Lefter to the Editor

Advance healthcare directives: moving towards a universally recognized right

Dear Editor,

Advance healthcare directives (AD) are still intensively animating debates in Europe and worldwide, leading to the enactment of different laws, according to the diverse legal, sociocultural, religious and philosophical traditions of each society¹.

After a long complicated seemingly ever-lasting process, on the 14th of December 2017 the Italian Parliament finally approved the Law on "Informed consent and Advance healthcare directives" putting Italy on the same level as other European countries, which have previously regulated this complicated matter².

The most controversial point of the law is represented by AD. Section 4 states that everyone able to make a proper judgment, regarding any possible future inability to self-determine, can, through AD, express their beliefs and preferences concerning health treatments, consent or refusal to any diagnostic or therapeutic choice, including artificial nutrition and hydration. One can also indicate a person of trust to represent him/her in the relationships with doctors and hospitals².

Furthermore, the same provision specifies that the doctor is obliged to respect the AD, unless: a) the patient requests a treatment opposing the law or medical deontology, or b) the AD is clearly incongruous, or c) new and unpredictable therapies have come into force. Therefore, ADs are binding; conscientious objection is not foreseen.

The reference of the law to medical deontology finds its rationale in section 38 of the Italian Code of Medical Ethics, updated in May 2014, where the requirements that AD must meet are stated³.

With this new law² Italy conforms to the orientation of the other main European countries, obliging the respect of ADs, even if the limits are slightly different, France⁴, Germany⁵, Spain⁶ and England⁷ they are binding.

We wish to draw the attention of the whole medical scientific community to this matter, advocating for an open dialogue to discuss the ethical and medical issues concerning AD, thereby facilitating the improvement and implementation of guidelines and policies to safeguard patients together with healthcare providers¹. There has been considerable progress in addressing all the ethical issues regarding AD and as a consequence of the constant innovation in medical science and an increase in life expectancy we can demand more research into this topic.

Conflict of interest

The authors declare no conflicts of interest.

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