

Personalised patient preference predictors, being-towards-death, and human autonomy

Zachary Daus
Doctoral Candidate
Monash University

AABHL 2025, Aotearoa / New Zealand



MONASH
University

MONASH
AI
INSTITUTE

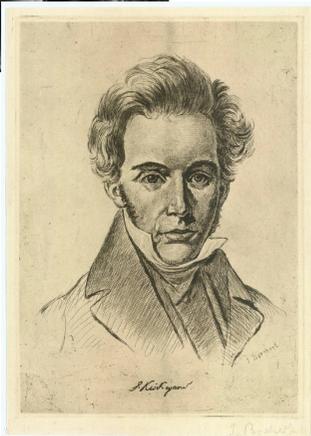
Argument



Fine-tuned large language models have been proposed as a means for predicting the preferences of incapacitated patients (Earp et al. 2024). This technology will purportedly (1) more accurately predict patient preferences than surrogates, (2) ease burden of surrogate decision-making, (3) ease burden of composing advance directives, and (4) better respect patient autonomy.

I present an existentialist critique of this technology. First, I argue for the ethical significance of being-towards-death. Second, I describe how composing advance directives and surrogate decision-making encourages being-towards-death. Third, I describe the P4 and its purported benefits. Finally, I argue that if the P4 is implemented to realise its benefits it could inhibit patients' and surrogates' being-towards-death.

Existential characteristics of death



- We are mortal. Death is certain (Kierkegaard 1993, 75; Heidegger 1996, 244).
- We are fragile. Death can happen anytime (1993, 85; 1996, 245).
- Death is the sudden stoppage of all of our meaning-giving projects and relationships (1993, 98; 1996, 227).
- Death is our own (no one can die for us) (1993, 74; 1996, 243)
- Death cannot be surpassed: there is no afterlife. (Heidegger only: 1996, 243).

The ethics of being-towards-death

- Being-towards-death acknowledges death as the ***indefinitely certain stoppage*** of our meaning-giving projects and relationships that ***no one can prevent*** and that ***cannot be surpassed***.
- By acknowledging death as such, we position ourselves to be able to better evaluate the intrinsic worth of our current projects and relationships:
 - Which projects and relationships actually align with our interests or values (Kierkegaard 1993, 83; Heidegger 1996, 243)
 - Which projects and relationships contribute to our current pleasure (May 2014)



Advance directives, surrogate decision-making and death

- Composing advance directives encourages being-towards-death:
 - You compose an advance directive while you are healthy, because you never know, i.e. death is indefinitely certain!
 - You compose an advance directive while considering that death is a permanent stoppage of meaning-giving activities (e.g., considering which activities if stopped would justify halting healthcare)
- Surrogate decision-making encourages surrogates to adopt being-towards-death on behalf of patients as per the substitute judgment standard: “The surrogate’s task is to reconstruct what the patient would have wanted, in there circumstances at hand, if the patient had decision-making capacity” (Buchanan and Brock 1990)



The P4 and its purported benefits



- Hypothetical LLM fine-tuned on a corpus of text from the patient to predict their preferences with following benefits:
 - (1) Improves accuracy in comparison to current practice (Earp et al. p. 18)
 - (2) Eases burden of “‘total’ responsibility” on family members qua surrogate decision-makers (Earp et al. 18)
 - (3) Eases composing advance directives by mitigating the “high psychological burden of making certain decisions (e.g. about one’s end-of-life-care)” (Earp et al. 19)
 - (4) More respect for patient autonomy (Earp et al. p. 20)

How might realising these benefits with the P4 offload being-towards-death?

- Using the P4 to realise benefit (3) could change the practice of advance directives in a way that offloads being-towards-death (e.g., by allowing the patient to check a box in a medical consent form)
- Using the P4 to realise benefits (1) and (2) could deprive surrogates of the opportunity to adopt an attitude of being-towards-death on behalf of the patient, and thereby inhibit their adoption of this attitude in their own lives
- Finally, being-towards-death is an attitude that promotes autonomy while we are alive, thereby undercutting benefit (4)



Conclusion



- Being-towards-death is ethically significant as it allows us to align our current projects with our pleasures and values
- Implementing the P4 could result in inhibiting such an attitude in both patients and surrogates
- Should the P4 inhibit being-towards-death, this disadvantage would present trade-offs with purported benefits (1) - (3) and undercut benefit (4) 'respect for autonomy'.

References

- Buchanan A, Brock D. 1990. *Deciding for Others: The Ethics of Surrogate Decision Making*. Cambridge University Press
- Earp, BD et al. 2024. A personalized patient preference predictor for substituted judgments in healthcare: technically feasible and ethically desirable. *The American Journal of Bioethics* 24(7):13-26. doi: 10.1080/15265161.2023.2296402
- Heidegger M. 1996. *Being and Time*. Stambaugh J, translator. SUNY Press.
- Kierkegaard S. 1993. At a graveside. In: Hong H, Hong E, translators. *Three Discourses on Imagined Occasions*. Princeton University Press. p. 69-102.
- May T. 2014. *Death*. Routledge.

Thank you for your attention.

zachary.daus@monash.edu