VITAL TESTAMENT: AN INTEGRATIVE REVIEW

RESUMEN

ABSTRACT
Objective: to investigate the scientific literature about Vital Testament from January 2009 to May 2013. Method: an integrative review, held in the database LILACS, SciELO the virtual library, the Portal Capes and online journals from the question << What is the characterization of the scientific production about Vital Testament in journals available online from January 2009 to May 2013?>>. The data were collected with an instrument with the information: journal name, year of publication, title of the work and focus of the study. There were insighted the Descriptors in Health Sciences: “Vital Testament”, “As testaments to life”, “Right to die”. The sample consisted of 15 articles; the data were grouped and presented in figures. Results: of the selected publications, two themes emerged: Vital Testament: dignified death; Vital Testament: ethical and legal approach. Conclusion: the study allowed highlighting the importance of living wills as a means of respect for the dignity and autonomy of the terminal patient. Descriptors: Vital Testaments; The Testaments Due to Life, Right to Die.
INTRODUCTION

The biotechnological achievements, achieved in recent times, have contributed significantly to providing the extension of the life of many people. However, it is a must to find a balance in their use, in order to obtain an increase in longevity with quality of life without, for this, extend to human suffering. Also, are fundamental respect human dignity and the value of individual autonomy in making decisions about your life, particularly in a terminal phase.

The dignity and autonomy of the individual in the terminal phase emerge as guiding elements and crucial decision making. Human dignity deserves to be respected at all times, especially at the end of existence. During this period, the patient should be fully involved in the decision process, so you can fully exercise their autonomy. When considering these aspects as a base, there is the Testament Vital (TV) or advance directives the patient's will. It is a document that expresses the types of treatment that the individual is at the end of life want to receive when you are unable to make decisions, registered with mental clarity and complete autonomy to decide on yourself. Advance directives of the will should be valued as an individual, shot down by a disease without healing therapeutic perspective; it is no longer able to express their will, which reflects their right to a dignified death.

The Living Will is in countries such as United States, Spain, Portugal, Japan and Uruguay. In Brazil, it is still regulated and is the subject of intense debate. The Federal Council of Medicine (CFM) is committed to regulate it under the Medical Ethics. Resolution 1995/2012 of that body, which deals with TV, has represented the crux of this approach to motivate the institution by the Federal Public Ministry (MPF) public civil action, with request for the preliminary injunction, seeking its suspension, which was initially rejected by the responsible judge.

When considering the relevance of the theme on the TV in the Brazilian scenario, there is an undeniable contribution of studies that seek to disseminate publications, in particular in the area of Health, Bioethics and Law, to better understand the TV and support the preparation of new research from secondary data in order to provide more visibility to the scientific literature on the said matter.

Based on the foregoing, this study aims to characterize the scientific production about Living Will from January 2009 to May 2013.

METHODOLOGY

This is an integrative review that aims to gather and synthesize the results of research on a particular topic, in a systematic and orderly. It is a method by which to deepen knowledge about the theme and condense multiple published studies and general conclusions about a particular area of study.

This type of research is guided by six distinct phases, namely the establishment of the review of the problem (preparing the guiding question, establishment of descriptors and criteria for inclusion/exclusion of articles); sampling (selection of articles); categorization of studies; defining the information to be extracted from the reviewed studies, analysis and discussion of the technologies used/developed and synthesis of knowledge evidenced in the analyzed articles or presentation of the integrative review.

To operationalize the study initially identified the topic of interest, and the research was conducted from the following question: What is the characterization of the scientific literature about Vital Testament in journals available online from January 2009 to May 2013?

In order to identify publications that comprised the integrative review of this study, we carried out a search online, using the survey data base in the Latin American and Caribbean Health Sciences (LILACS), the library Scientific Electronic Virtual Health Library Online - SciELO in Portal Capes and online journals in the field of bioethics and law, in June 2013. Therefore, we employed the following Descriptors in Health Sciences (MeSH): Vital Testament about life and the right to die.

The total study population consisted of 27 publications relevant to the topic investigated in journals available online, of which 15 articles were the sample, considering the following criteria previously established inclusion: articles published in Portuguese, available in full in the period January 2009 to May 2013, the modality scientific article (original or revised). Regarding the exclusion criteria were taken into consideration: Duplicate articles published in foreign languages or precede the year 2009 and those not directly addressed this topic.

To enable the collection of data, we designed a tool containing the following information: journal name, year of publication, title of the work and focus of the study. Then, the data were grouped and
This study consisted of characterization and categorization of 15 publications on living wills. The data show that the years 2012 and 2013 refer to the period in which there was a greater number of scientific papers published on the subject investigated, with 27% (4 each), then the year 2011, with 20% (3), the years 2009 and 2010 showed a percentage of 13% (2 each). The increase in quantitative studies, in the years 2012 and 2013, due to the publication of Resolution 1995/2012, 3 of the Federal Medical Council, which deals with the possibility of advance directives and that will register the patient's medical record.

As for the periodical publication, it was found that the Journal Bio-ethics had the largest number of publications, four articles (27%) and magazine Bioética y Derecho, two (13.6%). Journals Journal Bulletin of the Institute of Health (BIS), the Journal Legal News, the Journal of Law Course Unifacs of the Electronic Journal of Legal Fupacto the Legal Scope Magazine, the Journal of the Institute of Brazilian law, the Electronic Journal of Law, the Journal and the Journal Jus Navigandi Bioethikos presented a number of publications inexpressive - an article each (6.6%).

As for the type of study design included in the investigation, the articles were a reflection of quantitative larger, with 47% of the research. The modality review article comprised 46% of the studies followed the original articles, with only 7% of all searches. Therefore, the selected items consist mainly of articles of reflection and revision, which provides mainly stimulating debate for raising the issue investigated further deepening and knowledge of the literature on living wills.

It was observed that the area of law deserves (77%), followed by medicine (14%); Dentistry, Social Sciences and Management, 3% each, with regard to the area of expertise of the authors of selected papers on research. These data refer mainly to higher interest of researchers in the field of law and medicine to produce new knowledge about the topic under study.

Regarding the focus of publishing on Living Will, were extracted two thematic categories: Category I: Dignified death: advance directives; Category II: Living Will: ethical and legal approach. These categories are discussed below.

Category I - Dignified death: advance directives

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<thead>
<tr>
<th>Periodical</th>
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<tr>
<td>Revista Bioética</td>
<td>2009</td>
<td>Declaração prévia de vontade do paciente terminal</td>
<td>Stems from documentary research on the prior declaration of will of the terminally-ill patient [...] the work aims to analyze how the prior declaration of will of the terminally-ill patient can be an instrument of guarantee of the right to die with dignity.</td>
</tr>
<tr>
<td>Revista de Bioética y Derecho</td>
<td>2012</td>
<td>Diretivas antecipadas: instrumento que assegura uma vontade de morrer dignamente</td>
<td>A study about advance directives, an instrument which can ensure the will of the terminally-ill patient to die with dignity. [...] To do so, was treated the concept and origin of advance directives; the situations in which this document may be used; as well as analysis of the Bill No 524/2009.</td>
</tr>
<tr>
<td>Revista Boletim do Instituto de Saúde (BIS)</td>
<td>2010</td>
<td>Morrer faz parte da vida: o direito à morte digna</td>
<td>The text shows as a model of “good death” was being pinned throughout centuries in Western society, [...]. has built up a legislation to ensure the right to a dignified death (called early decision or testament vital).</td>
</tr>
<tr>
<td>Revista Atualidades Jurídicas</td>
<td>2012</td>
<td>Os testamentos vitais e as diretrizes antecipadas</td>
<td>Discusses the idea of human dignity as essential to the protection of essential conditions for an existence full of sense, [...] treating the dignified death.</td>
</tr>
<tr>
<td>Revista do Curso de Direito da UNIFACS</td>
<td>2013</td>
<td>Terminalidade da vida e Diretivas antecipadas de vontade do paciente</td>
<td>Analyze advance directives, will be accepted from the resolution nº 1, 995 of 2012 of CFM. [...] perform a conceptual analysis, principal and constitutional life and death with dignity.</td>
</tr>
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</table>

Figure 1. Name and year of journals, titles and excerpts of publications relevant to the first category.

Category I consisted of five articles that address the issue of death with dignity, with emphasis on the importance of the Living Will to ensure the dignity of the terminally ill patient forward. Study highlights the importance of Advance Directives as an instrument through which the individual can declare previously his desire about whether or not to undergo certain medical treatments that will prolong his death, promoting more
aches and pains useless, providing you therefore opt for one worthy to die.5,7

Thus, to promote the autonomy of the individual, in order to decide whether or not to adhere to treatment in the final period of life, the TV’s main objective is to ensure their control in the decisions health.5 Therefore, through this instrument, can be expressed desires that, theoretically, allow the application of any intervention, the establishment of limits or their total refusal, facing a terminal disease.9 From this perspective, it can be inferred that the TV would end scope to offer a good death for all individuals, since this concept may be different and unique to each. For this reason, it is essential the individual statement. Based on this understanding, the study highlights that the dignified death is based on the principle of self-determination of the patient about the treatment being offered to him even in circumstances where you are unable to make decisions. On this occasion, through a document called Advance Decision or Vital Testament.10

The good death or dignified death has been reported to designing orthothanasia. Etymologically, means death orthothanasia correct: - ortho: right; thanatos: death. Expresses desirable death, where it is not allowed prolonging life artificially, through procedures that would promote increased suffering, unsettling the natural process of dying.11 The purpose is not to provide the postponement of death, without, however, tease her, that is, to abstain from the use of procedures that depress human dignity in the final moments of life. In this approach, it is essential to emphasize the difference between pressing the right option for the death and special permission for a dignified death. Research points out that euthanasia induces death, while the suspension of therapeutic effort allows it to occur in a natural way, which is called orthothanasia.12

In this context, the study shows that the willingness to choose the termination of life, through procedures that cause death, is called euthanasia. Already orthothanasia values the right to die in dignity with a natural outcome, permeated humanization, from the perspective of reducing suffering or avoid it, seeking the termination of interventions futile or useless,13 which is configured as dysthanasia or therapeutic obstinacy. Thus, the TV could be realized and obeyed exclusively in the presence of irreversible or terminal diseases, in which the institution of measures to prolong the life of the patient promote, undoubtedly, pain and suffering, emerging as a combat futility.13

The patient’s right to die with dignity, unlike what happens in euthanasia or futility, must be linked to the grant of immunity to the medical staff, for agreeing to suspend therapeutic measures aimed at terminally ill patients, with no prospect of recovery, specifically following the will of the patient.14 Thus, it must be explicit, both in code and in medical professional run legal provisions on the subject, ensuring imputability criminal. On this aspect, the study suggests the development of a typology of measures with the aim of achieving dignified death: respect for patient autonomy, immunity from prosecution for the medical staff, decriminalization of help to die and punishment for therapeutic obstinacy.10

It is noteworthy that the right to autonomy of the patient is included in the Constitution of Brazil in 1988, which established him as one of its fundamental principles “the dignity of the human person” (art.1)15. However, recognition of patient autonomy had its full manifestation in Law nº 10.241, 1999, the state of São Paulo, which deals with the rights of users of health services.10 Similarly, Senate Bill nº 524, 2009, seeks to provide for the rights of the patient in the terminal phase of disease.16 Also the Resolution 41/95, the National Council for the Rights of Children and Adolescents (Conanda) under the Ministry of Justice, in a matter elaborated by the Brazilian Society of Pediatrics, assures the infant or young patient the right to die with dignity, along with their families, if exhausted all available treatment resources.17

The Federal Council of Medicine, similarly, has made efforts in this direction seeking to follow the will of the patient, through the drafting of Resolution nº 1.805/2006 which provides for orthothanasia;18 of the New Code of Medical Ethics, Resolution nº 1.931 of September 24, 2009, in force since 13th April 2010; 19 and, more recently, the Resolution 1.995/2012, which deals with Testament Vital.3 These documents, at its core, expressing the desire to evolve in the direction of dying with dignity and respect for patient autonomy.

The study highlights that Resolution 1.995/2012, edited by CFM, was responsible for the official introduction of prior declaration of will of terminal patients in Brazil. This document provides the possibility to determine advance directives, which arise as instructions guiding the medical management in terminal situations. In these situations, the good life and the dignity of
human conflict, because the patient can no longer express their will since lost the capacity for discernment. By allowing the manifestation of free and autonomous individuals, brings the TV as one of the main approaches dignified death.\textsuperscript{20}

The resolution effectively acknowledges that the patient has the right to refuse to receive futile treatment or extraordinary - those who do not provide real benefit to the patient, since death is presented as inevitable, or are treatments aimed only prolong biological life of the patient, to the detriment of quality of life.\textsuperscript{14}

It is understood that Resolution 1.995/2012, the Federal Council of Medicine, represents a major breakthrough for achieving the ideal of a dignified death. The authors emphasize that you need to devise a law and added that the device would have the double merit of bringing to the attention of the public to the existence of the document and eliminate various controversies that overhang the theme.\textsuperscript{20} Therefore, it is necessary to define the essential requirements this document, such as content and formal aspects.\textsuperscript{14} To list these definitions is a tricky question. However, because the ethics precedes law initiatives, in the ethical, motivate actions subsequent to legal regulation.\textsuperscript{1} Thus, it is possible to consider that, according to the selected items, the Living Will is a document that ensures the autonomy and dignity of the terminally ill patient. Therefore, the TV maintains that human beings do not suffer from unnecessary suffering and unsubstantiated therapeutic obstinacy, which is configured as a way of patient impose futile treatments. It is noted from the discussions presented, the importance of editing a law relating to that field.
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<td>Revista Bioética</td>
<td>2011</td>
<td>O testamento vital e a possibilidade de admissibilidade no ordenamento jurídico brasileiro</td>
<td>This article derives from a documentary research on the vital Testament, [...]. Sought to demonstrate that in the current Brazilian legal system it is possible to use this mechanism, even if no express legal provision, based on the principle of human dignity and of private autonomy.</td>
</tr>
<tr>
<td>Revista Ambito Jurídico</td>
<td>2011</td>
<td>A questão da licitude ou ilicitude da prática ortotânasica no ordenamento jurídico brasileiro</td>
<td>This article discusses as its central theme the practice of orthotanasia, [...] differentiating the conceptually similar situations, [...] which cause great confusion in legal, ethical and social panoramas. [...] It is concluded by the lawfulness of orthotanasia. It is suggested the deployment of the will essence.</td>
</tr>
<tr>
<td>Revista Bioética</td>
<td>2013</td>
<td>Declaração prévia de vontade do paciente terminal: reflexão bioética</td>
<td>[...] resolution of CFM provides respect for the patient's autonomy, one of the basic principles of bioethical principialism, but there are still discussions as to how this statement is produced, which aims to establish the right to refuse to undergo disproportionate therapies even when they no longer can manifest itself.</td>
</tr>
<tr>
<td>Revista do Instituto do Direito Brasileiro</td>
<td>2012</td>
<td>Diretrizes antecipadas de vontade: testamento vital, mandato duradouro e sua admissibilidade no ordenamento brasileiro</td>
<td>Find out if the vital and enduring mandate will find refuge in principles and standards of the Brazilian planning, despite the absence of specific regulation [...].</td>
</tr>
<tr>
<td>Revista Bioética</td>
<td>2013</td>
<td>Possibilidade de inclusão do testamento vital no ordenamento jurídico brasileiro</td>
<td>Check the reflections of legal Resolution 1,995/12 of the Federal Council of medicine. To do so, makes an analysis of advance directives in the world, trying to understand the Institute and, subsequently, to analyze how this resolution reflected in the legal area, in conclusion, finally, the need for specific legislation on the subject in Brazil. The ability of self-determination and freedom, enshrined by the Federal Constitution, gives rise to the prerogative of an individual fully capable to choose the terms of the end of his life. Considering these circumstances, then, is that it proposes the possibility of Inclusion of Testament vital in the Brazilian legal system [...].</td>
</tr>
<tr>
<td>Revista Eletrônica de Direito</td>
<td>2012</td>
<td>Testamento vital e o ordenamento jurídico brasileiro</td>
<td>In Uruguay was approved the law that instituted in that country the so-called &quot;testament vital&quot;, also known as &quot;living will&quot; advance, this allows the person to declare in advance that refuses medical therapies that would only prolong its existence, to the detriment of their quality of life. The approval of law in this sense in a neighbour country's thinking about possible legitimacy of Testament Vital in Brazil.</td>
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<td>Revista Jus Navigandi</td>
<td>2010</td>
<td>Testamento Vital na perspectiva de médicos, advogados e estudantes</td>
<td>The paper presents aims to highlight the subjects' understanding of medical and law in relation to the theme, and the personal positioning on a patient with and without the will essence. It was concluded that the acceptance of the Testament vital [...] let’s assume its regulations may be well-received and useful to the Brazilian society as a way to ensure the autonomy of the patient who is unable to express his will.</td>
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<td>The paper presents aims to highlight the subjects' understanding of medical and law in relation to the theme, and the personal positioning on a patient with and without the will essence. It was concluded that the acceptance of the Testament vital [...] let’s assume its regulations may be well-received and useful to the Brazilian society as a way to ensure the autonomy of the patient who is unable to express his will.</td>
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<tr>
<td>Revista de Bioética y Derecho</td>
<td>2013</td>
<td>Distorções acerca do testamento vital no Brasil (ou o porque é necessário falar sobre uma declaração prévia de vontade do paciente terminal)</td>
<td>This article aims to analyze the discussion of Brazilian landscape Testament vital, focusing on the controversial points and often divergent on the subject.</td>
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**Figure 2.** Name and year of journals, titles and excerpts of publications relevant to the second category.
The articles that constitute the category II focus on the ethical and legal harvest about Living Will. The end of life is an issue coated anxiety, which leads to the scientific community worldwide to remain analyzing its legal and ethical foundation. Accordingly, upon the understanding of ethical and legal devices that discuss the topic, you can assist the patient, family and health professionals and law to perform righteous deeds and worthy in the process of terminal illness.¹

Due to this fact, the search for consensus between the different opinions has afflicted professionals from various fields, particularly, the Health Law, Bioethics in finding a path to support and update the legal framework and establish limits or parameters for varied practices exercised during this period.¹ Under this view, the understanding of the Living Will among medical professionals and lawyers has been questioned with regard to regulation and practical work in the field of bioethics Brazilian. This is a discussion aimed at promoting educational interventions and discussions about the end of life as well as the importance of the TV during this process.

Based on this understanding, there is a study that demonstrated understanding of medical professionals, and law students in relation to the theme and personal positioning in a patient with and without the Living Will. It found a wide acceptance of Vital Testament by all groups surveyed, which indicates that its regulation may be well received and useful to the Brazilian society, in order to guarantee the autonomy of the patient who is unable to express his will.¹

Another research on the placement of patients in the process of finitude and his companions showed full agreement about the preparation of their own TV and was demonstrated good acceptance for its implementation in Brazil. Other studies address the possible validity of living wills in Brazilian law and its inclusion in the legal system. Although there is no specific legislation on the Living Will in the country, through an interpretation of constitutional and infra, can substantiate the validity of this instrument in Brazilian law. The TV presents itself as the expression of individual autonomy. To exercise it, it is contemplated his dignity. Therefore, in the light of democratic constitutionalism, one can justify the legal validity of the Living Will, basing it on the express provisions of the constitutional principles highlighted, as well as the constitutional rights of freedom, honor and protection of the inviolability of intimacy.¹³,²¹,²²

Study emphasizes that, in Brazil, the absence of a rule regulating the advance directives should not serve as an obstacle to the recognition of its validity, since the TV is only in anticipation of the positions that the author adopts regarding medical treatment, according to its judgment, are appropriate.²³

Other research highlights that using a systematic and associated with principles of individual autonomy, self-determination of his will and human dignity, there is every opportunity to introduce living wills in the current Brazilian law. This fact would arise in order to ensure respect for the wishes of the patient and to curb the practice of futility.²⁴

However, despite its regulation in various countries, the TV is still a controversial issue in Brazil, has emerged as the most visible only after approval in August 2012 of Resolution 1995. This is the first legislation on the subject in the country, through which the custom of CFM continues to take positions on bioethical issues before the Legislature. There are many questions about the legal effect of that resolution.¹⁴

The controversy and divergence of views on the subject, perhaps, are the main factors responsible for the institution of a civil action by federal prosecutors, with request for the preliminary injunction. This action was dismissed by the judge in charge, which resulted in the filing of interlocutory injunction with application for preliminary injunction appeal. This measure sought to amend the draft decision, requesting the recognition of unconstitutionality of the resolution and its suspension in Brazil and is still awaiting the decision of the judiciary.⁴

It should be emphasized that Resolution nº 1.995/2012 presents itself as an important step in the discussion of advance directives will in the country and reflects a major breakthrough in the area rules. However, further clarification on the legal level are indispensable, since the jurisdiction of the CFM is limited to the medical profession.¹⁴,²⁵

It is worth noting that the civil action instituted by federal prosecutors, now in progress, is guided by the understanding that there are vices characteristic of illegality in CFM Resolution nº 1.995/2012, concerning the leakage limits of regulatory power affront to legal, jettisoning family decisions that are right and disreputable establishment of instrument for recording of advance directives will patients. However, to ensure that patient autonomy must be estimated, even when you are no longer able to make decisions, Resolution breaks with a culture centered
medical power, which reduces the individual patient to patient waits submissively.4

On the limits to exercise normative activity, the civil action is based on the extrapolation of the harvest of the discipline of medical ethics, especially by transcending the doctor-patient relationship. The underlying theme to the above regulations, according to federal prosecutors, has repercussions family, social and personality rights, beyond the power of standardization of CFM. Na fact, this understanding goes against what is proposed by the Resolution nº 1.995/2012 CFM, since there is no order to shorten the life of the terminally ill patient, but to allow it to set, along with your doctor, the therapeutic limits to be adopted. Accordingly, the patient is not abandoned by medical staff because the interventions are to focus on the care and comfort by preventing suffering with procedures futile.13

It should be noted that the resolution n.1995/12 of the Federal Council of Medicine provides patient designate a representative to voice their advance directives, which shall prevail over any other non-medical opinion, including on the wishes of the family.3 The federal prosecutor understands that the family is the institution to which the Constitution paid special protection. Therefore, it is pertinent to understand the existence of the relationship of special trust legislation comprises the relations of ancestry and descent family. Thus, states should be held to the family group of the patient’s participation in the registry of advance directives and will verify compliance therewith.4

However, in Resolution 1.995/2012, CFM states that in the absence of advance directive, the family will be checked. It is noteworthy is that, as the resolution of CFM is not referring to curative care, but the delimitation procedures disproportionate the life of an incurably sick, it is important to understand that, based on a contemporary understanding of the Constitution, one can make the case of the coexistence of rights protection of life and the individual's right to a peaceful and dignified death.21

In this perspective, the study highlights that the previous declaration of the will of the terminal patient is precisely the exercise of the fundamental right to authentic and truthful freedom, because this document is a space that the individual has to make personal decisions, very personal, that are - and should remain - immune to outside interference, whether from doctors, family or any person and/or institution who attempts to establish his own will. In a pluralistic and democratic society, it is inconceivable coercion of individual wills, since the state's role is to enable the coexistence of the different individual projects of life.13

The normative 1.995/2012 CFM (2012) further provides, in Article 2, §4, that "the medical record, the medical record, the advance directives will directly communicated to them by the patient ." The Federal Prosecutor understands there impropriety means such document, due to the secrecy that protects medical records, opening the possibility of noncompliance wills shown by the patient.4

On the other hand, the Ministry of Health, through Decree nº 1820/2009, believes that, under the Health System, values, culture and patients’ rights must be respected, particularly in relation to confidentiality, confidentiality, the consent and free choice about who will be responsible for making decisions in the event of his incapacidade.16Além addition, CFM, as a body class, has no jurisdiction to determine that advance directives will be mandatorily, registered in the registry office. However, this formality becomes imperative to ensure the declarant that his will be followed, ie, the issuance of a deed of advance directives provides legal certainty.14

In this approach, the CFM ruled that the doctor's role is to record in the medical record the patient's wishes. However, its performance must overcome, only the transcript of the will of the patient. To him it is also assisting the declarant regarding the treatments and procedures that may or may not be refused. This guidance is to ensure that the content of advance directives actually expresses the real will of the patient becoming an active figure in the drafting of advance directives.14

According to the reasoning of the Federal Public Ministry, the resolution discussed in situations required by legal, were omitted aspects such as requirements that the patient must meet to establish advance directives of His will, the time limit of validity of the willingness and the ways in which the patient may revoke their directives. É important to note, though, that document should be written, leaving clearly recorded that the individual is alert, oriented, and fully aware of its decisions and their consequences.4

In contrast, the right professionals approved the statement 533 that defines the interpretation of Article 15 of the Civil Code, assuming that the patient fully capable to deliberate on all aspects pertaining to medical
treatments. Thus, it shows recognition to the autonomy of the individual as the central point that directs patient care. This perspective goes back the recent changes on the self-determination of the individual facing the processes of decision making.26,27

Based on the discussions presented, it is understood that Resolution 1.995/2012 CFM, despite being a milestone for the implementation of advance directives in health care, not inclusive of the scope of the topic. Thus it is manifested the need to prepare legal provision current about Vital Testaments in Brazil, considering the requirements that an individual must meet to establish advance directives of His will, the time limit of validity of the will and the ways explained which the patient may revoke your policies. The articles highlight the importance of the regulation of matters concerning the family’s participation in the drafting and enforcement of the policies, the definition of your registration form and extent of physician participation in its preparation.

FINAL REMARKS

Considering the analysis of the articles in this study can highlight the Living Will as a means of making the terminally ill patient die worthy one. The first thematic category identified emphasized the importance of advance directives will to ensure the dignity and autonomy of the patient without therapeutic possibilities of healing. The second addressed the ethical and legal aspects involved in the discussion of advance directives will.

The study made it possible to highlight the importance of living will respect the dignity and autonomy of the patient terminal, pointing to the need of creating legal provision governing its formal use in Brazil. In this perspective, the theme with emphasis on the Brazilian reality requires great debates in relation to the terminally ill patient positioning.

It is worth mentioning that this review has limitations, as it was composed of 15 publications identified in the investigated period, making it impossible to generalize results. However, it is hoped that this study may support further investigations and discussions about the theme on the national scene.

REFERENCES

http://www.saude.sp.gov.br/resources/instituto-de-saude/homepage/bis/pdfs/bis_v12_3.pdf


