

Majority of Marylanders without advance medical directives

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Approximately 66 percent of respondents to a Maryland telephone survey do not have advance medical directives, according to a new report by researchers from the Johns Hopkins Bloomberg School of Public Health's Department of Health Policy and Management. Younger adults and blacks were less likely than older adults and whites, respectively, to report having an advance directive, which includes the living will and health care power of attorney. Advance directive is an end-of-life planning tool that provides instructions for types of medical treatment that are desired and/or who can make decisions about medical care should someone be unable to do so for him or herself. The results will be published in an upcoming issue of *Health Policy* and are available online at the journal's website.

While 34 percent of all respondents had an advance directive, 61 percent indicated they have preferences about [medical care](#) in the event they are unable to make such decisions. The primary reasons reported for not having an advance directive include being unfamiliar with them, feeling too healthy to need one, or, for the younger adults, being too young to need one. Forty percent of adults surveyed reported that they would like to obtain information on advance medical directives from a physician; however, only 12 percent of the respondents with advance directives reported obtaining it from their doctor.

"These results support a need for legislative and regulatory changes to increase the number of people with advance directives," said Dan Morhaim, MD, one of the study authors and an adjunct professor with

the Bloomberg School's Department of [Health Policy](#) and Management and member of the Maryland House of Delegates. "Advance medical directives cost nothing to complete and are readily available from many sources. We need to make sure that people know where to get them and why it's important to complete them."

Research has shown the benefits of advance directives include improved quality at the end-of-life, fewer burdens on family and health care providers, and a reduced need for life-sustaining treatment. Lead study author Keshia Pollack, PhD, MPH, an assistant professor with the Department of Health Policy and Management and the centers for Injury Research and Policy and Health Disparities Solutions, added "These findings suggest a disconnect between what people want in the event they are unable to make medical decisions for themselves, and their actions to ensure their preferences are actually carried out."

Pollack and colleagues administered a population-based cross-sectional telephone survey to 1,195 adult Maryland residents. In addition to being asked whether they have an advance directive, respondents were asked where they had received information on them, and where they would like to receive such information. "While these results are specific to Maryland, they are relevant to other areas of the country with the factors that lead to or hinder completion of advance directives," said Pollack.

Morhaim initiated this research project in order to better understand the public's perception regarding advance directives and to identify potential policy solutions. He has collaborated with Pollack on other projects, and she has volunteered on his staff for several years assisting with various public health policy issues.

Provided by Johns Hopkins University Bloomberg School of Public Health

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