

Roles and responsibilities of the health care agent

Please share this information with all those that you may be considering to serve as your health care agent so that they understand their roles and responsibilities.

Being a health care agent may be one of the most important roles anyone can carry out. It is a way to fulfill a request made by a loved one or close friend to be sure that his or her wishes about receiving care are carried out when he or she can no longer make decisions about his or her care for him or herself.

How do I become a health care agent?

Health care agents are typically chosen when a person completes an **Advance Health Care Directive**. The Advance

Health Care Directive (AHCD) is a legal document. It allows people to write down in advance the type of care they would or would not want, as well as identify someone 18 years or older who is close to them who has agreed to carry out their wishes at a time when they can no longer able to make decisions about their care for themselves. This person is called the "**health care agent**." The terms "surrogate" or "proxy" are sometimes used in the place of "agent" but they mean the same thing.



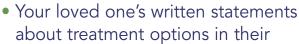
The person completing the Advance Health Care Directive knows the health care agent well and trusts the agent to carry out that person's wishes and advocate on his or her behalf. The agent, therefore, should have a good understanding of their loved one's values and treatment preferences beforehand so they are prepared to carry out the role of agent when that time comes. Becoming an agent does **not** mean that you assume financial responsibility for your loved one.

As the health care agent, when would I start making health care decisions for my loved one?

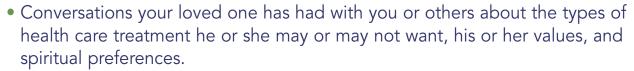
Sometimes the agent may be asked to make health care decisions for a loved one even when that person is still capable of making his or her own health care decisions. Most often, however, it is when your loved one *is no longer able* to make his or her own health care decisions. Your role as the health care agent will be *activated* (begin) when care providers decide your loved one is too ill to participate in discussions about treatment options. When this happens, the care providers will begin to rely on you to help decide about the continued course of treatment for your loved one. However, when or if your loved one regains the ability to make decisions, your role as the agent may no longer be needed (or *deactivated*), and the health care team will again work with your loved one to make these decisions.

How would I make care decisions for my loved one?

Your role as the health care agent will be to make decisions on behalf of your loved one. You will be able to talk with your loved one's care providers about various treatment choices. Your decisions will be based on what you know about your loved one's wishes or how you feel your loved one would make certain choices. This is a very important responsibility. The decisions you make will depend on the following:







 Working with the health care team to make decisions about issues that may not be clearly covered by your loved one's Advance Directive, or by documented conversations with health care providers, or by prior conversations with you and other family members or close friends.



What types of decisions will I be asked to make?

Your loved one's health care providers will help you understand what is involved in any proposed treatment or procedure. They will talk with you about the risks, benefits, and other options. Your task as agent will be to make choices based on what your loved one would probably choose if he or she were well enough to participate, even if it is not what you would choose for yourself. These decisions may include:

- Use of a breathing machine or ventilator. A ventilator pumps air into the lungs and breathes for someone when they can no longer breathe normally.
- Surgical operations or procedures.
- Starting, changing, or stopping certain medications.
- Use of artificial nutrition and hydration (food and water) when your loved one can no longer swallow food.
- Whether to give blood transfusions.
- Use of CPR (Cardio-Pulmonary Resuscitation) to restart the heart.
- Use of a dialysis machine that cleans the blood when the kidneys are no longer working.
- Choosing or changing health care providers, or arranging transfers to other health care facilities such as another hospital or nursing home.
- Contacting your loved one's minister, clergy or other spiritual advisor for spiritual support.
- Deciding where your loved one spends his or her final days (at home, in the hospital, or elsewhere).
- Donating organs or tissues, authorizing an autopsy, or making decisions about what will be done with the body upon death.

Making the tough health care decisions - end of life care

There may come a time when your loved one's condition worsens and it is clear he or she will not get better. When that time comes, you may be asked to make decisions about starting or stopping life-support treatments. These are the toughest decisions you may have to make. It can be emotionally difficult knowing that the decisions that are required might result in your loved one's death.

More than ever you will need to draw upon your loved one's stated or expressed wishes, his or her outlook on life, values, and spirituality to decide how he or she would want to spend the final days of his or her life.



We are here to help you.

When the time comes, you will not have to face these decisions alone. Our doctors, nurses, social workers, bioethics committees, and other staff are here to help answer your questions and discuss treatment options. We can help to provide the emotional support you may need to carry out your loved one's wishes.