

Massachusetts Health Care Proxy

“Expressing your wishes regarding your care and treatment”

Important terms to know in planning for your care

- An **advance directive** refers to any instructions about your health care that you might prepare. There are many different types. A health care proxy is one type. A living will is another.
 - A **health care proxy** is a document in which you name a health care agent – someone you designate to speak for you regarding your health care if your doctor determines you are not able to make or to communicate your own health care decisions. *The health care proxy is the most important type of advance directive*, because it names an agent who can speak on your behalf regarding *any* health decisions that are needed, including especially the overall goals of care and why you may or may not want certain treatment. (Your health care agent may not speak for you on financial or other matters, unless you have named the same person in a durable power of attorney.)
 - A **living will** is a type of advance directive in which you outline specific measures that are to be taken under specific circumstances. It can be helpful as “evidence” of your preferences, but it cannot possibly cover every question that might arise about your care, and it cannot convey exactly how you might feel in a given circumstance. (That is why having a health care proxy is so important.)
 - A **durable power of attorney** is another type of arrangement you can make that names someone who can act on your behalf regarding financial, legal, and other matters.
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Your voice in health care decisions

When health care decisions are made, the patient’s voice and opinion are of utmost importance. In fact, expressing your personal health care wishes and taking part in decisions related to your health care are part of your basic rights as a patient. However, situations such as accidents or severe illnesses sometimes arise that can prevent you from participating in decisions about your care. Therefore, while you are able, it is important for you to decide what is important to you about your care in case you ever become too sick to speak for yourself. It is equally important that you communicate your wishes to your family and friends and your health care providers.

Harrington Healthcare System encourages all patients to prepare a document called a health care proxy. This document will identify the person you have chosen to express your wishes regarding your health care in the event that you become unable to speak for yourself. Some of the common questions about the health care proxy appear below. Please read through this information and discuss it with your family and those who are closest to you, as well as with your physician, nurse, social worker, or chaplain. Please ask one of our staff if there is anything you do not understand.

For your convenience, a Massachusetts Health Care Proxy form is included with this brochure.

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What is a health care proxy?

A health care proxy is an example of an “advance directive” – a document that you prepare in advance to make sure your providers will know your wishes and, importantly, your values about your care. It is a legal document that names the person you have chosen to express your health care wishes. This person, or “proxy” – also called your health care “agent” – is recognized under Massachusetts law as the person who can speak for you regarding health care decisions.

If your doctor makes a determination that you are no longer able to make or to communicate health care decisions, your health care providers will ask your health care agent to be your voice. Often, this person is a family member or close friend. Ideally, it is someone who knows your personal wishes, values, and beliefs well. It is someone you can trust to make the same health care decisions *you* would make if you could. Choosing this person before he or she is needed can help you feel confident that you will always be treated according to your own wishes and values. Your health care agent can explain **why** you might want, or not want, a particular kind of care. Your health care team will still determine what treatment options are medically appropriate in your case, but will consult with your agent, as they would with you, regarding your values and the goals of care.

Do I need a proxy if I already have a living will?

Yes. Only a health care proxy is formally recognized by Massachusetts law. Generally, a living will is a document that details a person’s preferences about the use of life-sustaining medical treatments in the event of terminal illness. Yet, when writing a living will, it is very difficult to anticipate all of the circumstances under which complex medical decisions may need to be made. When serious illness occurs, questions about your wishes may still arise. A living will does not identify an individual with whom a doctor can discuss these important issues of care.

In contrast, a health care proxy is not limited to situations of terminal illness. It enables you to designate someone who can communicate your values and preferences, and who will make sure that your wishes about health care are heard.

Should the health care proxy only be completed by people who are sick?

No. All adults– people who are perfectly healthy as well as people who are sick – are encouraged to prepare a health care proxy. Many serious health problems arise unexpectedly. That is why it is important to have a health care proxy ready at all times.

How do I obtain a health care proxy?

A health care proxy form is included with this brochure. If you need another copy, your physician, nurse, or social worker can get you one. The form becomes valid after it is signed by you and witnessed by two adults. The person you are naming as your agent cannot be one of the witnesses.

When does my health care proxy take effect?

Your proxy takes effect only after your doctor determines that you are unable to make or to communicate decisions about your health care. Your doctor will make this determination according to accepted standards of medical practice. This determination will be recorded in your medical record. It will include your doctor’s opinion as to why you cannot speak for yourself and how long this incapacity might last.

At this point, your agent begins to speak for you. If your doctor determines that your ability to speak for yourself has returned, your health care agent no longer speaks for you.

What happens if a member of my family disagrees with my agent's decisions?

In general, your doctor will follow the direction of your agent regarding your wishes. If a family member either disagrees with the care plans that are being made, or believes that your agent is not carrying out your wishes, the family member may bring action in court to challenge your agent's decisions.

Do I need another form if I go to another hospital?

If you go to another hospital, you will probably be asked if you have a completed health care proxy. If you have a copy of your current health care proxy with you, you may use it at another hospital. If you don't have a copy available, or if you wish to make changes in your health care proxy, you may choose to fill out a new form.

Whom should I choose as my agent?

Your agent should be a person who is close to you and who is willing and able to respect your values and wishes. *In selecting your agent, you may wish to consider the following questions:*

- Do you think the agent would be able to make the same decisions you would make regarding your health care?
- Is your agent comfortable with the idea of speaking for you?
- Are you able to discuss serious issues with your agent?

Your agent will have the right to receive medical information about you that he or she needs to make informed decisions about your care. This includes confidential medical information. He or she must make decisions that follow your wishes, including your religious and moral beliefs. If these are unknown, your agent must make decisions that he or she believes are in your best interest.

May I name more than one person as my agent?

You may name one individual as your primary agent and a second individual as your alternate. The alternate will serve as your agent if your primary agent is unable or unwilling to serve. You may identify more individuals in the order they might serve, recognizing that they will become your agent only if the person named before is unable or unwilling to do so.

May I name my physician as my agent?

We strongly recommend that you do not choose one of your health care providers as your agent. Doing so places the provider in a very difficult position if the proxy takes effect and he/she is called on to act as both your health care provider and your agent. In nearly all cases, physicians and other health care providers (such as therapists) feel they cannot be both your provider and your health care agent.

If you feel strongly about appointing your physician or one of your other health care providers as your agent, please discuss this in detail with him/her before doing so. Your physician is legally permitted to serve as your agent **only if** you name him/her as such before being admitted to a hospital (or other health care facility) where your physician is employed, and providing he/she agrees to be your agent. This rule also applies for other health care providers or hospital/nursing home employees, such as nurses or facility administrators. Once you are admitted to a health care facility, you cannot name one of its employees as

your agent (unless the employee is a relative). If your physician is your agent, he/she **cannot** be the one to determine that you are unable to make or communicate your own health care decisions. (This is an example of the type of problem that can arise if you name a health care provider as your agent.)

What should I discuss with my agent?

Once you have told someone that you would like to designate him or her to be your health care agent, you should have thorough conversations about your values and preferences. These conversations are important so that your agent can speak with knowledge on your behalf. They will help to make sure your agent will be comfortable making decisions consistent with your values.

Some questions to help guide your discussions include:

- What are the things that make your life most worth living?
 - Interacting with other people?
 - Living independently?
 - Being physically active?
 - Being mentally alert?
 - Being at home?
- Are there any conditions under which you would not want your doctor to prolong your life?
- Are there specific religious or ethical perspectives that should be considered in planning your care?
- What are your thoughts and feelings regarding organ donation?
- If your agent is called upon to speak for you, what family members or friends do you want the agent to be in touch with? Is there anyone you do not want the agent to communicate with about your care?

What should I do once I have completed the health care proxy?

It is always advisable to discuss your wishes and preferences with your family and those closest to you – including those who have not been named as your agent. Let them know that you have identified a health care agent(s) and what this means. Once you have completed the health care proxy form, keep the original and give copies to your agent(s) and to your physician for inclusion in your medical record. If possible, bring a copy with you each time you are admitted to the hospital. Also, talk to your doctor. Continue to ask questions that you may have regarding certain treatment issues and concerns. Your doctor should also know about the discussions you have had with your agent(s) and how these individuals may be reached.

May I revoke a health care proxy?

You may revoke a health care proxy at any time. A proxy is automatically revoked in any of the following circumstances:

- You fill out another health care proxy at a later date
- You legally separate from or divorce your spouse (and your spouse was named as your agent)
- You notify your agent, doctor, or other health care provider, verbally or in writing, that you want to revoke a health care proxy
- You clearly indicate in another way that you want to revoke a health care proxy

MASSACHUSETTS HEALTH CARE PROXY FORM

I, _____ (the principal),
residing at _____, _____ County, Massachusetts,
pursuant to Massachusetts General Laws Chapter 201D, appoint the following person to be my Health Care
Agent:

Name: _____ Phone #: _____
Address: _____ City/State/Zip: _____

If my Health Care Agent named above is not available, I name as an alternate Health Care Agent:

Name: _____ Phone #: _____
Address: _____ City/State/Zip: _____

I give my Health Care Agent authority to make all health care decisions on my behalf if I become incapable
of making such decisions for myself, including but not limited to decisions concerning initiation, continuing,
withdrawing or refusing any life-prolonging care, treatment, service or procedure, EXCEPT (here list the
limitations, IF ANY, you wish to place on your Agent's authority):

My Health Care Agent shall make health care decisions for me in accordance with my Health Care Agent's
assessment of my wishes, including my religious and moral beliefs. If my wishes are unknown, my Health
Care Agent shall make such decisions for me only in accordance with my Health Care Agent's assessment of
my best interests.

My Agent may obtain any and all medical information, including confidential medical information, as I
would be entitled to receive. Photocopies of this Health Care Proxy shall have the same force and effect as the
original and may be given to other health care providers.

My Health Care Agent's authority to act on my behalf shall exist only for the period during which my attending
physician determines that I lack capacity to make or communicate health care decisions for myself.

I sign this Health Care Proxy on _____, 20____ in the presence of two witnesses.

Signed: _____

(If the Principal cannot sign) The principal is unable to sign and at the direction of the principal I have signed
his/her name in his/her presence and in the presence of two witnesses.

Name: _____
Street: _____ City/Town: _____

MASSACHUSETTS HEALTH CARE PROXY FORM

We, the undersigned witnesses, each declare in the presence of the principal that neither of us has been named as Health Care Agent or alternate Health Care Agent in this Health Care Proxy, and we further declare that the principal signed this instrument as his/her Health Care Proxy, or directed its execution, in the presence of each of us, that each of us signs this Health Care Proxy as witness in the presence of the principal, and that to the best of our knowledge he/she is eighteen (18) years of age or over, of sound mind, and under no constraint or undue influence.

Witness: _____ Printed Name: _____

Address: _____

Witness: _____ Printed Name: _____

Address: _____

STATEMENT OF HEALTH CARE AGENT (OPTIONAL)

Health Care Agent: I have been named by _____ (the “principal”) as the principal’s **Health Care Agent** by his or her Health Care Proxy and I hereby accept this appointment. The principal has communicated to me his/her health care wishes at a time of possible incapacity, and I will try to give effect to the principal’s wishes. I am not an operator, administrator or employee of a hospital, nursing home, rest home, Soldiers Home or other health facility where the principal is presently a patient or resident or has applied for admission; or if I am such a person, I am also related to the principal by blood, marriage or adoption.

Signature of **Health Care Agent:** _____ Date: _____

STATEMENT OF ALTERNATE HEALTH CARE AGENT (OPTIONAL)

Alternate: I have been named by _____ (the “principal”) as the principal’s **Alternate Health Care Agent** by his or her Health Care Proxy and I hereby accept this appointment. The principal has communicated to me his/her health care wishes at a time of possible incapacity, and I will try to give effect to the principal’s wishes. I am not an operator, administrator or employee of a hospital, nursing home, rest home, Soldiers Home or other health facility where the principal is presently a patient or resident or has applied for admission; or if I am such a person, I am also related to the principal by blood, marriage or adoption.

Signature of **Alternate Health Care Agent:** _____ Date: _____