

# Conceptualization of Effective Surrogate Decision Making

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## Introduction

Surrogate decision making is a key component in the hierarchy of medical decisions, whereby an assigned individual makes choices on behalf of a patient who lacks decision making capacity.<sup>1</sup> These surrogate decision makers are either previously selected by the patient or appointed by through a hierarchical process.<sup>1</sup> With the recent emphasis on patient autonomy in medicine and the increasing average life expectancy, surrogate decision making has become more prevalent.<sup>2</sup> Although this is common in healthcare, there are still many questions about best surrogate practices and ethical credibility. Specifically, questions regarding decision-making standards and limits on surrogate authority have been frequently debated. This capstone project aspires to map these concepts and discuss issues related to the current ethical landscape of surrogate decision making.

## Aims and Objectives

**Aim I:** Outline the current hierarchy of standards to be followed by a surrogate decision maker.

**Aim II:** Analyze recent medical ethics literature to map the roles and associated issues with surrogate decision making.

**Aim III:** Discuss if and when it may be appropriate to relieve a surrogate decision maker of their duty.

## Methods

This capstone project was a systematic review of the normative terrain involving surrogate decision making in clinical bioethics. Articles for review were compiled from major bioethics research databases using specific search terms shown in *Table 1*.

*Table 1: Research Databases/Search Terms*

Databases		Search Terms	
1) PubMed	7) Scopus	1) surroga*	8) medic*
2) Embase	8) Web of Science	2) prox*	9) ethic*
3) Cochrane Library	9) Northern Lights	3) power of attorney*	10)bioethic*
4) Philosopher's Index	Conference Abstracts	4) DPOA	11)moral*
5) Sociological Abstracts	10)Proquest Dissertations and Theses	5) guardian*	12)normat*
6) JSTOR	11)Google Scholar	6) substituted judgment	13)Philosoph*
		7) clinic*	14)human*
			15)theolog*

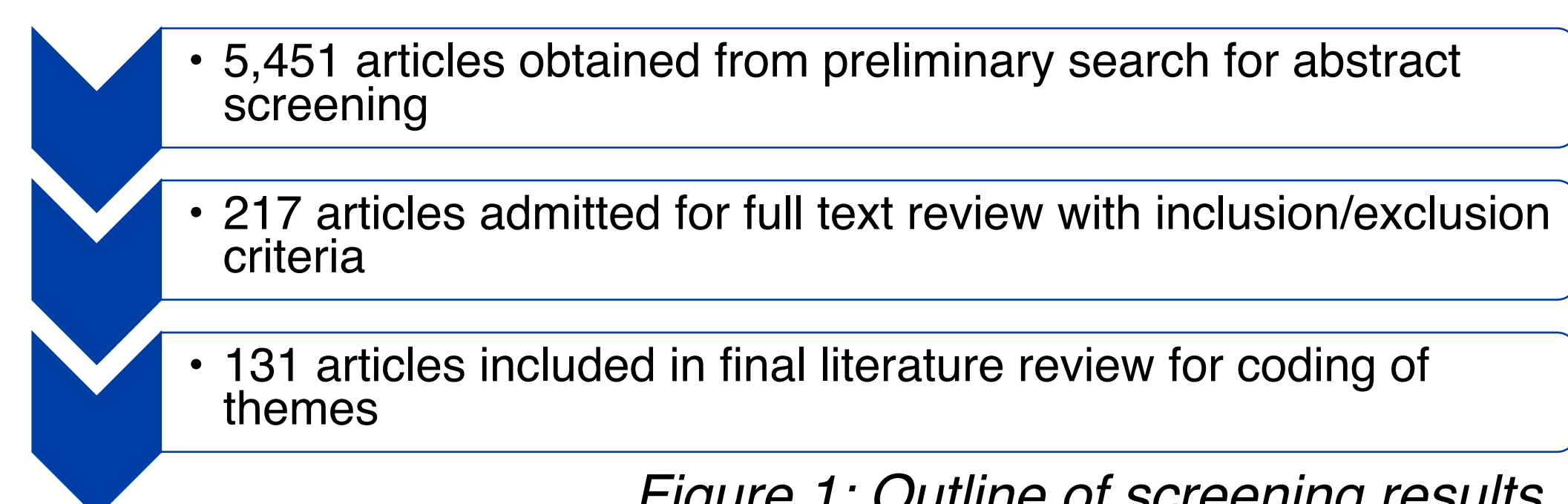
The articles returned from preliminary search were then screened for inclusion or exclusion according to abstract followed by full text review as outlined in *Table 2*.

*Table 2: Inclusion/Exclusion Criteria*

Inclusion	Exclusion
1) Uses the term "surrogate," "proxy," "agent," "power of attorney, (DPOA)" or "guardian" in the title or abstract.	1) Does not use term "surrogate," "proxy," "agent," "power of attorney, (DPOA)" or "guardian" in the title or abstract.
2) Focuses on patients	2) Not focused on patients
3) Focuses on clinical care	3) Not focused on clinical care
4) Normative claims made in the title or abstract	4) Normative claims not made in the title or abstract
5) Focuses on surrogacy	5) Not focused on surrogacy

The included articles were then coded to highlight prevalent topics related to surrogate decision making in healthcare and determine the variance in approach to clinical ethics issues.

## Results



*Figure 1: Outline of screening results*

Following the preliminary search and subsequent screening for inclusion and exclusion, one-hundred and thirty one articles were included in the study for extraction of current themes regarding surrogate decision making. The current hierarchy of standard roles a surrogate uses along with some current ethical issues are outlined in *Table 3*.<sup>2,3,4,5,6</sup>

*Table 3: Surrogate Standards & Ethical Issues*

Standard	Guideline	Ethical Issues
Advance Directive (AD)	Follow and interpret previously stated/written preferences of the patient	Can the surrogate deviate from patients previous wishes?
Substituted Judgement (SJS)	Decide as the patient would have according to their beliefs/values	Does surrogate have any relevant knowledge of the patient?
Best Interest (BIS)	Act on what a reasonable person would want	Who is able to participate in defining best outcome?

These ethical issues highlight the importance of evaluating the decision making process, and the surrogate themselves. A surrogate is able to be overridden by the healthcare team when denying palliative care without evidence of patient preference due to the principle of non-maleficence or when a decision puts too great a burden on the overall healthcare system.<sup>7</sup> Additionally, surrogates may be replaced by the courts following an ethics consult if the surrogate is found to be abusing the patient or is acting against the patients values/beliefs.<sup>7,8</sup> Further investigation is needed for consensus answers regarding evaluation of the surrogate's decision making capacity and the emotional burden surrogates feel that impact their decisions.<sup>2,9,10</sup>

## Conclusions

- Current surrogates expected to act in order of AD, SJS, BIS
- Ethical dilemmas surrounding current processes highlight need for refinement and potential legal standardization
- Further evaluation into the credibility/motivation of a surrogate may be warranted throughout the decision making process

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