



**David William Molloy**

University College Cork, Ireland

### Biography

David William Molloy is M.B, B.Ch, B.A.O. (1977); M.R.C.P. IRELAND (1980); L.M.C.C. (May 1983); F.R.C.P.(C) (1985) Internal Medicine and Geriatric Medicine - graduated from UCC in 1977 and was appointed as the Chair of the Centre of Gerontology and Rehabilitation in September 2010. Prior to this he was Professor of Medicine at McMaster University, Canada and St. Peter's McMaster Chair in Aging. Professor Molloy has an extensive publication history in Dementia and current research interests include advance directives, clinical trials in dementia and efficient use of acute hospital services for older people.

[w.molloy@ucc.ie](mailto:w.molloy@ucc.ie)

## “LET ME DECIDE” ADVANCE CARE DIRECTIVE

Advance care directives are documents that state a people wishes for health and personal care in a future time if they are unable to communicate them. There are two types: instructional directives or living wills where people state what they want done circumstances e.g. I don't want CPR if my heart stops. The second type of advance care directive is where people nominate another to make decisions on their behalf if they are unable to do so. This is the “proxy directive” like an enduring power of attorney for health care. Let ME Decide is a book, now in its 27th edition, that contains an advance care directive that allows individuals to give instructions and nominate another to make decisions for them if they are incapacitated. This presentation will discuss data from about twenty countries where we studied how physicians, nurses and the public would make decisions for a man with dementia who was admitted to the emergency department with an acute life threatening gastrointestinal bleed. We report how choices vary depending on whether we are making decision for unknown patients. family members or ourselves. The responses were affected by age, training, culture. legal concerns and ethical beliefs. We also systematically used Let Me Decide in nursing homes in Canada, Australia and Ireland. Hospitalisations were reduced by 70%. This is one of the few interventions that reduces hospitalisation, promotes patient autonomy, takes family and health care professionals “off the hook” because they don't have to make these decisions, reduces mortality, reduces health care costs and improves the quality of care at the end of life.