

# MASSACHUSETTS HEALTH CARE PROXY

*Expressing your wishes regarding your care and treatment*

## Health care decisions: Planning in advance

You have the right to make decisions about your own medical care. A serious illness or accident, however, could prevent you from making or communicating those choices. That's why it is important to think about your wishes and share them with your health care team and loved ones – both in person and in writing.

A health care proxy form is a simple legal document that allows you, if you are age 18 or older, to name someone you trust to speak for you if you cannot make medical decisions on your own. In Massachusetts, the person you choose is called a health care agent.

**At Dana-Farber, we believe that everyone should have a health care proxy, regardless of their health status.** We encourage you to fill out the **attached health care proxy form**. Our goal is to have each adult patient identify a health care agent by his or her third visit at Dana-Farber. You can decline to identify an agent, but you will be asked to do so in writing. **You do not need a signed health care proxy form to receive excellent care at Dana-Farber.**

If you have already completed a similar health care proxy form, please give a copy to your Dana-Farber physician, as well as to your primary care physician, so it can be included in your medical record.

## What role does a health care agent play?

If you become unable to make decisions or to speak for yourself, your doctor will ask your health care agent to speak on your behalf. Your agent will have full access to your medical record, including personal health information necessary to make decisions about your care. He or she will communicate your values and goals – the things that are most important to you – and will try to imagine being in your place. Your agent will consider the options based on your illness, prognosis, and available treatments. This person will be responsible for presenting his or her best understanding of your wishes to the medical team, and for making decisions on your behalf.

Your health care agent can make decisions for you only if your care team determines that you cannot speak for yourself. If you can communicate and demonstrate an ability to understand the treatment options available to you, your medical caregivers will encourage you to make your own decisions about treatment.

A health care agent is involved in medical decisions only and does not have legal authority to speak for you about financial or other matters.

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- **Why is a health care proxy important?**

At Dana-Farber, we believe that everyone should have a health care proxy, regardless of health status. It helps ensure that we are caring for you according to what is important to you. Filling out this form and thinking about who you want as your health care agent may help you decide which health care choices best suit you. And it may help spark a conversation with your loved ones about your values, priorities, and goals, so your loved ones can follow your wishes if you are unable to speak for yourself.

We know that thinking ahead about medical choices can be difficult. However, making your wishes known in advance can provide you with a sense of security and confidence that your wishes will be respected. It can also reduce the burden on your loved ones, by helping them know what you would want if they ever had to make decisions for you.

- **Who should have a health care proxy?**

Every adult, regardless of health status, should have a health care proxy, because life is uncertain. It is particularly important to have a health care proxy for those who have a serious illness (such as cancer), are over age 65, have strong wishes about the care they would (or would not) want if seriously ill, have no close relatives, or who might want a specific family member or someone other than a family member to make medical decisions on their behalf.

- **Whom should I choose as my health care agent?**

Think of someone you would trust to make medical decisions for you if you could not speak for yourself – for example, if you were in a coma or temporarily unconscious. It's important to choose someone who:

- knows you well and respects your values and wishes, including religious or ethical beliefs;
- is comfortable discussing serious issues with you, such as where you would prefer to receive care if you were very ill (e.g., home, hospital, nursing home), or whether you would want life-prolonging measures such as a ventilator (breathing machine);
- understands the role of a health care agent and is willing to serve; and
- is someone you trust to follow your instructions.

A health care agent is usually a relative or close friend, but can be any competent adult. According to Massachusetts law, a health care agent cannot be someone who is employed in the facility where you are a patient, unless he or she is related to you by blood, marriage, or adoption.

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## • What should I discuss with my health care agent?

Your health care agent should understand your wishes about future medical care. He or she should be able to make decisions based on what *you* would want – not on what he or she would want for you. Here are some questions we recommend that you both discuss:

- What are my biggest concerns and fears about the future (related to my illness)?
- What goals are most important to me if my illness progresses?
- How much am I willing to go through to extend my life?
- Are there situations or conditions in which I would not want intensive medical treatment? For example, would I want to be kept alive on a machine? Would I be willing to undergo surgery, even if it would prolong my life only for a short time?

## • Is a health care proxy the same as a living will?

No. A **health care proxy** is a general document that is appropriate for any person, regardless of his or her current health. It simply names someone who can make health care decisions for you if you are unable to do so yourself. A **living will** is quite different. It is a document that specifically describes the types of care you would or would not want to receive if you became terminally ill or were not expected to recover.

## • What if I already have a signed “power of attorney”?

Even if you already have a signed “durable power of attorney,” you should still complete a health care proxy form. A health care proxy is the preferred legal form in Massachusetts for identifying someone to make medical-related decisions if you are unable to make or communicate these decisions yourself. In Massachusetts, if a patient has both a health care proxy and a power of attorney, the health care proxy form will be considered the primary document.

## • How do I fill out a health care proxy?

You don’t need a lawyer to complete the form. The form becomes valid after you name an agent and sign it in front of two witnesses. Anyone 18 years of age or older may serve as a witness; however, your health care agent cannot be a witness. Even if you don’t live in Massachusetts, you can use this form if you are receiving your care here.

## • Can I cancel or change my health care proxy?

Yes. You can cancel or change the health care proxy at any time by completing a new form and giving it to your Dana-Farber health care provider. You can also restrict the decisions that your health care agent can make for you. You could specify, for example, that “under no circumstances do I want to be kept alive on a machine.”

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- **What happens after I complete the form?**

- Keep the original form.
- When you visit Dana-Farber, you can give the form to any member of your health care team. They will add a copy of the form to your medical record. If you prefer, you can mail a copy of the form to: **Dana-Farber Cancer Institute**, Health Information Services, 450 Brookline Ave., Boston, MA 02215.
- You may also want to give a copy of the form to your primary care provider, your health care agent, your close family members, and your lawyer, if you have one.
- Discuss your wishes with your health care agent, and any others who might be helpful in thinking about these difficult choices. Make sure your doctor and key family members and friends know whom you have named as your agent and your wishes for care. You can also appoint an alternate agent, in case the first person you choose is not available.

- **What if I don't choose a health care agent?**

If you have not named a health care agent and become unable to make medical decisions, your doctors will ask your next-of-kin (closest relative) to make decisions on your behalf. If no close relative can be found, your doctors may make decisions based on wishes or preferences you have previously expressed to them, or a court may appoint a guardian to communicate for you.

- **What other resources might be helpful?**

You may want to consider “Five Wishes,” an advance directive that helps people age 18 years and older address issues such as comfort, dignity, and spirituality. The document is legally binding in most U.S. states, including Massachusetts. You can find the document and related information online at [www.agingwithdignity.org](http://www.agingwithdignity.org).

- **With whom can I talk about these issues at Dana-Farber?**

If you have any questions about the health care proxy or advance care planning generally, we encourage you to share them with your care team. You may also speak with one of our staff members:

Patient/family relations specialists	617-632-3417
Social workers	617-632-3301
Palliative care consultants	617-632-6464

Patient's Birth Date:    /    / DFCI MRN:
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## HEALTH CARE PROXY

Please check and complete either **Option A** or **Option B**.

**OPTION A (Select your health care agent):**

I, Print name: _____ Phone: _____ Address: _____			
<b>appoint:</b> Print name: _____ Phone: _____ Address: _____			
as my <b>health care agent</b> , who will have authority to make all health care decisions on my behalf. This authority becomes effective if my attending physician determines in writing that I lack the capacity to make or communicate health care decisions myself. My health care agent shall have the same authority as I would to make these decisions, <b>EXCEPT</b> (list the limitation(s), if any, <i>you</i> wish to place on your agent's authority): _____			
I direct my health care agent to make decisions based on his or her assessment of my personal wishes, including those expressed in any living will declaration I may have signed. Should my wishes be unknown, my agent shall make decisions based on his or her assessment of my best interests. Photocopies of this proxy form shall have the same force and effect as the original. If the person I have named as my health care agent is unavailable, unwilling, or not competent to serve, I designate the following person as my <b>alternate agent (optional)</b> :			
Print name: _____ Phone: _____ Address: _____			
<i>Note: You may not choose as your health care agent or alternate agent an employee or member of the medical staff of Dana-Farber Cancer Institute, unless you are related to that person by blood, marriage, or adoption.</i>			
_____ <b>Patient's signature</b>	_____ AM/PM (circle one) <b>Date and Time</b>		
<p><b><i>This portion of the form requires the signature of two witnesses who are age 18 or older.</i></b></p> <p><b>WITNESS STATEMENT:</b> We, the undersigned witnesses, on this <b>date and time</b>, _____ AM/PM, each declare that we have witnessed the signing of this document and that the signatory appears to be at least 18 years of age, of sound mind, and under no constraints or undue influence.</p> <p><b><i>Important: Neither witness can be the primary or alternate health care agent.</i></b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Witness #1</b>            Signature: _____            Print name: _____            Address: _____         </td> <td style="width: 50%;"> <b>Witness #2</b>            Signature: _____            Print name: _____            Address: _____         </td> </tr> </table>		<b>Witness #1</b> Signature: _____ Print name: _____ Address: _____	<b>Witness #2</b> Signature: _____ Print name: _____ Address: _____
<b>Witness #1</b> Signature: _____ Print name: _____ Address: _____	<b>Witness #2</b> Signature: _____ Print name: _____ Address: _____		

**OPTION B (Decline to select a health care agent):**

I have received information explaining the purpose of a health care proxy and understand the importance of designating a health care agent. However, I <b>decline</b> to identify a health care agent at this time. But I understand that I may identify a health care agent at any time in the future. Reason(s): _____	
_____ <b>Patient's signature</b>	_____ AM/PM (circle one) <b>Date and Time</b>

<b>Patient keeps original copy. Copies should be made for DFCI medical record and agents named.</b>
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