violating a patient’s values and interests expressed through an authorized proxy, restrictions on a woman’s right to choose before viability, and tensions between following the law and meeting well-established obligations to patients. Clinicians in Arkansas have confronted and may continue to confront situations that require them to be aware of the state’s law in these regards. We want their decisions to be informed of the potential legal restrictions on what may be their otherwise well-considered and ethically justifiable determinations to follow a pregnant woman’s advance directive or to honor a surrogate’s decision to stop life-sustaining measures to meet with the patient’s own values and interests.

D. Micah Hester, PhD
Leah Eisenberg, JD
Laura Guidry-Grimes, PhD

Author Affiliations: University of Arkansas for Medical Sciences, Little Rock.

Corresponding Author: D. Micah Hester, PhD, College of Medicine, Department of Medical Humanities and Bioethics, University of Arkansas for Medical Sciences, 4301 W Markham St, Ste 646, Little Rock, AR 72205 (hesterdm@uams.edu).

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In Reply Our analysis sought to characterize the prevalence and contents of statutes and official advance directive documents pertaining to decision-making for incapacitated pregnant women. The Arkansas Health Care Decisions Act, passed in 2013, was included in our analysis and made no mention of pregnancy. However, Dr Hester and colleagues describe an earlier Arkansas statute, ARTIPUA, which restricts end-of-life decision-making for pregnant women. This earlier statute, enacted in 1987, requires ongoing application of life-sustaining technologies to a pregnant woman in a permanently unconscious or terminally ill state so long as “it is possible that the fetus could develop to the point of live birth,” notwithstanding any instruction she has recorded in her advance directive. While the more recent Arkansas Health Care Decisions Act is silent on decision-making for pregnant women, it did not repeal the pregnancy restrictions of the 1987 act. In essence, this burdens front-line clinicians with the challenge of caring for terminally ill pregnant patients within the confines of relevant Arkansas statutes with competing formulations of end-of-life decision-making.

We thank Hester and colleagues for calling our attention to this earlier statute, not identified in our original search strategy. A meticulous, structured statutory analysis from 3 independent reviewers did not identify this pregnancy restriction; this reflects a practical challenge facing clinicians and patients for whom these decisions are most relevant. It also underscores the importance of enlisting guidance of local ethics and legal experts in navigating these cases.

These updated findings increase the number of states with “pregnancy restrictions” invalidating an advance directive or removing surrogates’ decisional authority on the basis of pregnancy from 30 to 31. The online version of our original article has been updated to reflect this change.

Erin S. DeMartino, MD
Cavan K. Doyle, JD, LLM
Paul S. Mueller, MD, MPH

Author Affiliations: Division of Pulmonary and Critical Care Medicine, Mayo Clinic, Rochester, Minnesota (DeMartino); Neiswanger Institute for Bioethics, Loyola Stritch School of Medicine, Maywood, Illinois (Doyle); General Internal Medicine, Mayo Clinic Health System, La Crosse, Wisconsin (Mueller).

Corresponding Author: Erin S. DeMartino, MD, Division of Pulmonary and Critical Care Medicine, Mayo Clinic, 200 First St SW, Rochester, MN 55905 (demartino.erin@mayo.edu).

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2. AR Code §20-17-206.
3. AR Code §20-6-103.

CORRECTION

Incorrect Author Name: In the Viewpoint entitled “The Need for Federal Regulation of Marijuana Marketing,” published in the June 11, 2019, issue of JAMA, the middle initial of Theodore L. Caputi was not included. This article was corrected online.


Data Update Due to Missed Statute: In the Research Letter entitled “US State Regulation of Decisions for Pregnant Women Without Decisional Capacity,” published in the April 23/30, 2019, issue of JAMA, a statute in Arkansas was missed by the search strategy. Inclusion of this statute leads to an increase in the number of states restricting choices for life-sustaining therapies in pregnant women from 30 to 31 and changes Arkansas’ status in the article Figure to “restrictions exist on decision-making for pregnant patients, contingent on likelihood of fetal survival.” This article was corrected online and a letter of explanation has also been published for further clarification.


Incorrect Unit of Measure: In the Original Investigation entitled “Intramyocardial Injection of Mesenchymal Precursor Cells and Successful Temporary Weaning From Left Ventricular Assist Device Support in Patients With Advanced Heart Failure: A Randomized Clinical Trial,” published in the March 26, 2019, issue of JAMA, the unit of measure for hospital readmissions mentioned in the Results sections of the Abstract and text and Table 2 is “rate per 100 patient-days.” This article was corrected online.


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