Background
What are they? Advance directives are written out plans that outline medical decisions the patient would or would not like to receive in the situation that he or she becomes unresponsive. Living Wills and Durable Powers of Attorney for Health Care are both types of advance directives. Why are they important? If someone has a terminal illness or is unconscious for a long period of time, quality of life becomes a question. Would this person rather be kept alive solely through medication and/or life support or be allowed to pass away peacefully in their own homes? How do we know the wishes of this person if he or she cannot speak for themselves or do not have a written out plan?
Who should have one? Every adult should have a plan for future medical decisions. These plans are known to be especially helpful for older people, those that have incurable diseases, and anyone that may be single with nobody left to help them in a life-threatening medical situation. However, this is not always the case. If a young adult is critically injured and falls into a persistent vegetative state, they could be kept alive artificially against their will for decades unless they have spoken to someone about their wishes.

Objective
To investigate and conclude on the knowledge of advance directives at SUNY Cobleskill and in the surrounding community. The goal was to assess how well students, faculty, and community members understand advance directives.

Methods
In a confidential survey, respondents were asked demographic questions (age and gender) and then questioned in YES/NO format on their awareness and knowledge of advance directives. They were then told what advance directives are and subsequently asked whether they or someone they know completed one themselves. Multiple choice questions were then used to assess how well respondents know about advance directives. Respondents were recruited through SUNY Cobleskill classes and faculty email as well as through a rotary club meeting for the Town of Cobleskill.

Results
Limitations
49% of respondents were in the range of 19-33 years old; this could have had impacts on the comparability of age ranges.

Demographics (Total respondents: n=132)
44 male respondents (~33% of n); 88 female respondents (~67% of n). Oldest respondent: 88 years old; Youngest respondent: 19 years old; this number of female respondents was twice as high as the number of male respondents.

Number of Respondents by Age Group
19-33: 65 (~49% of n) 49-63: 29 (~22% of n) 64-88: 13 (~10% of n)

Figure 1: Relationship between age and knowledge completion of advance directives

Figure 2: Comparison of the amount of people that would recommend others complete an advance directive, but not fill one out themselves

Figure 3: How gender affects completion of end-of-life planning

Figure 4: Effect of Personal experience/ Experience on Opinion of advertisement

Effect of Personal experience/ Experience on Opinion of advertisement

- Even though personal experiences and exposure to advance directives vary greatly throughout the respondents, an average of 92% agree that these forms should be advertised more. Respondents were recruited through SUNY Cobleskill classes and faculty email as well as through a rotary club meeting for the Town of Cobleskill.

Conclusions
- Age is the largest determining factor in whether people complete advance directives or other end-of-life plans
- Although an average of 94.5% of all respondents think advance directives are good to have, they do not want to complete one themselves until they feel they are actually near the end of their life
- People that are 49 and older have consistently increasing rates of advance directive completion
- Personal experiences with end-of-life decisions increase the chance that someone will have completed an advance directive

Real Cases Where Advance Directives Would Have Been Useful
Nancy Cruzan (1983): A 25-year-old car accident victim, Nancy fell into a persistent vegetative state (pvs) and was kept alive for 4 years with a feeding tube. When her whole family requested the feeding tube be removed, her doctors refused to without a court order to protect them. Nancy’s husband finally won the case and the tube was removed, causing Terri’s starvation and death.

Terri Schiavo (1990): 26-year-old Terri collapsed at home one day and fell into a pvs-type state. Since she did not have an advance directive, her husband and family disagreed on whether she should be kept on the feeding apparatus. They went to court numerous times before her husband finally won the case and the tube was removed, causing Terri’s starvation and death.

References

Figure 1: Knowledge of advance directives increases as age of the respondent increases.
Figure 2: Even if people have heard of advance directives, fewer know what they actually are.
Figure 3: Over 50% completion of advance directives does not occur until people become senior citizens.
Figure 4: “Patients with completed living wills were older”[5]