

Things to Think About When You Must Decide for Someone Else

When making medical decisions for someone else, it is important to remember to focus on *what the person said he or she wanted*—not what you would want. If that is not known, *what do you think he or she would have wanted?* What would the person's wishes be if he or she could tell you today?

- Information from the person about his or her wishes is the most helpful. But even an advance directive may not fully describe all wishes in all situations.
- If there is no specific information, you can make a decision in many states if you can determine what the person probably would have chosen (a “substituted judgment”).
- If there is no way to know what the person would have wanted, decisions should be made in the person's best interests.

What would the person think is good or bad about a type of medical treatment? Does it prolong life? Does it ease suffering? Does it make quality of life better?

What are the benefits, risks, and burdens of a treatment?

After your loved one is gone, will you feel that he or she has been cared for with respect? Tell the doctor what can be done to help reach this goal.

Patient Education And Caring: End-of-Life (PEACE) Series

This is general educational information, see your doctor about your own care.

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*F*inally, remember to do your own

advance health care planning. Help the people who may one day need to help you.

*F*or More Information

“Hard Choices for Loving People”
by Chaplain Hank Dunn. Fourth edition (2001)
A&A Publishers, Inc. P.O. Box 1098
Herndon, VA 22070

Partnership for Caring
1620 Eye St. NW, Suite 202
Washington, DC 20007, 800-989-9455
*For state-specific laws and
advance directive forms, call or see
www.partnershipforcaring.org*

Family Caregiver Alliance
690 Market Street, Suite 600
San Francisco, CA 94104, 800-445-8106
<http://www.caregiver.org>

Alzheimer's Association, Action Series
“Steps to Facing Late-Stage Care:
Making End-of-Life Decisions”
919 N. Michigan Avenue, Suite 1100
Chicago, IL 60611, 800-272-3900

*M*aking Medical Decisions for a Loved One at the End of Life

People who are sick enough to be coming to the end of life face many decisions about their medical care. When people can't make important decisions because of illnesses like Alzheimer disease, others must speak for them.

If you need to speak for someone else . . . are you ready for that role?

Your Role if You Need to Make Medical Decisions for a Loved One

Your goal should be to try to meet your loved one's wishes and goals for care. This will probably take working together with the doctor and with those close to the person. It will take some time to make the decisions. Be aware that state laws recognize different ways to make medical decisions for someone else.

What Would Your Loved One Have Wanted?

Did your loved one plan for a time when she or he would not be able to speak for her/himself? Are her or his wishes written down? Did he or she use a living will or durable power of attorney for health care? Do you have these papers or know where to find them?

If there is no living will or no one has been appointed proxy, many states have laws that say which family member (spouse, adult child, etc.) can speak for the patient.

Without those laws, doctors will usually turn to a close family member for decision-making. But it is still important for people to be talking together to reach good decisions.

Taking the First Steps

- Sit down with the doctor and get information about what is likely to happen.
- Ask the doctor to talk to your family about the person's suffering and quality of life.
- Talk to the doctor about what types of decisions you will need to make now and later.
- Find out what the different options are for care and what things you need to think about.
 - What are the benefits of different care options?
 - What are the burdens of different options?
 - What are the risks?
- Take time to think and talk about these things with other people important to your loved one.
- Try to find decisions that everybody can accept.
- Sometimes it helps to bring in another person, such as a clergy member or social worker.
- Ask often if the patient is being kept comfortable and how you can tell.

Some Helpful Words

Living wills and durable powers of attorney are written advance directives and follow state law. Some states combine both in one document.

Living Wills

Living wills let people write down what medical care they do and do not want.

Durable Powers of Attorney

Durable powers of attorney for health care let people appoint someone to speak for them (called a proxy or agent).

Conversations with others, especially the doctor—who can write wishes in the medical record—is another way to plan.

Choices if You Need to Make Medical Decisions for a Loved One

Do you know what your loved one's wishes are? Can you tell the doctor about his or her values? This will help the doctor understand and respect what he or she would have wanted.

Do you know your loved one's wishes about:

- Calling 911?
- Going to the hospital?
- A do-not-resuscitate order refusing CPR (cardiopulmonary resuscitation) if his or her heart and/or breathing stops?
- Tubes for artificial feeding if he or she can no longer eat and drink?
- Respirators (breathing machines)?

If your loved one is in a nursing home, do you know the nursing home's policy on hospitalization, do-not-resuscitate orders, and tubes for artificial feeding?