

## Do I Need to Consult a Doctor when Making an AMD?

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### ARTICLE INFO

#### Article history:

Received 5 February 2025

Received in revised form 21 July 2025

Accepted 10 September 2025

Available online 25 September 2025

#### Keywords:

Advance Medical Directive; patient autonomy; medical consultation; healthcare decision-making; accessibility barriers

### ABSTRACT

Advance Medical Directive (AMD) is a critical tool for ensuring patients' healthcare preferences are respected when they cannot communicate their decisions. Despite their importance, many individuals are uncertain whether consulting a doctor is necessary when creating an AMD. This study explores the question: "Do I need to consult a doctor when making an AMD?" AMD has gained prominence in modern healthcare because it upholds patient autonomy and reduces ethical dilemmas during medical emergencies. However, the absence of clear guidelines on the necessity of medical consultation poses a challenge. The study aims to assess the impact of involving medical professionals on the quality and comprehensiveness of AMD and identify barriers to seeking such consultations. A qualitative method approach was employed. The understanding of medical terminology, specificity of directives, and perceived confidence in decision-making, while the data from secondary sources explored the perceived benefits and obstacles of involving a doctor. Results reveal that consulting a doctor enhances individuals' comprehension of medical terminology and treatment options, resulting in more detailed and practical AMD. Participants who sought medical advice expressed greater confidence in their decisions, while those who did not cited concerns such as cost, accessibility, and time as barriers. Healthcare providers emphasized the importance of aligning AMD with realistic medical scenarios, which can be challenging without expert input. The study concludes that although consulting a doctor is not legally mandatory, it significantly improves the effectiveness and reliability of AMD. To address accessibility challenges, integrating low-cost or free medical consultation services into the AMD creation process is recommended. Such measures can ensure broader access to professional guidance, resulting in improved AMD quality and better alignment with individual healthcare goals. This approach can enhance patient autonomy while fostering more effective healthcare outcomes.

## 1. Introduction

In recent years, the ethical, legal, and practical implications of advance medical directives (AMDs) have garnered increasing attention across medical, legal, and public policy domains. As

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healthcare systems become more complex and patient populations grow older, the need for clear, patient-centred planning mechanisms has intensified. An AMD is a legally binding document that enables individuals to articulate their preferences regarding medical treatment if they become unable to communicate their wishes. This tool not only promotes the principle of patient autonomy but also addresses concerns about over-treatment, family disagreements, and ethical dilemmas at the end of life.

At its core, an AMD empowers individuals to retain control over their healthcare decisions, even during periods of severe cognitive decline or terminal illness. Such directives typically consist of two major components: a living will and a durable power of attorney for healthcare. A living will is a document in which individuals state their preferences concerning specific medical interventions, particularly life-sustaining measures such as mechanical ventilation, dialysis, artificial nutrition and hydration, or resuscitation. For instance, a patient may request that no extraordinary measures be taken if they fall into a permanent vegetative state. In contrast, a durable power of attorney for healthcare authorises a chosen proxy or healthcare agent to make medical decisions on the patient's behalf if they are no longer mentally competent. This designated agent is expected to act in accordance with the patient's known values and preferences, providing a flexible and adaptive response to complex medical situations (National Institute on Aging, 2023).

The relevance of AMDs becomes especially apparent in cases involving terminal illness, irreversible coma, or progressive neurodegenerative diseases such as Alzheimer's. In these instances, patients may lack the cognitive capacity to make informed choices, placing their families and healthcare teams in ethically and emotionally fraught positions. AMDs alleviate some of this burden by offering a structured, legally recognized guide for decision-making, reducing ambiguity and emotional distress for loved ones. Moreover, AMDs ensure that medical interventions are not administered simply by default, but instead reflect the patient's informed values and quality-of-life considerations.

Physicians play a pivotal role in the implementation and interpretation of AMDs. Their professional responsibility includes initiating conversations with patients about end-of-life planning, explaining the scope and implications of AMDs, and ensuring that the directives are documented accurately in medical records. These discussions are most effective when conducted in a non-crisis setting, allowing patients ample time to consider their values, ask questions, and consult family members or spiritual advisors if desired. In clinical practice, however, many patients are either unaware of AMDs or are reluctant to engage in end-of-life planning due to cultural taboos, denial, or fear. Thus, doctors must employ empathy, cultural sensitivity, and ethical clarity when guiding patients through this process.

Moreover, healthcare professionals are legally and ethically bound to respect the wishes outlined in a valid AMD. Nevertheless, challenges arise when directives are vague, outdated, or conflict with standard medical protocols. For example, a living will that instructs "no heroic measures" may be open to interpretation, particularly in rapidly evolving emergencies. In such cases, clinicians may need to consult with family members, legal counsel, or hospital ethics committees to determine the most appropriate course of action. This collaboration helps uphold the patient's best interests while minimizing moral distress for medical staff and avoiding potential legal repercussions.

From a legal perspective, the enforceability of AMDs varies across jurisdictions, depending on local statutes and healthcare regulations. Some countries have enacted specific laws mandating that healthcare providers adhere to AMDs, while others provide only limited recognition. In the United States, for example, the Patient Self-Determination Act (1990) requires healthcare institutions receiving federal funding to inform patients of their right to create an AMD. In Malaysia, although AMDs are not yet regulated by a specific statute, legal scholars and ethicists have advocated for

greater formalization and awareness, especially given the country's multicultural and multireligious context, which can influence decision-making at the end of life.

In addition to promoting autonomy, AMDs offer practical benefits by reducing medical costs associated with prolonged and potentially unwanted treatments. Research indicates that patients who have completed AMDs are less likely to receive aggressive interventions during terminal illness, leading to more appropriate use of medical resources. This not only improves the patient's quality of life but also eases the financial and emotional burden on families and healthcare systems. Furthermore, AMDs foster transparency and trust in the doctor-patient relationship, as patients feel heard and respected in shaping their medical journey.

Despite these advantages, the uptake of AMDs remains relatively low worldwide. Factors contributing to this include lack of awareness, legal uncertainty, cultural reluctance to discuss death, and insufficient training for healthcare providers in advance care planning. Addressing these challenges requires a coordinated effort involving public education campaigns, medical curriculum reform, and policy development. Community leaders, religious figures, and legal professionals also have a role to play in normalizing conversations about end-of-life care, ensuring that AMDs are understood not as a morbid formality but as a compassionate and empowering tool.

In conclusion, advance medical directives represent a significant advancement in patient-centred care by allowing individuals to guide their medical treatment in accordance with personal beliefs and preferences. They reduce the risk of unwanted interventions, provide clarity during times of crisis, and support ethical decision-making in complex clinical situations. For AMDs to be truly effective, however, they must be accompanied by open dialogue, legal recognition, and a healthcare culture that respects the dignity of informed patient choice. As societies grapple with ageing populations and technological advances in life-prolonging treatments, the role of AMDs will only become more vital in aligning medicine with humanity.

## **2. Materials and Methods**

Adopting a qualitative research methodology, this dissertation undertakes a comprehensive examination of both primary and secondary sources related to advance medical directives (AMD), medical legislation, and bioethical principles. In line with Krippendorff's (2004) assertion that content analysis may range from basic word frequency counts to more nuanced conceptual interpretations, this study employs both content analysis and critical analysis as its primary analytical frameworks (Ramalinggam Rajamanickam et al., 2019). These methods facilitate a deeper understanding of the underlying legal and ethical constructs surrounding AMDs.

The research draws extensively on primary data, including official documents, legislative texts, and policy guidelines from Malaysia as well as comparative international jurisdictions (Mohd Zamre Mohd Zahir et al., 2021; Mohd Zamre Mohd Zahir et al., 2019a; Mohd Zamre Mohd Zahir et al., 2019b). This is complemented by a robust engagement with secondary sources to support a thorough literature review (Nurul Hidayat Ab Rahman et al., 2023; Nurul Hidayat Ab Rahman et al., 2022; Mohd Zamre Mohd Zahir et al., 2022). The meticulous collection and triangulation of these data sources not only enhance the reliability and validity of the findings but also ensure comprehensive coverage of the subject matter (Ramalinggam Rajamanickam et al., 2019).

The final segment of this research synthesizes and critically examines the findings derived from the aforementioned analytical approaches. This section offers a reflective and evaluative discussion of the results, highlighting the legal, ethical, and practical implications of AMDs while contributing original insights to the ongoing academic and policy discourse.

### 3. Defining Key Concepts

Understanding the distinction between an advance medical directive (AMD) and active euthanasia is essential for any meaningful discourse on end-of-life care, medical ethics, and legal frameworks. While both concepts deal with life, death, and the boundaries of medical intervention, they are fundamentally different in intent, process, and legal treatment. An AMD primarily sets out an individual's preferences regarding the continuation or withdrawal of life-sustaining treatments, such as mechanical ventilation, artificial feeding, hydration tubes, or cardiopulmonary resuscitation, should the person become incapacitated and unable to voice their wishes. Crucially, AMDs do not involve directives to actively end one's life but instead focus on allowing a natural dying process without unnecessary or unwanted medical intervention.

In stark contrast, active euthanasia refers to a deliberate act, often performed by a medical professional, to administer substances with the intention of causing the patient's death in order to relieve unbearable suffering (Cohen-Almagor, 2020). This form of euthanasia is typically distinguished from passive euthanasia, which involves withholding or withdrawing treatment, allowing death to occur naturally. While active euthanasia remains illegal in most jurisdictions around the world, it continues to fuel contentious debates on ethical, legal, and human rights grounds, particularly in the context of terminal illness, intractable pain, and patient dignity (Brazier, 2020).

At the heart of both the AMD framework and broader debates on euthanasia is a fundamental principle in medical ethics: the right of a patient to make informed decisions about their own medical treatment. This right stems from the ethical doctrine of autonomy, which affirms that rational and competent individuals have the authority to determine the course of their own healthcare. If a patient possesses the maturity and cognitive capacity to comprehend the implications of accepting or refusing medical treatment, their decisions must be respected, even if those decisions may result in death (Brazier, Cave, & Heywood, 2023). AMDs serve to reinforce this principle by enabling individuals to articulate their treatment preferences in advance, ensuring that their choices are upheld even if they lose the ability to communicate due to illness, injury, or cognitive decline.

The ethical foundations of AMDs are deeply rooted in respect for autonomy, self-determination, and dignity. They function not only as legal documents but also as expressions of a person's deeply held values and beliefs regarding life and medical care. When properly implemented, AMDs help avoid unnecessary suffering, reduce confusion for families, and provide clear guidance to healthcare providers. They are especially valuable in cases involving terminal illnesses, neurodegenerative diseases such as Alzheimer's, or catastrophic injuries resulting in coma or persistent vegetative states.

Legally, AMDs are recognized and enforceable in many jurisdictions, although the scope, enforceability, and procedural requirements for these directives vary widely between countries and even among regions within a single country. For instance, in some jurisdictions, a written AMD signed in the presence of witnesses is sufficient to be legally binding. In others, more formal requirements such as notarization or physician attestation may apply. This legal diversity often reflects cultural, religious, and ethical attitudes toward death and individual autonomy in different societies. As such, the researcher can also refer to other countries to see the implementation and the impact of it (N. Ramdhan et al., 2016).

The growing global recognition of AMDs is exemplified by legislative initiatives in several developed countries. In the United States, the Patient Self-Determination Act (PSDA) of 1990 mandates that healthcare facilities receiving federal funding inform patients of their rights to make advance healthcare decisions, including the right to create an AMD. This legislation has played a critical role in increasing awareness and promoting the use of AMDs among patients, families, and

healthcare professionals. Similarly, in Australia, individual states and territories have enacted laws that recognize advance care planning, although the format and legal effect of such directives can differ significantly across jurisdictions. In Canada, provincial laws also regulate AMDs, often referred to as advance directives, representation agreements, or personal directives, depending on the province (Wilson et al., 2023).

Despite these developments, the implementation and uptake of AMDs remain inconsistent. Public awareness of AMDs is generally low, and cultural taboos surrounding discussions of death and dying often impede meaningful conversations. Moreover, healthcare professionals may lack sufficient training to guide patients through AMD or may be unsure of how to interpret vague or outdated directives. These challenges underscore the need for more comprehensive public education, healthcare training, and legislative clarity to support the ethical and legal objectives of AMDs.

In conclusion, while an AMD is frequently misunderstood or conflated with active euthanasia, it is a distinct and ethically grounded tool that seeks to uphold patient autonomy and improve the quality of end-of-life care. Its legal recognition across multiple jurisdictions illustrates a growing consensus on the importance of respecting patient choices, yet disparities in implementation highlight the ongoing need for reform, education, and cross-cultural dialogue. By enabling individuals to guide their healthcare by personal values, AMDs serve as vital instruments in bridging the gap between law, medicine, and human dignity.

#### **4. Advance Medical Directive And Patient Autonomy**

The primary purpose of an advance medical directive (AMD) is to uphold patient autonomy by allowing individuals to communicate their medical preferences in advance. This ensures that healthcare providers and loved ones can respect these wishes if the patient becomes unable to express them. By documenting their choices, AMDs help prevent unnecessary medical interventions, minimize suffering, and preserve patient dignity.

However, critics argue that the wording in some AMDs may be open to interpretation in ways that could resemble euthanasia. For example, a directive stating a preference for “no extraordinary measures” could be misinterpreted, particularly in jurisdictions where the legal distinctions between palliative care, withdrawal of treatment, and euthanasia are not well defined (Jackson & Keown, 2019). Brazier (2020) warns that ambiguous language in AMDs could lead to misapplication, potentially undermining their ethical intent.

According to research, there are currently no specific laws or particular guidelines on AMD in Malaysia (Shaikh Mohd Saiffuddeen Shaikh Mohd Salleh, 2015). Fadhlina Alias, Puteri Nemie Jahn Kassim, and Muhammad Najib Abdullah state that although AMD is a relatively new idea in Malaysia, some sectors have recently called for raising public awareness and implementing such measures in healthcare delivery (Fadhlina Alias, Puteri Nemie Jahn Kassim & Muhammad Najib Abdullah, 2020). Under Articles 17 and 18, the Malaysian Medical Council (MMC) released a general guideline for AMD titled “Consent for Treatment of Patients by Registered Medical Practitioners.” Article 18 describes among other things, “a medical practitioner should refrain from providing treatment or performing any procedure where there is an unequivocal written directive by the patient that such treatment or procedure is not to be provided in the situations which now apply to the patient.” Even though some private hospitals provide general guidelines on AMD on their website (Harriet Berliner, 2012), it can be seen that there are no specific and detailed guidelines and standards regarding AMD used in the local government hospitals in Malaysia. The research can be directed towards assessing the effectiveness of the government's ongoing initiatives (Shafinah Rahim & Tay Guan Puay, 2017).

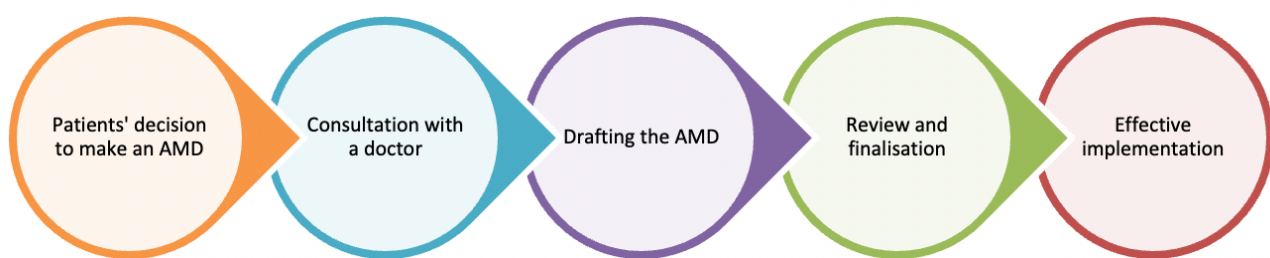


## 5. The Role Of Amds In End-Of-Life Care

End-of-life care presents significant challenges for patients, families, and medical professionals. Advance medical directives (AMDs) play a vital role in guiding decisions regarding life-sustaining treatments, palliative care, and other medical interventions. By providing clear instructions, these directives help ensure that care aligns with the patient's values and preferences while preventing unnecessary or burdensome treatments.

However, AMDs have limitations. Research suggests that individuals may struggle to fully understand the implications of their documented preferences. Some may underestimate the complexities of certain medical interventions or fail to anticipate scenarios not explicitly covered in their directive (Singer et al., 2023). Additionally, healthcare providers may face challenges in interpreting or implementing directives, particularly when they contain ambiguous or conflicting information.

Creating an Advance Medical Directive (AMD) is a critical step in ensuring that a person's medical preferences are respected in cases where they are unable to communicate their wishes. Consulting a doctor throughout this process enhances the clarity, legality, and effectiveness of the directive. The process can be broken down into five key stages: making the decision, consulting a doctor, drafting the AMD, reviewing and finalising it, and ensuring effective implementation, as mentioned in Figure 1.



**Fig. 1.** Process of consulting a doctor for AMD (illustrations given by the authors)

### 1. Patient's Decision to Create an AMD

The first step in the process is recognizing the importance of an AMD and deciding to create one. Patients often choose to draft an AMD to maintain control over their medical decisions, particularly regarding life-sustaining treatments, resuscitation, and palliative care. This decision is typically influenced by personal values, religious beliefs, previous experiences with end-of-life care, or a desire to reduce the burden on family members during critical medical situations (Fagerlin & Schneider, 2023). At this stage, individuals may begin researching AMDs, seeking guidance from legal and medical sources, or discussing their preferences with loved ones.

### 2. Consultation with a Doctor

Consulting a doctor is a crucial step in ensuring that an AMD is informed by accurate medical knowledge and ethical considerations. Physicians provide valuable insight into medical conditions, potential treatment options, and the implications of certain choices. For instance, a doctor can clarify the differences between life-sustaining interventions such as mechanical ventilation, artificial nutrition, and do-not-resuscitate (DNR) orders (National Institute on Aging, 2023). Additionally, healthcare professionals help patients navigate complex medical terminology, ensuring they fully understand the consequences of their decisions. Ethical considerations, such as balancing patient

autonomy with the principle of non-maleficence, are also discussed to ensure that the directive aligns with best medical practices (Brazier, Cave, & Heywood, 2023).

### 3. Drafting the AMD

Once the patient has a clear understanding of their options, they proceed to draft the AMD. This document typically includes specific treatment preferences, conditions under which they would want or refuse certain medical interventions, and the designation of a healthcare proxy if necessary. A healthcare proxy, also known as a durable power of attorney for healthcare, is a trusted individual authorised to make medical decisions on behalf of the patient if they become incapacitated (Singer et al., 2023). Drafting a clear and detailed AMD helps prevent ambiguity, ensuring that healthcare providers and family members can confidently follow the patient's wishes.

### 4. Review and Finalisation

After drafting the AMD, it is essential to review and finalize the document to ensure its accuracy and applicability. This stage may involve revisiting the directive with a doctor or legal professional to address any potential ambiguities or inconsistencies. Since medical advancements and personal circumstances can change over time, it is advisable to update the AMD periodically to reflect current healthcare preferences (Jackson & Keown, 2019). A well-reviewed directive ensures that it remains legally valid and medically relevant, reducing the risk of misinterpretation in critical situations.

### 5. Effective Implementation

The final step in the process is ensuring that the AMD is properly implemented when needed. This involves informing relevant parties, such as family members, healthcare providers, and legal representatives, about the directive's existence and contents. It is also recommended to store the document in an accessible location and provide copies to the designated healthcare proxy and primary physician. Clear communication between patients and doctors is essential to prevent conflicts or misunderstandings regarding the directive's application (Fagerlin & Schneider, 2023). By ensuring that all parties are aware of the AMD, individuals can have confidence that their medical decisions will be honored in times of need.

The process of consulting a doctor when making an AMD is essential for ensuring that the directive is clear, legally sound, and medically appropriate. By engaging in informed discussions with healthcare professionals, patients can make well-considered decisions about their future medical care. Each stage, ie, from the initial decision to the final implementation, plays a crucial role in upholding patient autonomy while ensuring that medical choices align with ethical and legal standards.

## 6. Navigating Ethical And Practical Challenges

The ethical dilemmas surrounding AMDs are multifaceted and often arise from the delicate balance between respecting patient autonomy and upholding the principle of non-maleficence, the ethical obligation of healthcare professionals to avoid causing harm. AMDs are intended to empower individuals to articulate their medical care preferences in advance, particularly regarding life-sustaining interventions during periods of incapacity. While this promotes autonomy and personal dignity, the implementation of AMDs in clinical practice is not without complications. In real-world settings, these directives can present ethical tensions when the specified instructions clash with a healthcare provider's clinical judgment, professional obligations, or personal moral beliefs.

This ethical tension is further compounded by emotionally charged scenarios in which patients are critically ill, and family members hold conflicting views. For instance, a directive refusing artificial ventilation may challenge a physician's instinct to preserve life or a family's hope for recovery. In such situations, clinicians must carefully weigh the respect owed to the patient's prior instructions against their duty to act in the patient's best interest. The challenge lies not in the legal enforceability of AMDs per se, but in the ethical ambiguity surrounding whether following the directive will truly serve the patient's wellbeing under current circumstances.

Such complexities underscore the importance of open communication, trust, and shared decision-making within the patient-doctor relationship. It is essential for healthcare professionals to engage in proactive conversations with patients when drafting AMDs, ensuring that patients fully understand the medical implications of their choices. Similarly, doctors must provide clear, empathetic guidance while remaining attentive to evolving ethical and clinical considerations. In doing so, medical practitioners can navigate the difficult terrain of honoring patient preferences while adhering to ethical standards and professional duties.

Another ethical challenge involves the validity and applicability of AMDs over time. For an AMD to be ethically and legally binding, it must be created voluntarily by an individual who is deemed mentally competent at the time of drafting. However, assessing competence can be difficult, especially in patients with early cognitive impairments, fluctuating mental health conditions, or diminished decision-making capacity. Without clear, contemporaneous documentation of mental competence, the validity of the directive may be questioned, particularly if family members or healthcare providers dispute its content.

Moreover, AMDs can become outdated or misaligned with a patient's current wishes or the realities of medical advancement. For example, a patient who refused intubation years ago may now have access to more effective and less invasive treatments that were not available at the time the directive was written. In such cases, rigid adherence to an outdated AMD may risk doing harm rather than honoring the patient's evolving preferences. Therefore, it is crucial for healthcare systems to implement procedures that encourage periodic reviews and updates of AMDs. Regular conversations between patients, families, and healthcare providers can ensure that these documents remain relevant, accurate, and reflective of current values and medical possibilities (Fagerlin & Schneider, 2023).

Establishing and maintaining a strong therapeutic alliance between patients and healthcare providers is essential to addressing these ethical concerns. Physicians and care teams have a dual responsibility: not only must they provide patients with information about available medical options, but they must also assist patients in understanding the ethical and clinical implications of those options. Through structured shared decision-making, patients are empowered to make choices that reflect their values, and clinicians are supported in delivering care that meets both ethical standards and medical best practices.

This continuous dialogue also serves as a safeguard against potential misinterpretations or misuse of AMDs. Misinformation and misunderstanding often lead to the incorrect assertion that AMDs promote or encourage active euthanasia. Such claims are not substantiated by evidence. Active euthanasia, which involves the deliberate administration of substances with the intent to cause death, differs significantly in both legal and ethical terms from the purpose and design of AMDs. While AMDs may guide decisions to withhold or withdraw life-sustaining treatment, they do not typically request or authorize proactive interventions to end life.

Indeed, research consistently shows that AMDs are primarily used to ensure that medical care is aligned with the patient's personal values, particularly in the context of terminal illness or irreversible incapacitation (Singer et al., 2021). In most cases, AMDs provide critical guidance to



clinicians who would otherwise be uncertain about how to proceed in complex clinical scenarios involving incapacitated patients. These directives reduce ambiguity, promote ethical consistency, and help prevent both overtreatment and undertreatment in sensitive medical situations.

When misuse or misinterpretation of AMDs does occur, it is rarely the fault of the directive itself. Rather, such failures are often symptomatic of systemic shortcomings, such as inadequate training for healthcare professionals, lack of clear institutional protocols, or vague and inconsistent legal frameworks. To address these gaps, policy reforms are necessary to improve educational outreach, clinical guidance, and legal clarity surrounding the drafting, interpretation, and execution of AMDs. Ethical best practices demand that clinicians be adequately equipped to interpret and apply these documents with confidence and compassion.

Therefore, while AMDs are rooted in the ethical principle of autonomy, their practical implementation raises important questions related to competence, professional responsibility, and the evolving nature of medical care. Navigating these challenges requires a multidimensional approach, one that emphasizes ongoing communication, ethical reflection, clinical judgment, and legal oversight. Far from encouraging euthanasia, AMDs serve as vital tools for ensuring that medical care respects the dignity, preferences, and rights of individuals facing some of life's most vulnerable moments. With appropriate safeguards and professional training, AMDs can continue to uphold the ethical foundations of medicine while addressing the realities of modern clinical practice.

## **7. Conclusion**

The decision to create an AMD is a significant step in ensuring that an individual's medical preferences are honored in the event of incapacitation. While AMDs empower patients to make autonomous healthcare decisions, consulting a doctor during the drafting process is crucial for several reasons. Physicians provide valuable medical insight, helping patients understand the implications of their choices, clarify medical terminology, and anticipate potential healthcare scenarios that may not be immediately apparent.

Furthermore, a doctor's guidance ensures that AMDs are medically sound, ethically appropriate, and legally valid, reducing the risk of ambiguity or misinterpretation. Open communication between patients and doctors fosters shared decision-making, strengthening trust and ensuring that directives align with both personal values and clinical realities. Without professional input, individuals may inadvertently create directives that are unclear, impractical, or inconsistent with evolving medical advancements.

Therefore, while an AMD is a personal document reflecting an individual's wishes, consulting a doctor enhances its effectiveness and applicability. Engaging in discussions with healthcare professionals ensures that AMDs serve their intended purpose of protecting patient autonomy while facilitating ethically and medically responsible decision-making.

To address accessibility challenges, integrating low-cost or free medical consultation services into the AMD creation process is recommended. Such measures can ensure broader access to professional guidance, resulting in improved AMD quality and better alignment with individual healthcare goals. This approach can enhance patient autonomy while fostering more effective healthcare outcomes. Thus, AMD is a vital mechanism for promoting patient autonomy, dignity, and clarity in medical decision-making. While their relationship to active euthanasia is often misunderstood, this paper has shown that their proper use, supported by clear legal frameworks, ethical oversight, and public education, can mitigate risks and enhance trust in the healthcare system. Moving forward, a collaborative effort among policymakers, medical professionals, and society is

essential to ensure that AMD fulfills its intended purpose while addressing the ethical and cultural complexities of end-of-life care.

## Acknowledgments

Universiti Kebangsaan Malaysia (UKM) funded this work through the Geran Universiti Penyelidikan (GUP) grant, with grant code GUP-2023-082; the Ministry of Higher Education (MOHE), Malaysia, funded the research group members through the Fundamental Research Grant Scheme (FRGS), with grant codes FRGS/1/2023/SSI12/UKM/02/2; and GGPM-2021-041.

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