



# The Advance Care Compass—A New Mechanics for Digitally Transforming Advance Directives

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Advance directives allow people to declare their treatment preferences for a potential future state of incompetency. Covid-19, with its high numbers of quickly deteriorating patients requiring intensive care, has acutely demonstrated how helpful it would be for clinicians to have reliable, readily available, up-to-date information at hand to be able to act in accordance with what the individual patient would have wanted. Yet for the past few decades advance directives have fallen short of their potential, for various reasons. At worst, advance directives are perceived as unwieldy legal documents that put excessive demands on patients without providing useful guidance for better care. Recent efforts such as advance care planning have tried to remedy some of these shortcomings but have so far met with limited success. We suggest a new concept—the Advance Care Compass—that harnesses the potential of digitalization in healthcare to overcome many of difficulties encountered so far.

**Keywords:** advance care planning (ACP), ethics, digital health adoption, patient preferences, patient-centered care, health care improvement

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## ADVANCE DIRECTIVES: GREAT ASPIRATION BUT DIFFICULT TO IMPLEMENT

Advance healthcare directives (ADs) can be considered a key achievement of 20th century Western bioethics and an expression of its core value, autonomy. With technological development in clinical medicine progressing rapidly in the 1960s and 70s, people worried they would die packed with tubes and surrounded by blinking lights, with no escape.

These worries were fueled by landmark cases such as those of Karen Quinlan, Nancy Cruzan or, more recently, Terry Schiavo, in which relatives fought for the termination of life-sustaining treatment they considered to be in conflict with the comatose patients' wishes (1, 2). The US Patient Self-Determination Act of 1990 required US healthcare institutions to inform patients about their right to make decisions concerning their medical care, to refuse treatment and to formulate ADs. Other countries such as the UK (Mental Capacity Act, 2005, Sections 24–26), Germany (German Civil Code, § 1901a, since 2009) or Switzerland have subsequently also provided legal frameworks for ADs (Swiss Civil Code, Art. 370-373, since 2013).

Challenges were identified early on, such as the limited knowledge and readiness of patients to engage with possible future states of severe illness (3). On the other hand, the benefits—particularly an increased chance of offering care that matches with a patient's values and preferences—become ever more important in modern medicine with its multiple treatment options and its recognition of personalization and patient-centeredness as hallmarks of clinical excellence. It comes as no surprise,