

strikingly experienced and talented bunch. Among them there were three professors, a past GPC chair, chairs of Council, JCPTGP chairs and a veritable smorgasbord of present Council members and GMC and RCGP examiners. Yet despite this, humility was evident. One candidate either chairs or is a member of 17 committees and yet described himself as an 'ordinary' GP. I'll show you ordinary mate. After reading this I felt less like a grass roots member and more like a worm within. This member once attended a faculty annual lecture and ... well, that's been it. I was rather despondent at the energy, talent and contribution of others, but relieved that such greatness speaks for my profession and me. But how representative are these worthies? Only one practises in my country, that being 60 miles as the crow flies (a worrying expression for a worm) and the youngest is 10 years my senior. I know of several members who have felt as close to the College as they do to an orbiting planet and exchanged their College subscriptions for that of a wine club. Could the College and Council be more inclusive and representative? It's not for me to say, but meanwhile I'll continue to enjoy the Journal (the second half anyway) and to exercise my vote.

David Carvel

General Practitioner, Biggar Health Centre, South Lanarkshire.
E-mail: david.carvel@lanarkshire.scot.nhs.uk

The Chairman's response can be found on page 480.

Advance directives: awareness in care homes

Advance directives are statements recorded by a competent individual containing information on health-related values and choices. They seek to extend the individuals' autonomy in anticipation of events that would subsequently compromise their ability to express themselves. Advance directives are likely to be particularly relevant to care home residents, who are may have prior

Table 1. Replies from a survey of Leicestershire care home managers on end-of-life care.

	Residential homes n = 199	Dual registered homes n = 44	Combined n = 243
Have you heard of advance directives?	47 (24%)	22 (50%)	69 (28%)
Does your home have a policy on advance directives?	10 (5%)	7 (16%)	17 (7%)
Have you heard of 'do not resuscitate orders'?	137 (69%)	38 (86%)	175 (72%)
Does your home have a policy on the resuscitation of clients?	72 (36%)	18 (41%)	90 (37%)

experience of serious illness. We undertook a postal questionnaire survey of all managers of care homes in Leicestershire to determine their attitudes towards advance directives (Table 1), as care home managers would have a key role in facilitating advance directives for care home residents.

Seven homes were no longer operational and two homes declined to participate. Of the remaining homes, 243/391 (62%) returned the questionnaire. Overall, 67% of the homes cared for older clients and 41% catered for people with physical disabilities. Of those homes with a policy on advance directives or resuscitation, 16/95 (17%) discussed end-of-life care routinely with their clients; 22 (23%) when their clients became unwell; 37 (39%) when prompted by other healthcare professionals; and 24 (22%) discussed end-of-life care if requested by the client. Further information on end-of-life care was requested by 171/243 homes.

This is the first UK study examining the attitudes of care home staff towards end-of-life care for their clients. Awareness of advance directives was relatively low (28%) compared to awareness of DNR orders (72%), but higher in nursing homes compared to residential homes in both cases. The timing of end-of-life discussions suggested by this survey suggests a more reactive rather than a proactive approach. Weaknesses of the study include that we were unable to verify that responses reflect actual practice and whether the responders were indeed representative of the larger population of care home managers.

The North American experience of advance directives suggests that they can

improve client care and reduce costs, when used systematically and in the context of a broader end-of-life managed care programme.^{1,2} The circumstances in the UK are coming together to facilitate the introduction of advance directives. The mental capacity bill provides the legislative framework and case management will provide the opportunity. What is not known, are the barriers that exist within the medical profession and the health service more generally, that will inhibit greater use of advance directives.

Funding body

Funded by a British Geriatrics Society Specialist Registrar start up grant awarded to Dr Conroy

Competing interests

None

Acknowledgements

The authors are grateful to Dr John Gladman, Reader in Medicine for Older People, University of Nottingham for his constructive comments

Simon Conroy

Clinical Lecturer in Geriatrics, Queen's Medical Centre, Nottingham.
E-mail: simon.conroy@nottingham.ac.uk

Su Kiun Chin

Specialist Registrar, Department of Medicine, Queen Elizabeth Hospital, Sabah, Malaysia

Nelson Lo

Consultant Physician, Leicester General Hospital, Leicester

REFERENCES

- Molloy DW, Guyatt GH, Russo R, et al. Systematic implementation of an advance directive program in nursing homes: a randomized controlled trial. *JAMA* 2000, 283(102): 1437-1444.
- Teno JM. Advance directives: time to move on. *Ann Intern Med* 2004, 141(7): 159-160.