

# 探討終末病患照護中有關預立醫囑、生前預囑之現況及倫理法律問題

## Ethical and Legal Issues in Practice of Advance Directives and Living Will in End of Life Care

### 中文摘要

我國於民國 89 年 6 月 7 日公佈施行「安寧緩和醫療條例」，本研究計畫目的為瞭解末期病人預立醫囑（含生前預囑及預立醫療代理人）之施行現況與發展推動預立醫囑的執行準則與醫病溝通技巧以及相關作業準則。採取探索性及描述性研究設計，進行末期病人死亡病歷回溯與問卷調查，以 independent t-test、Chi-Square ( $\chi^2$ )、pearson correlation 以及二元邏輯斯迴歸 (Binary logistic regression) 進行分析資料。研究結果發現，安寧緩和醫療條例意願書簽署的類型以「不施行心肺復甦術同意書」最多 (86.8%)，提議簽署同意書之關鍵人以醫師最多 (71.5%)。簽署人與病人的關係以子女最多 (61.6%)，簽署時病人的意識狀態以昏迷最多 (36.8%) 簽署的原因以健康狀況惡化 (78.8%) 最多。問卷調查發現，預立醫囑簽署率：病人 21.8% (n=31)，家屬 4.9% (n=8)，護理人員 6.3% (n=40)，醫師 7.1% (n=4)，以 IC 卡註記的方式最多。預立醫囑的態度上，四組皆較為傾向正向的態度，但在安寧緩和醫療條例的知識與簽署預立醫囑的經驗上則偏低。護理人員在協助建立預立醫囑的自信程度偏低，自信程度與年齡 ( $r=.127$ ,  $p<0.01$ )、知識總得分 ( $r=.248$ ,  $p<0.01$ )、生命末期的經驗的經驗 ( $r=.216$ ,  $p<0.01$ )、預立醫囑的經驗 ( $r=.524$ ,  $p<0.01$ ) 呈現正相關。在病人方面，「區域」和「得到足夠的疾病狀況資料以及預立醫囑的資訊」可作為簽署預立醫囑之預測因子 (解釋力為 52%)。家屬的「自覺健康狀態」與有「當過預立醫囑的見證人」的經驗，可作為其簽署預立醫囑之預測因子 (解釋力為 20%)。而護理人員在安寧病房的屬性與安寧緩和醫療的知識和「當過預立醫囑的見證人」的經驗，可作為護理人員簽署預立醫囑之預測因子 (解釋力為 31%)。最後對臨床執業、政策、法律、教育與未來研究提出建議。

### 英文摘要

“Hospice-Palliative Care Act” was approved on June 7, 2000. The purpose of this study is to explore the status of the implementation of advance directives, Living Will, durable power of attorney for health care (DPAHC), the legal and ethical issues of advance directives, and push the development of Communication skills and advance directives implementation of the Guidelines. Design: The study is an exploratory and descriptive study. Methods: Investigates death medical records and questionnaires. Using independent t-test,  $\chi^2$ , pearson correlation & Binary logistic regression analysis data. Results: Signing the consent form, the will of consent of do not resuscitation (DNR) is the majority (86.8%). Consent to the proposed signing of a key person to the

most physicians (71.5%). The relationship between the people signed up, most children of the majority (61.6 %). At the time of signing, the patient unconscious awareness of the maximum (36.8%), signed reasons for the dying of the majority (78.8%). The result of questionnaire survey, the correct choice will or of DNR is low, and total total experience of advance directives scores and total confidences is low. Regiona and “the information in disease and advance directives usually is sufficient to guide treatment” could be used as predictive factors for advance directives in the patient group. Self-perceived physical health status and “have you been a witness for an advance directive” the could be used as predictive factors for advance directives in the family group. Whether in the hospice ward , Knowledge score of “Hospice-Palliative Care Act”, “have you been a witness for an advance directive” and “the information in disease and advance directives usually is sufficient to guide treatment” could be used as predictive factors for advance directives in the nurses group. Finally suggest: development of communication skills and advance directives or DPAHC implementation of the Guidelines.