

ADVANCE HEALTH-CARE DIRECTIVE QUESTIONNAIRE

[NOTE: If married, each spouse should complete a separate Questionnaire.]

An “*advance health-care directive*” (AHCD) is a document that replaced the old “living will” in Mississippi law. It allows you to designate someone you trust as your agent to make *health-care and medical treatment* decisions for you if you later become unable to make such decisions. The agent must make such decisions based on the way they believe you would make such decisions for yourself. In the AHCD, you can state personal decisions about keeping or removing life-support treatments in the event of terminal illness and other choices concerning medical treatment based on your own personal values.

The following information is needed for us to prepare an advance health-care directive for you. On the following pages you will find the following helps for you:

- ***How to Select Your Health-Care Agent*** – a worksheet to help you compare the persons you are considering for this responsibility
- ***Guide for Health-Care Agents*** – instructions for the health-care agent

Personal Information (please print):

Your Name: _____ Date of Birth: _____

Address: _____

If married, Spouse’s Name: _____

Are you physically able to sign the AHCD document? ____ Yes ____ No

® If No, who do you want to sign it for you? _____

Agent Information (please print):

You may appoint a primary Agent and (if you wish) any number of successor Agents who would, in order of designation, act as your Agent if the primary Agent is unable to do so. **(If you are married and want your spouse to be primary agent, insert “Spouse” in first line.)**

Primary Agent: _____ Home phone: _____

Address: _____ Cell phone: _____

Second Agent: _____ Home phone: _____

Address: _____ Cell phone: _____

Third Agent: _____ Home phone: _____

Address: _____ Cell phone: _____

Personal Physician Information (please print):

Physician Name: _____ Phone: _____

Address: _____

How to Select Your Health Care Agent

Name & Date _____

When you decide to pick someone to speak for you in a medical crisis, in case you are not able to speak for yourself, there are several things to think about. This tool will help you decide who the best person is. Usually it is best to name *one* person or agent to serve at a time, with at least one successor, or back-up person, in case the first person is not available when needed.

Compare up to 3 people with this tool. The persons best suited to be your Health Care Agents rate well on these qualifications...

<i>Name #1:</i>		
	Name #2:	
	Name #3:	1. Meets the legal criteria in your state for acting as agent or proxy. (This is a must! See next page.)
		2. Would be willing to speak on your behalf.
		3. Would be able to act on your wishes and separate his/her own feelings from yours.
		4. Lives close by or could travel to be at your side if needed.
		5. Knows you well and understands what's important to you.
		6. Could handle the responsibility.
		7. Will talk with you now about sensitive issues and will listen to your wishes.
		8. Will likely be available long into the future.
		9. Would be able to handle conflicting opinions between family members, friends, and medical personnel.
		10. Can be a strong advocate in the face of an unresponsive doctor or institution.

The person you choose to make health care decisions for you is known by different names in different states. This person is sometimes called a health care agent, proxy, representative, attorney-in-fact, surrogate, or even patient advocate.

Who Cannot be an Agent?

State rules for who may be a health care agent vary, but the groups disqualified in Mississippi are these:

- ! Anyone under age 18.
- ! Your health care provider, including the owner or operator of a health or residential or community care facility serving you -- unless this person is your spouse or close relative.
- ! An employee of your health care provider -- unless this person is your spouse or close relative.

WHAT TO DO AFTER YOU PICK A HEALTH CARE AGENT?

- ! Talk to your agent about the qualifications on the first page of this worksheet.
- ! Ask permission to name him or her as your agent.
- ! Discuss your health care wishes and values and fears.
- ! Make sure your agent gets an original copy of your advance directive.
- ! Tell family members and close friends who you picked.

This worksheet adapted by the American Bar Association's Commission on Legal Problems of the Elderly from
R. Pearlman, et. al., *Your Life Your Choices – Planning for Future Medical Decisions:
How to Prepare a Personalized Living Will*, Veterans Administration Medical Center, Seattle, Washington

Guide for Health Care Agents

If you are in a position to make medical decisions for someone else, this guide is for you. If you have been named in someone's medical power of attorney or other advance directive, then you may be referred to as the person's *agent*, *attorney-in-fact*, *surrogate*, or *representative*. These are all essentially the same job. Even if you have not been named, you may be called upon to participate in medical decisions for close family or friends who are in a medical crisis and cannot speak for themselves.

EXACTLY WHAT ARE YOUR DUTIES AS AN AGENT?

Your duties depend on what the person's advance directive says and upon state law. You have to read the advance directive and ask about state law. Your duties begin when the individual loses the ability to make health care decisions on his or her own.

In general, you will have authority to make any and all decisions a patient would make for him or herself, if able. This includes:

1. Receiving the same medical information the individual would receive.
2. Conferring with the medical team.
3. Reviewing the medical chart.
4. Asking questions and getting explanations.
5. Discussing treatment options.
6. Requesting consultations and second opinions.
7. Consenting to or refusing medical tests or treatments, including life-sustaining treatment.
8. Authorizing a transfer to another physician or institution, including another type of facility (such as a hospital or skilled nursing home).

HOW TO MAKE MEDICAL DECISIONS

The toughest decision may concern beginning or stopping life-sustaining treatments. In each life there may come a time when the patient's condition has deteriorated and it is clear that he or she will not get better. Family members or doctors may then question the value of life-sustaining treatments that seem to prolong the process of dying. Rather than thinking of this as depriving your loved one of necessary treatment, you may be protecting him or her from unnecessary pain and suffering. Many people say they do not want to die slowly, hooked up to machines or fed artificially through tubes. What does your loved one think? Use the steps on the next page to help you decide.

STEPS FOR A HEALTH-CARE AGENT TO FOLLOW

Deciding for a loved one (whom we will call Mary)

1. Find out the medical facts. This requires talking to the doctors and getting a complete picture of the situation. Questions you can use:
 - ▶ What is the name of Mary's condition?
 - ▶ If you don't know exactly what's wrong, what are the possibilities?
 - ▶ Are tests needed to know more? Will the outcome of more testing make any difference in how you treat her, or in how she wants to be treated? (If not, why do the test?)
 - ▶ What is the purpose of each test? Do these tests have risks associated with them?
 - ▶ Is the information you need worth the risk of the test?
 - ▶ What is her condition doing to her now?
 - ▶ How do you explain her symptoms?
 - ▶ What usually happens with this disease?
 - ▶ What do you think now will be the likely course of this disease or condition?
 - ▶ How severe or advanced is her case?
2. Find out the options. Make sure the physician describes the risks and benefits of each option. You may want to ask:
 - ▶ How will this option make Mary improve or feel better?
 - ▶ What is the success rate statistically? What is success?
 - ▶ Can this procedure be done on a trial basis and then reevaluated? What is an appropriate amount of time for a trial? Are you willing to stop it after an agreed-upon trial?
 - ▶ What defines "success" for this option? (It may not be what Mary would consider a success.)
 - ▶ What will it mean to her quality of life?
 - ▶ If she is to die, how might it affect the circumstances of her death? (For example, will it likely require hospitalization instead of home care?)
 - ▶ What are the possible side effects?
 - ▶ What option do you recommend, and why?
3. Figure out how Mary would decide if she knew all the facts and options. You have three possible approaches to making the decision:
 - ▶ One - If you know her preferences, follow them.
 - ▶ Two - If you do not know Mary's wishes for the specific decision at hand, but you have evidence of what she might want, you can try to figure out how she would decide. This is called *substituted judgment*, and it requires you imagining yourself in the patient's position. Consider her values, religious beliefs, past decisions, and past statements she has made. The aim is to choose as Mary would probably choose, **even if it is not what you would choose for yourself.**
 - ▶ Three - If you have very little or no knowledge of what Mary would want, then you and the doctors will have to make a decision based on what a reasonable person in the same situation would decide. This is called making decisions in the patient's *best interest*. Evaluate the benefits and burdens of the proposed treatment. For example, will the treatment cause Mary pain or suffering? Is it likely to make Mary better?
4. Advocate for attentive and responsive pain management, especially at the end of life. Make sure that Mary's physician and the staff taking care of her tend to her pain needs. You may want to ask the following questions:

- ▶ Have you assessed Mary's pain?
- ▶ What is the plan for managing her pain? (Be sure there is a plan.)
- ▶ Is round-the-clock pain medication appropriate in Mary's case, and, if so, is it being provided to her?
- ▶ If the pain medication orders are written "prn" or "as needed," ask if this is appropriate, or whether round-the-clock pain medication would work better?
- ▶ If round-the-clock pain medication is provided, is there something provided for "breakthrough pain"?
 - How often will Mary's pain be assessed?
- ▶ Will responsive action be taken promptly if pain is present?
 - Is a pain specialist available to consult and will s/he be called in if good relief is not quickly forthcoming?
- ▶ Is Mary eligible for hospice care, and, if so, can this be arranged?"

THINGS AN AGENT CAN DO TO MAKE DECISIONS EASIER ...

DO prepare in advance with the individual. Learn what is important to your loved one in making health care decisions. Do this before he or she loses the ability to decide. Talk about beliefs and values regarding living, and dying. Talk about spiritual beliefs.

DO make yourself and your role known to the medical staff. Make sure the advance directive is in the medical chart. Keep a copy yourself, handy, to show to people involved in the individual's medical care. Keep in touch with these people.

DO stay informed about the person's condition as it changes. Medical conditions change. Staff at the hospital change. Identify the person who can best keep you informed of the individual's condition. Stay involved and be flexible.

DO keep the family informed, if appropriate. You may have the legal authority to make medical decisions even if family members disagree. However most agents are more comfortable if there is agreement among loved ones. Good communication can foster consensus. But you may also need help in resolving family disagreements. Ask for the facility's patient representative or ombudsman, social worker, clergy or spiritual advisor. Or ask for the ethics committee or ethics consultant.

DO advocate on the patient's behalf and assert yourself with the medical team, if necessary. Some medical people may not be as comfortable as others with your involvement. You may disagree with the doctor's recommendations. It is hard to disagree with medical professionals and institutional authorities. Be tactful and assertive. If their resistance becomes a problem, or if you feel you are not being heard, ask for help. Ask for help from the facility's patient representative or ombudsman, social worker, clergy or spiritual advisor, ethics committee or ethics consultant.

Adapted by the American Bar Association's Commission on Legal Problems of the Elderly from:

Making Health Care Decisions for Others: A Guide To Being A Health Care Proxy or Surrogate, by **The Division of Bioethics, Montefiore Medical Center, Albert Einstein College of Medicine, Bronx, New York**