Advance Care Planning

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**Introduction**

It is the legal right of every citizen to access quality health care. Also, decisions regarding health care preferences at any stage of life is the right of every citizen. However, as soon as a person grows old people around them try to take hold of their situation and make health care decision on their behalf without their consent. Advance care planning is a process that allows an individual to make plans regarding their future health care preferences and decisions. These plans will help people when they are not in a position to make health care decisions (Detering & Silvester, 2010). However, several ethical dilemmas arise when specifically, discussion about end of life process and demands for specific treatments by the patients. This paper will discuss the ACP process, its benefits and ethical dilemmas regarding decisions made by patients while also incorporating legislature regarding ACP.

**Body**

Due to the increased life expectancy aging population is growing in Australia. According to the statistics over 1 in every 7 Australian is aged 65 or more. Despite increased life expectancy older people are more prone to several diseases. Typically, older people living with chronic illness can face an emergency at any time that can cause severe consequences. At the time of emergency healthcare professionals are required to make several decisions to safe patient’s life (Gómez & Quintana, 2018). However, to treat any patient it is important to know their preferences regarding their treatment. This cause an extreme ethical dilemma where a doctor has to save his patient’s life while also taking into account a patient’s preferred treatments.

Many countries such as Australia, Canada and USA, etc have given right to every citizen to refuse unwanted medical treatment. According to Australian law, every competent adult has the right to refuse certain medical treatment, now and in the future. ACP in Australia relies upon this act and allow citizens to choose their preferred treatment. Many health care professionals must be taught about the ACP process so that they can help their patients in understanding it. This will further help health care practitioners in discussing this process with their patients that are older and have a chronic illness. As older people who are unaware of the ACP process can face certain difficulties in case of emergency. Also, their families have to face ethical obstacles while making a difficult decision regarding the treatment of their family member.

In ACP process there are two methods by which a person health preferences can be known. The first method is a substitute decision-maker in which a surrogate can decide on behalf of the patient. This surrogate can be any person whom patients have authorized. The second method is to complete the advance care directive. This document contains details of a person’s health care preferences. ACP reduces the stress and anxiety of a person as by planning future health care decisions a person does not have to worry during an emergency where he would not be able to take decisions (Johnson & Tattersall, 2017). However, the most neglected part of ACP is the end of life decision. The EOL will let the person to choose natural death or to use medical technologies to increase life span. (Chan & Bowers, 2016).

Life is a gift of God and as a human, it is our responsibility to protect this gift. Although there are several benefits of ACP such as a person does have to depend upon others will to get treated. However, the end of life part of this process is against moral and religious values. Although natural death without any pain is every person’s dream yet still if a life can be saved using medical technologies then it is important to consider the treatment. As there are many cases in which after relying upon medical technologies people get better and increase their life expectancy. Specifically, several patient’s demand physician-assisted suicides, or ask illegal drugs that may help them getting relief from pain is another disadvantage of end of ACP and EOL process (Derse & Limehouse Jr, 2019). Another point of concern arises when a patient’s APC document or attendants refused to get the nutrition through feeding tubes PEG. Most people will not allow the physician to use these tubes while most of them demand to remove the tubes to safe patient from pain and prolonged death (Karnik & Kanekar, 2016, June). However, it is necessary to safe a person’s life as long as possible as miracles do happen and by removing feeding tubes or demanding PAS can finish the chances of patient’s betterment. It is, therefore, necessary to educate people regarding the APC process and legal implications of this process so that people can make better decisions regarding their future treatments.

**Conclusion**

ACP process is an important process that may help an individual in making the most important health decisions that may help him or her in future. Specifically, in elderly people this process is more efficient as with the increased life expectancy there is a very large elderly population. Also, most of the elderly people are living with chronic illness such as COPD, kidney and heart problems etc. Due to which they have to prepare themselves for emergencies. ACP will not only help them but will help their families, as well as the family members, do not have to make a difficult decision on their behalf. However, there are certain ethical issues with the ACP process (Detering & Silvester, 2010). The most important is EOL. Most of the patients' demands physician-assisted suicide and reject feeding tubes to end their life and free themselves from pain, which is ethically wrong (Cooper, 2017). This causes severe problems for the physicians as well because in most of the countries PAS are not allowed yet still they have to follow their patient’s will. Thus, people must first understand the legal implications of ACP while also incorporate physician’s recommendations as well so that better health decisions can be made.

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