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Article 7 of the law stipulates that any adult person may write their end of life advance directives, in case they might no longer be able to express their wishes concerning limitation or interruption of their medical treatment. Legal texts stipulate that advance directives be stated less than 3 years before a state of irreversible unconsciousness. They are revocable at any time. Physicians must take them into account before deciding any investigation, intervention, or treatment. These texts define their conditions of validity, confidentiality and conservation.

This confidential document must be written, dated and signed, it must specify the place and date of birth. Two witnesses, including the appointed 'person of trust' may write and sign the document if the patient is unable to do so himself. This document has 3 year validity, it may be modified, in part or totally, at any time. It must be made available to the physician or any other practitioner chosen by the patient.

The 2005 Act strongly stressed the notion of medical « relief of human suffering » and the relevance of limiting and/or interrupting medical treatment once some consensus has been reached, and avoidance of unreasonable medical obstination. This Act was favourably welcomed, in particular by anaesthetists and intensive care specialists, as an appropriate response to most situations encountered in their daily practices [7]. Written advance directives do not prevent consulting the 'person of trust', but they do prevail over the latter's view.

Whether the person is still healthy or has a serious medical condition, the writing of advance directives raises questions about the reliability of the options chosen at the time of writing as choices are highly context dependent and also dependent on conditions of information [8].

The keystone of the 2005 Act is the refusal of unreasonable medical obstination and the promotion of the consensus approach, which

recommend such talks when the prognosis is shorter than a year [25]. In 2009, a Spanish study bearing on 171 pairs of patients and person of trust showed the benefits of information and training on both of them and on the respect of advance directives [26].

Currently, advance directives are unheeded in France, rarely suggested and generally uneasy for patients to draft. When implemented, physicians consider that they have been an important element for 72% of their medical decisions in end-of-life situations. That survey, based on 5217 questionnaires supports the view that advance directives genuinely help doctors take decisions for end-of-life patients [12].

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Advance directives may only be drafted by adults aged over 18 years. They may not be used in pediatrics, though teen-agers and older children are clearly able to express their wishes in relation to choice of medical treatment or end-of-life plans. Multi-disabled children may also be concerned. Presently, parents act as proxies [27].

Another major stake concerning advance directives is their legal evolution, from their present consultative status towards enforceable legal rights.

Two distinct and contrasting situations may arise: that of conscious patients still in a position to discuss a reasonable end-of-life project, and that of unconscious patients for whom enforceable advance directives would not constitute an alternative.

An emerging issue in France is that of medically assisted suicide [28]. Various European countries among which some neighbouring French-speaking countries have already passed legislation in favour of medically assisted suicide. Consequently, some French patients seek such benefits in those countries, since it is totally illegal in France. A bill was debated in 2012, but did not come through due to strong oppositions [29]. An article of that bill stipulated that patients might express their wishes to limit or interrupt treatment in their advance directives. A registry should have collected all advance directives, in order to keep control over such practices. Another article of that bill suggested creating a national commission in charge of supervising such practices relating to the right to a dignified death in the conditions defined by the law.

& R Q F O X V L R Q

Advance directives are little-known and rarely used in France. They

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