiatric situations and joint crisis plans (JCPs).¹ While JCPs are based on a contractual-like agreement between patients and physicians, ADs can be composed without consultation of a medical expert.

International studies have discussed the problem of psychiatrists' limited knowledge on ADs.^{2–3} They have shown a rather sceptical attitude towards these instruments in contrast to other members of psychiatric teams.⁴ Patients with psychiatric disorders predominantly favoured documents to constitute their will in the case of future critical psychiatric events⁵ and showed much interest in them.^{6–8} Nevertheless the rate of completed psychiatric ADs was shown as being quite low.⁸ Studies pointed out an increase in patient satisfaction (see ref. 9, for example) and a higher medication adherence¹⁰ when these instruments were applied. Three studies demonstrated a reduction of coercive interventions in patients holding a JCP^{11–12} or a psychiatric AD.⁹ Another study showed no impact of ADs on compulsory hospitalisation, hospital days and patient satisfaction.¹³ One study pointed out that the ADs completed with

the help of peer trainers were predominantly plausible.¹⁴ Based on results of their research, some authors emphasised the view that patients need support to compose applicable ADs.^{15–17}

In German psychiatric practice healthcare proxies seem to be quite common, however there is little data about how often other documents for advance care planning occur. One study with data obtained in spring 2009 showed that—as a theoretical offer—JCPs were widespread in hospitals answering a questionnaire on this topic (68%), but patients did not ask for them frequently.¹⁸ In September 2009, the legal situation in Germany changed when the new law on ADs came into effect, attributing more importance and legal power to them. This new legal situation makes it necessary to find solutions especially for psychiatric emergency situations. Thus, there is an upcoming discussion among legal professionals, psychiatrists and medical ethicists about how ADs can and must be dealt with in German psychiatric practice.^{19–23} Additionally, the coming into force of the United Nations Convention on the Rights of Persons with Disabilities²⁴ and the German discussion about involuntary psychiatric treatment contributed to the topicality of this issue.

We aimed at performing a baseline study on the use of JCPs and psychiatric ADs in Germany by sending out a questionnaire to German psychiatrists to obtain answers to the following questions: How common are these documents? Which attitudes do psychiatrists have towards them?

METHODS

By the 'medführer',²⁵ a register of almost all German psychiatric hospitals and departments, and by the internet we identified 473 hospitals/departments treating patients with acute and chronic psychiatric diseases. In September 2010, the medical directors of these institutions were asked to complete a questionnaire consisting of four chapters with a total of 26 questions. Most questions were to be answered by ticking boxes. In selected questions the respondents were asked to add comments. The participants were assured of their questionnaires being analysed anonymously.

One month after the distribution we sent a recall to the directors who had not answered up to this date. The data were analysed descriptively by counting the frequency of all answers. The comments were analysed by summarising them to categories and counting their frequency.

RESULTS

We recorded 167 reactions, and 108 questionnaires were sent back (return rate: 22.8%). Six questionnaires were excluded from the analysis because they



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To cite: Radenbach K, Falkai P, Weber-Reich T, et al. *J Med Ethics* 2014;**40**:343–345.

Brief report

Table 1 'How often do these documents aiming at regulating future critical psychiatric events occur in your clinic?' (each with single response)

	Never (%)	Rarely (%)	Frequently (%)	Regularly (%)
JCPs (n=101)	13	63	15	9
General ADs (n=99)	18	70	10	—
Psychiatric ADs (n=99)	33	60	4	—

ADs, advance directives.

were returned from hospitals/departments not offering treatment in acute psychiatry.

Table 1 indicates that the use of JCPs and psychiatric ADs is not very common in Germany. The most frequent reason mentioned for not agreeing upon JCPs with patients was the 'lack of need' to do this (45%). Some respondents stated that the procedure of agreeing upon such a plan was too elaborate (6%) or JCPs were not feasible in practice (4%). Frequent or regular contents of JCPs were instructions for the medical treatment in case of a crisis (84%), the emergency management (78%), contacting-persons during a stay in hospital (69%), names of confidants (66%), mode of potential hospital admission (60%), instructions towards compulsory treatment (51%) and the patients' social situation (18%). Only 13% of respondents quoted they had been dealing more often with JCPs and psychiatric ADs since September 2009.

JCPs are widely accepted among respondents: 73% said they would accept them in general, no respondent ticked he would not accept them, whereas 25% of respondents would accept them under certain conditions. Being asked if JCPs lead to a reduction of involuntary hospital admissions and compulsory treatment, 23% ticked 'yes', whereas 27% said 'no', and 44% were unsure.

Respondents' attitude towards psychiatric ADs is more sceptical: 53% would accept psychiatric ADs in general, 40% under certain conditions and 3% stated that they would not agree to them in principle. Eleven per cent of respondents thought ADs lead to a reduction of involuntary hospital admissions and compulsory treatment, while 26% stated they did not think so, and 55% were uncertain about this.

Seventy-one per cent thought that the issue of the questionnaire was very relevant or relevant. Most questionnaires were filled out by the medical director of the psychiatric hospital/department (62% head of department, 27% senior physician, 1% intern, 10% others).

DISCUSSION

This study explored the attitude of German psychiatrists in leading positions towards JCPs and psychiatric ADs. To our knowledge, this is the first time this issue has been analysed since the new law on ADs came into effect in Germany.

Although the rather small response-rate is a limitation of our study, our data so far support the assumption that JCPs and psychiatric ADs do not yet appear often in German psychiatric practice. JCPs are more widespread than psychiatric ADs which rarely appear in practice. Within this context, we are limited by the fact that we cannot be sure whether respondents followed our definition of JCPs although exactly specified at the beginning of the questionnaire, and further that persons might have felt invited to respond to the survey when JCPs were well-established in their specific hospital. We suppose that the higher

acceptance of JCPs is due to the character of this instrument: a contractual-like agreement between patients and medical professionals. Regarding JCPs we asked respondents to give reasons when hardly or never agreeing upon such a document. Some respondents did not see any need to apply it in their clinical practice. This poor appreciation shows a certain discrepancy compared with the wide acceptance of JCPs and the high relevance generally attributed to the issue of the questionnaire. Are these answers just an expression of social desirability? We rather assume that this attitude is associated with little presence of JCPs in the clinical routine up to now, partly due to little knowledge and rare requests on the part of the patients treated. The uncertainty among respondents towards JCPs and especially towards psychiatric ADs and their impact on psychiatric practice may be caused by a lack of experience with these instruments. Since the German law on ADs entered into force in 2009 and the questionnaire was sent out only 1 year after this date, only a small percentage of respondents had to deal with them more often than before. The upcoming legal and ethical discussion suggests that psychiatric ADs will gain much more practical relevance in the near future. The importance of an intensified debate on this issue—especially against the background of the new law and the recent decision of the German Federal Court of Justice—is affirmed by this result. It might be interesting to repeat this survey when documents for advance care planning in psychiatry are more common in Germany.

Our main conclusion is that German psychiatry needs an intensified discussion on instruments for patients to constitute procedures for future critical psychiatric events, a discussion among healthcare-professionals in psychiatry, patients with psychiatric disorders, legal professionals and the public. For this purpose, it is necessary to collect further empirical data to improve our understanding in regard to the attitudes of the different persons involved in psychiatric treatment.

In a recently published article, the ethicist and psychiatrist Jochen Vollmann invited German psychiatrists to perceive the new German law on ADs as an opportunity to optimise processes of communication and decision-making within the doctor-patient relationship, and thus to improve psychiatric healthcare altogether.²³ In our point of view, this implicates the question whether JCPs—being agreed upon as a result of an (at least) bilateral communication process—are instruments worth being promoted in each psychiatric hospital. As international studies show, psychiatric ADs can be reasonable, realistic and helpful in practice, as long as they are formulated with the help of some experts. Can they not also be a medium to advance communication and decision-making between patients and psychiatrists? Regarding these results, it is, in our opinion, worth being discussed whether psychiatrists should offer the possibility of consulting an expert during the preparation of a psychiatric AD.

Acknowledgements We thank Mr Thomas Schuellermann-Epmann for thematic input during the preparation of the study. Mrs Daniela Doell helped with the data-analysis. Mrs Linda Huellbrock and Mrs Andrea Kaehling made linguistic corrections, we are very grateful for this.

Contributors All authors designed the study. KR and AS composed the questionnaire and managed the literature searches and the analyses of the results. KR wrote the the manuscript.

Competing interests None.

Provenance and peer review Not commissioned; externally peer reviewed.

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J Med Ethics 2014 40: 343-345 originally published online June 21, 2013
doi: 10.1136/medethics-2012-101038

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