Deciding Together: Promoting Relational Autonomy in Advance Care Planning

Julie Murphy MSN, RN, PhD Candidate
The Pennsylvania State University
University Park, PA

Currently 2.5 million Americans die each year, yet only 1 in 5 have discussed or documented their end of life preferences. Despite nearly 30 years of scientific and legislative efforts, advance care planning has yet to become commonplace in America. Most persons desire to have their families involved, yet often these critical advance care planning conversations do not take place. Inviting and integrating the family into these, conversations could provide an avenue to have decisions made at the end of life more congruent with a person’s preferences. Following an examination of bioethics literature exploring how relational autonomy plays a vital role in family communication and the ability to engage in critical advance care planning conversations. The author will argue that there is a paucity of research linking relational autonomy, family communication and the ability of adult children to participate in and discuss advance care planning with their parents. Most people express a desire to have their family involved, yet barriers exist within the advance care planning process, further supporting the role of relational autonomy. Suggestions for identifying and capitalizing on family communication patterns, through a relational autonomy framework for promoting frequent and earlier conversations can lead to decisions being congruent with a person’s end of life wishes. These critical conversations could also decrease negative outcomes associated with decision making as a parent approaches the end of life.