Towards Realistic and Flexible Advance Care Planning: Author Response

Sir

One of the key challenges of medicine is to assist our patients in the management of uncertainty[1]. This extends to the uncertainties of future care planning. A large literature exists on how much people change their minds after making legally-binding future plans: not only in medicine[2], but also in other areas of life, such as marriage and financial investments. In these latter cases, those affected can mount a challenge to the original plan, unlike the situation with advance care directives at the point where capacity no longer exists.

It is not clear from the correspondence of Oâ Shea et al as to their grounds for viewing as â unhelpfulâ the analogy of legally-binding advance directives with injudicious financial investments during the Celtic Tiger era[3], or why the principles outlined in the editorial are â vague, impractical and aspirationalâ . In a field increasingly rich in empirical evidence and informed commentary, opinion is not sufficient in itself and the authors need to provide evidence or coherent reasons to support these statements, particularly given the fact that the Royal College of Physicians in Ireland and the Irish Medical Organisation have incorporated much of the principles outlined in the editorial in their recent position statements on advance care planning[4,5].

A factor in the persistence of promotion of legally-binding advance directives in some quarters may be an uncritical reliance on the reports from both the Irish Council of Bioethics and the Law Reform Commission on advance directives[6,7]. However, neither of these clearly outlined their literature search strategy, and there is a striking absence in both of the literature casting doubt on the wisdom and practicality of legally-binding advance directives. This is also an area where we can also learn much from the humanities. At the heart of the great plays of Moli^¤re is the folly of humans trying to artificially maintain an ideal state that does not take account of future reality, whether through storing up spiritual credits *(Tartuffe)*, money *(The Miser)* or medical advice (*Le Malade Imaginaire)*. This debate could do with an infusion of Moli^¤re's joyous sense of human finitude, as well insisting on due scrutiny of the evidence base and extensive ethical literature of advanced care planning.

Equally, in Voltaireâ s *La B^'gueule*, although the wise Italian narrator states that the best is the enemy of the good for expectations in personal relationships, he also states that we should strive wisely for the best in goodness, ability and science: in effect, supporting the ethical imperative for favouring sophistication and science over undue simplification with complex bioethical concepts.

The incorporation of advance-care planning in both the ethical guidelines of the Medical Council[8] and HSE guidelines on consent[9] should reassure Oâ Shea and colleagues that advance care planning is already available to support nursing home staff and general practitioners who review vulnerable patients at night without recourse to unhelpful legally-binding documents. These developments are supported in their administration by guidance available both in written form4 and through online courses in advance planning[10].

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