**How to Be a Health Care Proxy**

**What happens if you don’t have a Health Care Proxy?**

The *NYS Family Healthcare Decisions Act* (2010) provides a hierarchy of decision-makers for those who have not completed a Health Care Proxy form. The order of priority is:

1. Legal guardian
2. Spouse or domestic partner
3. Adult child
4. Parent
5. Sibling over 18
6. Close friend or relative, age 18 or over

[courtesy of NY Health Access site wnylc.com]

<http://wnylc.com/health/entry/142/>

**Decisions A Health Care Proxy Can Make Summed Up In 8 Bullet Points**

* Choices about medical care, including medical tests, medicine, or surgery
* The right to request or decline life-support treatments
* Choices about pain management, including authorization or refusal of medication or procedures
* Admission to an assisted living facility, hospital, hospice, or nursing home
* Choices about where to seek medical treatment, including the right to move you to another facility, hospital, or state
* The right to see and approve release of your medical records
* The option to take legal action on your behalf in order to advocate for your health care rights and wishes
* The right to apply for Medicare, Medicaid, or other programs or insurance benefits on your behalf

[courtesy of everplans.com]

<https://www.everplans.com/articles/all-you-need-to-know-about-naming-a-health-care-proxy>

**Life Sustaining Treatment**

Life sustaining treatment replaces or supports ailing bodily function. When people have treatable conditions, life support is used temporarily until the illness or disease can be stabilized and the body can resume normal functioning. At times, the body never regains the ability to function without life support or life-sustaining treatment. Some commonly used life-sustaining treatments include:

* Cardiopulmonary resuscitation
* Intubation and mechanical ventilation
* Artificial hydration and nutrition (e.g. Long Term Feeding Tube Placement)
* Antibiotics
* Dialysis

When making decisions about specific forms of life-sustaining treatment, gather the facts you need to make sound informed decisions. In particular, understand the benefit as well as the burdens that the treatment will offer you or your loved one. A treatment may be beneficial if it relieves suffering, restores functioning, or enhances the quality of life. The same treatment can be considered burdensome if it causes pain, prolongs the dying process without offering benefit, or detracts from a person’s quality of life. When gathering information about specific treatments, understand why the treatment is being offered and how it will benefit your care.

Given the rapid advances in medicine and technology, it is difficult to know all of the possible treatment choices in advance. This is why taking the time to clarify values, beliefs, and personal goals of medical care are so important.

When making decisions about life support, it is important to consider the following questions:

* Will the treatment make a difference?
* Do the burdens of treatment outweigh the benefits?
* Is there hope for recovery? If so, what will life be like afterward?
* What do I value?

Difficulty in decision-making arises when recovery cannot be predicted. In this case, a short-term trial of life support may be desired. These trials must begin with clarifying a person’s goals of care and requires active discussions between your doctor and your health care Spokesperson (the “Agent” identified in your health care proxy) about the most appropriate course of treatment.

The distinction often is made between not starting treatment and stopping treatment. However, no legal or ethical difference exists between withholding and withdrawing a medical treatment in accordance with an individual’s wishes. If such a distinction existed in the clinical setting, a person might refuse treatment that could be beneficial out of fear that once started it could not be stopped.

It is legally and ethically appropriate to discontinue medical treatments that are no longer beneficial. It is the underlying disease, not the act of withdrawing treatment, which causes death.

When a patient is seriously ill, the patient may make decisions about life-sustaining treatment ahead of time when the patient is still able to make these decisions.  These wishes can be transformed into medical orders and recorded on the Medical Orders for Life-Sustaining Treatment (MOLST) form.

[courtesy of compassionandsupport.org]