

HEALTHCARE PROVIDERS' PERSPECTIVES ON ADVANCE DIRECTIVES AT TERTIARY CARE HOSPITALS: A SYSTEMATIC LITERATURE REVIEW

Aisha Javed Khowaja^{*1}, Dr. Salma Rattani², Kashmira Nanji³, Zahira Amirali⁴, Dr. Atif Waqar⁵

^{*1}Assistant Professor, BCON, Baqai Medical University, Karachi, Pakistan

²Associate Professor, Aga Khan University School of Nursing & Midwifery, Pakistan

³Consultant Epidemiologist, Aster Medicare Dubai

⁴Nursing Instructor, Aga Khan University School of Nursing & Midwifery, Pakistan

⁵Assistant Professor and Section Head, Program Director, Palliative Medicine Fellowship Section of Palliative Medicine, Department of Oncology, AKU Medical College, Pakistan

^{*1}aisha.javed24@alumni.aku.edu

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Corresponding Author: *

Aisha Javed Khowaja

Abstract

Background: Advance Directives (ADs) are essential legal documents enabling individuals to outline their healthcare preferences if they become incapacitated. This systematic review assesses healthcare providers' knowledge, attitudes, and barriers regarding ADs.

Methods: A systematic search was performed using databases including PubMed, Google Scholar, and ScienceDirect, adhering to PRISMA guidelines. Studies from past ten years that focused on healthcare providers' perspectives on ADs were included. Data were analyzed thematically.

Findings: There is a lack of in-depth research on ADs among healthcare providers in Pakistan. While awareness exists, practical implementation is hindered by inadequate training, cultural and religious factors, and legal uncertainties.

Discussion: The review highlights the need for improved education and clear policies on ADs to overcome identified barriers and enhance their integration into clinical practice.

Conclusion: Addressing the knowledge gap through education and training, developing legal frameworks, and promoting culturally sensitive discussions are critical to improving the implementation of ADs in healthcare settings in Pakistan.

INTRODUCTION

Background

Advance Directives (ADs) are legal documents that allow individuals to outline their healthcare preferences in case they become incapacitated (Chan, 2019). These documents, which include living wills and durable powers of attorney for healthcare, are crucial for ensuring that patients' wishes are respected, particularly in end-of-life situations (Baker & Marco, 2020; Thomas et al., 2018). Despite their

importance, the use of ADs faces significant barriers in many developing countries, including Pakistan. Limited awareness, cultural taboos surrounding discussions of death and the absence of legal frameworks contribute to their underutilization. This review explores healthcare providers' understanding, attitudes, and barriers concerning ADs in a tertiary care hospital in Karachi, Pakistan, while identifying areas for policy improvement.

Method

Search Strategy

A comprehensive and systematic literature search was conducted using the following databases: PubMed, Google Scholar, and ScienceDirect. The search utilized Boolean operators (AND, OR) to combine terms such as “advance directives,” “end-of-life care,” “healthcare ethics,” and “decision-making.” The review was limited to articles published between last ten years, and only those available in full text and in English were considered.

The initial search yielded a total of 18,695 articles. After applying filters for full-text availability and

English language, 305 articles were identified as potential hits. Following an abstract review to determine relevance, 91 articles were selected for full-text examination. From these, 20 articles were deemed relevant for inclusion in the review. Studies focusing on healthcare providers' knowledge, attitudes, and practices regarding ADs were included. Articles that did not meet these criteria or were not relevant to the context of Pakistan were excluded. Data from the selected studies were extracted and analyzed thematically to identify common themes, knowledge gaps, and barriers related to ADs. The review adhered to PRISMA guidelines to ensure a thorough and systematic approach.

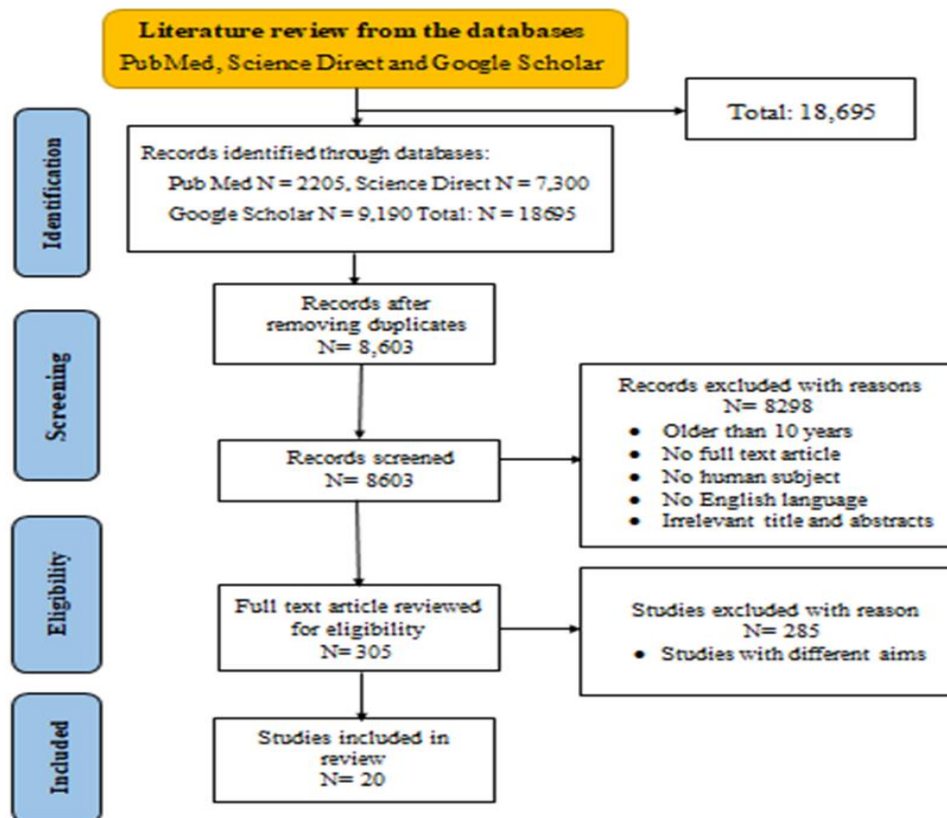


Figure 1. PRISMA Flow Diagram.

Findings

Knowledge of Healthcare Providers

The systematic review highlighted a significant deficit in the knowledge of advance directives (ADs) among healthcare providers in Karachi, Pakistan. Many healthcare professionals demonstrated a limited understanding of the legal and practical aspects of

ADs. The review identified that a substantial proportion of healthcare providers were unaware of the specific components and legal implications of ADs. This lack of awareness is partly attributed to insufficient educational resources and training related to advance care planning (Aguilar-Sanchez et al., 2017). Many providers reported receiving

minimal formal training on ADs during their professional education. Consequently, there was a general lack of confidence in discussing and implementing ADs with patients (Son et al., 2020; Hinderer & Lee, 2014).

Attitudes toward Advance Directives

The attitudes of healthcare providers toward ADs were significantly shaped by cultural and religious beliefs. Some providers viewed ADs as crucial tools for respecting patient autonomy, while others were hesitant due to perceived conflicts with cultural or religious values (Alfayyad, 2019; Velasco-Sanz & Rayon-Valpueda, 2016). For example, in some cases, providers expressed concerns that ADs might contradict traditional beliefs about family involvement in end-of-life decision-making. The review also found that healthcare providers' attitudes were also influenced by the professional norms and practices prevalent in their institutions. In environments where ADs were not commonly discussed or implemented, providers were less likely to view them as integral to patient care (Miller, 2018).

Barriers to Implementation

Several barriers to the effective implementation of ADs were identified such as legal and ethical Concerns, the absence of standardized policies and legal frameworks for ADs in Pakistan created uncertainty among healthcare providers. Many expressed concerns about potential legal repercussions or ethical dilemmas associated with

implementing ADs (Panjwani et al., 2018; Coffey et al., 2016). Moreover, Cultural resistance was a significant barrier. In some cases, providers faced challenges in integrating ADs into practice due to the prevailing cultural attitudes towards death and end-of-life care (Peicius et al., 2017). Additionally, there was a noted scarcity of resources, including educational materials and support systems, to facilitate the adoption of ADs. Many healthcare providers reported that they lacked the necessary tools and resources to effectively introduce and manage ADs in clinical settings (Osman et al., 2022).

Advantages of Advance Directives

Despite the barriers, several advantages of implementing ADs were noted such as improved End-of-Life Care. ADs were associated with improved quality of end-of-life care. Patients with ADs were more likely to receive care that aligned with their preferences, thereby reducing the incidence of unwanted or aggressive treatments (Dos Santo et al., 2021; Shah, 2020). Furthermore, ADs provided patients with greater control over their healthcare decisions, even when they became incapacitated. This autonomy was beneficial in ensuring that patients' wishes were respected and in alleviating the emotional burden on family members (Hickman & Pinto, 2014). The implementation of ADs was linked to reduced healthcare costs. By minimizing unnecessary treatments and focusing on palliative care, ADs contributed to more efficient use of healthcare resources (Dobbs et al., 2015).

Author Name	(s)	Year of Publication	Purpose of Study	Study Design	Sample Size	Key Findings
Son et al		2020	To explore the attitudes, experiences, and perceptions of Korean nurses toward advance directives	Mixed method	245	If healthcare providers feel confident in their ability to discuss advance directives with patients, navigate legal and ethical complexities, and address patient concerns, they are more likely to incorporate advance directives into their practice
Hinderer & Lee		2014	To assess the effectiveness of a nurse-led educational seminar using the Five Wishes document on attitudes related to	quasi-experimental	86	Positive attitudes are likely to lead to a greater intention to engage with advance directives. Insufficient education about advance directives and a lack of

		advance directives (AD), AD completion, and participation in advance care planning (ACP) conversations			understanding of them have been identified as major reasons for not engaging in advance care planning or completing advance directives.
Miller	2018	To assess the knowledge or confidence of nurses and nursing students regarding advance directives or of education on advance directives in nursing curricula.	Systemic review	19	If healthcare providers perceive that their colleagues and the broader healthcare community value and prioritize advance directives; they are more likely to engage with them. Participants believed that patients have the right to participate in end-of-life decision making, most had never discussed advance directives with their patients.
Shih et al	2023	To explore oncology nurses' knowledge, attitudes, and practice behaviours regarding ACP and identify factors impacting ACP practice behaviours.	Cross sectional study	1800	Various factors contribute to this reluctance, including a lack of knowledge and training in advance care planning
Panjwani	2018	To explore and identify the nurses' and physicians' views about Advance Directives and identified their perspectives on its importance, in the context of Pakistan	Exploratory descriptive study	13	ADs can simplify decision-making for those who are terminally ill, promote fairness in the allocation of resources, and guarantee a good quality of life. Some participants also emphasized the necessity of establishing Palliative Care (PC) services in their country before implementing ADs
Afayad et al	2019	To investigate physicians' and nurses' knowledge and attitudes toward advance directives (ADs) for cancer patients	Cross sectional descriptive study	428	Attitudes towards advance directives (ADs) differ significantly based on cultural, religious, and personal beliefs.
Moore et al	2019	To describe the attitudes and perspectives of doctors involved in the care of patients with chronic disease at an Australian hospital.	Qualitative semi structured interview based	21	Physicians have expressed conflicting emotions regarding advance directives for patients, and these beliefs and attitudes may contribute to the restricted use of ADs
Velasco-Sanz & Rayon-Valpuesta	2016	To identify knowledge, skills and attitudes among physicians and nurses of	Cross sectional descriptive	331	Attitudes towards advance directives (ADs) vary widely, with some viewing them as essential

		adults' intensive care units (ICUs), referred to advance directives or living wills.			for honouring wishes and easing family burdens, while others see them as morbid or unnecessary.
De vlemink et al	2015	To determine the extent to which members of the general population have talked to their physician about their wishes regarding medical treatment at the end of life	Cross sectional health interview	9651	Many patients expressed a desire to participate in end-of-life decision making, few had actually engaged in advance care planning or discussed their preferences with their healthcare providers.
Aguilar-Sánchez et al	2017	To evaluate the degree of knowledge and attitudes of medical and nursing professionals in two health departments to advance directives, as well as to examine their association with the sociodemographic and occupational variables of the professionals.	Cross sectional survey	329	Professionals exhibited positive attitudes towards advance directives despite having limited knowledge about them, with only 20% of physicians being aware of advance directives and having limited understanding of their use and importance.
Osman et al	2022	To assess emergency department staff awareness, access and utilisation of advance care directives and goal of care	Cross sectional survey	476	Insufficient knowledge and training on advance care planning among healthcare providers can lead to uncertainty in initiating discussions about end-of-life preferences with patients. This lack of familiarity with advance directives (ADs) hinders effective communication on ADs
Nedjat-Haiem et al	To explore medical social workers' perceptions on the importance of and purpose for documenting Advance Directives (ADs)	2023	Qualitative survey	142	Facilitating communication, creating a plan involves relationship building, and having an advance directive (AD) reduces suffering and uncertainty. However, insufficient knowledge and training on advance care planning among medical social workers can lead to uncertainty in initiating discussions about end-of-life preferences.
O'sullivan	2015	To establish the prevalence of patients with advance directives in	Self-administered survey	800	providing patients with a voice in their own care, advance directives can help to promote

		a family practice, and to describe patients' perspectives on a family doctor's role in initiating discussions about advance directives.	questionnaire		patient autonomy and self-determination
Dobbs et al	2015	To explore factors associated with awareness and completion of ADs among Korean American Older Adults	Quantitative survey	675	patients who had completed an advance directive received care that was more consistent with their goals and preferences, and were less likely to receive unwanted medical interventions at the end of life
Hickmen & Pinto	2014	To identify the relationships between advance directive status, demographic characteristics and decisional burden of patients with critical illness	Cross sectional	478	ADs can help patients retain control over their medical decisions even if they become incapacitated. This can reduce the burden on family members who may have to make difficult decisions on their behalf
Dos santos et al.,	2021	To analyze the influence of ADs on reducing aggressive end-of-life care measures for cancer patients.	Systemic review	1489	patients who had completed an advance directive were more likely to receive palliative care, which is associated with lower healthcare costs compared to aggressive end-of-life interventions
Shah et al	2020	To assess caregiver perceptions and attitudes towards the palliative care approach.	Cross sectional survey	250	ADs can contribute to a reduction in healthcare expenses as it ensures that patients receive the necessary level of care and eliminates unnecessary treatments that they do not wish to receive.
Peicius et al.	2017	To explore the views of health care professionals of the application of Advance Directives (AD) in clinical practice in Lithuania	Cross sectional survey	478	The study revealed that only 16.7% of respondents understood the term "advance directives," while over half admitted to limited knowledge. Despite this, most believed discussing end-of-life decisions with patients is ethically sound and acceptable
Coffey et al,	2016	To investigate nurses' knowledge of advance directives and perceived confidence in end-of-life	Cross sectional descriptive	1089	Implementing advance directives (ADs) in clinical practice faces barriers, including ethical and legal challenges and nurses' lack

		care, in Hong Kong, Ireland, Israel, Italy and the USA			of knowledge and competency in end-of-life care. While legal and ethical issues are complex, improving knowledge and confidence is more achievable.
Velemink et al	2013	To identify the perceived factors hindering or facilitating GPs in engaging in advance care planning (ACP)	Systemic review	15	Most physicians perceived barriers were related to a lack of skills and confidence in initiating Advance care planning

Discussion

The systematic review reveals significant knowledge gaps, diverse attitudes, and various barriers affecting the implementation of advance directives (ADs) among healthcare providers. Despite recognizing the importance of ADs for enhancing end-of-life care, many providers show limited understanding of their legal and ethical aspects, echoing findings from other studies (Aguilar-Sanchez et al., 2017; Son et al., 2020). Cultural and religious beliefs significantly influence attitudes toward ADs, leading to mixed perceptions about their value in clinical practice (Alfayyad, 2019; Velasco-Sanz & Rayon-Valpuesta, 2016). Barriers include a lack of standardized policies, legal uncertainties, cultural resistance, and insufficient educational resources (Panjwani et al., 2018; Coffey et al., 2016). Despite these challenges, ADs offer substantial benefits, including improved end-of-life care, enhanced patient autonomy, and potential cost savings through reduced aggressive treatments (Dos Santo et al., 2021; Shah, 2020). The review underscores the need for targeted education and training, culturally sensitive approaches, policy development, and resource allocation to overcome barriers and promote effective implementation of ADs. Future research should address these gaps and explore the impact of educational interventions and culturally tailored strategies on advancing care planning in Pakistan.

Conclusion

This systematic review highlights the urgent need for advancing the understanding and implementation of advance directives (ADs) among healthcare providers in Karachi, Pakistan. The review reveals that while there is an awareness of the potential benefits of ADs—such as improved end-of-life care, enhanced patient autonomy, and reduced healthcare costs—

there is a notable deficiency in knowledge and a variety of barriers that hinder their practical application. The lack of standardized policies, legal uncertainties, and cultural resistance are significant obstacles that must be addressed. To facilitate the effective integration of ADs into clinical practice, it is essential to establish clear guidelines, provide targeted education and training for healthcare professionals, and develop culturally appropriate interventions. Enhancing provider education and public awareness will be critical in overcoming these challenges and ensuring that ADs are utilized to their full potential. Future research should focus on assessing the impact of these strategies and exploring ways to adapt AD practices to local contexts. By addressing these issues, healthcare systems in Pakistan can improve end-of-life care and support patient preferences more effectively, ultimately contributing to better healthcare outcomes and enhanced quality of life for patients.

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