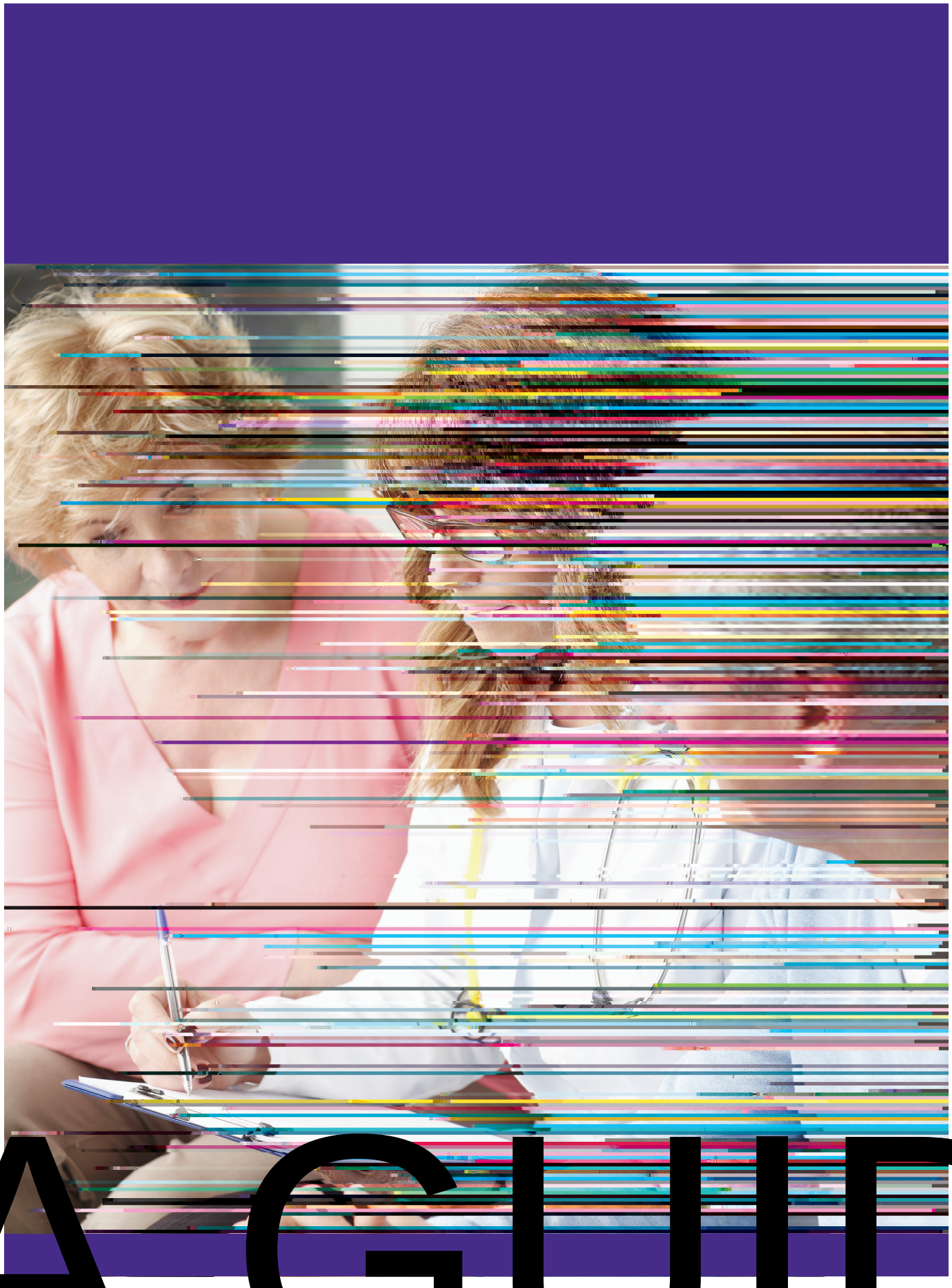

A GUID

Introduction

Who should read this guide?

Can the patient or other decision maker nd out about the patient's medical condition and proposed treatment?

Adult Patients Who Have the Ability to Make Informed Decisions

Do adult patients have a right to make their own health care decisions?

What is "decision-making capacity"?

What if it's unclear whether or not a patient has decision-making capacity? Who decides whether or not the patient has capacity?

Do family members always make health care decisions whenever patients lack decision-making capacity?

Advance Directives/ Health Care Proxies

What is an advance directive?

https://www.health.ny.gov/professionals/patients/health_care_proxy/

How do health care agents make decisions under a health care proxy?

Can a health care agent decide to withhold or withdraw arti cial nutrition or hydration (through a feeding tube or an IV line)?

Health Care Decision-Making in Hospitals and Nursing Homes

How do adult patients with decision-making capacity make decisions in hospitals and nursing homes?

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

Who cannot be a domestic partner?

- [illegible]
- [illegible]

Who quali es as a “close friend”?

[illegible]

What if a surrogate highest in priority is not available to make the decision?

[illegible]

What if a surrogate highest in priority is unable or unwilling to make the decision?

[illegible]

Can patients or other decision makers change their minds after they make a treatment decision?

[illegible]

Decisions to Withhold or Withdraw Life-Sustaining Treatment in Hospitals and Nursing Homes

What is “life-sustaining treatment”?

[illegible]

patient’s

Do surrogates always have authority to consent to needed treatments?

Do surrogates always have authority to make decisions to withhold or withdraw life-sustaining treatment?

-

or

-

How are decisions about life-sustaining treatment made for minors in a hospital or nursing home?

What if an unmarried minor patient has decision-making capacity and he or she is a parent? What if he or she is 16 or older and living independently from his or her parents or guardian?

- [illegible]
- [illegible]

[illegible]

What does it mean when the recommendations and advice of the ethics review committee are advisory and non-binding?

H C P

Appointing Your Health Care Agent in New York State

The New York Health Care Proxy Law allows you to appoint someone you trust — for example, a family member or close friend – to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can also be used to document your wishes or instructions with regard to organ, eye and/or tissue donation.

About the Health Care Proxy Form

This is an important legal document. Before signing, you should understand the following facts:

1.

Frequently Asked Questions

Why should I choose a health care agent?
If you become unable, even temporarily, to make health care decisions, someone else must decide for you. Health care providers often look to family members for guidance. Family members may

Frequently Asked Questions, continued

How will my health care agent know my wishes?
Having an open and frank discussion about your wishes with your health care agent will put him or her in a better position to serve your interests. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interest. Because this is a major responsibility for the person you appoint as your health care agent, you should have a discussion with the person about what types of treatments you would or would not want under di erent types of circumstances, such as:

- whether you would want life support initiated/continued/removed if you are in a permanent coma;
- whether you would want treatments initiated/continued/removed if you have a terminal illness;
- whether you would want arti cial nutrition and hydration initiated/withheld or continued or withdrawn and under what types of circumstances.

Can my health care agent overrule my wishes or prior treatment instructions?
No. Your agent is obligated to make decisions based on your wishes. If you clearly expressed particular wishes, or gave particular treatment instructions, your agent has a duty to follow those wishes or instructions unless he or she has a good faith basis for believing that your wishes changed or do not apply to the circumstances.

Who will pay attention to my agent?
All hospitals, nursing homes, doctors and other health care providers are legally required to provide your health care agent with the same information that would be provided to you and to honor the decisions by your agent as if they were made by you. If a hospital or nursing home objects to some treatment options (such as removing certain treatment) they must te-2.6 (i)62pa(s if t)-5.5 (

W c (7 w6 (h)3.9 (o w)-1.1 (i)5.4 (l4.1 (e)2 (or)8s)2.I c57h)2 l4.1 (y]T 2an9 (t)21..m2.1 (o)-m)16.2 ()169(y]

Is a Health Care Proxy the same as a living will?
No. A living will is a document that provides speci c instructions about health care decisions. You may put such instructions on your Health Care Proxy form. The Health Care Proxy allows you to choose someone you trust to make health care decisions on your behalf. Unlike a living will, a Health Care Proxy does not require that you decide in advance decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made.

Where should I keep my Health Care Proxy form after it is signed?
Give a copy to your agent, your doctor, your attorney and any other family members or close friends you want. Keep a copy in your wallet or purse or with other important papers, but not in a location where no one can access it, like a safe deposit box. Bring a copy if you are admitted to the hospital, even for minor surgery, or if you undergo outpatient surgery.

May I use the Health Care Proxy form to express my wishes about organ, eye and/or tissue donation?
Yes. Use the optional organ, eye and/or tissue donation section on the Health Care Proxy form and be sure to have the section witnessed by two people. You may specify that your organs, eyes and/or tissues be used for transplantation, research or educational purposes. Any limitation(s) associated with your wishes should be noted in this section of the proxy.Failure to include your wishes and instructions on your Health Care Proxy form will not be taken to mean that you do not want to be an organ, eye and/or tissue donor.

Can my health care agent make decisions for me about organ, eye and/or tissue donation?
Yes. As of August 26, 2009, your health care agent is authorized to make decisions after your death, but only those regarding organ, eye and/or tissue donation. Your health care agent must make such decisions as noted on your Health Care Proxy form.

Who can consent to a donation if I choose not to state my wishes at this time?
It is important to note your wishes about organ, eye and/or tissue donation to your health care

H C P F I

Item (1)
Write the name, home address and telephone number of the person you are selecting as your agent.

Item (2)
If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

Item (3)
Your Health Care Proxy will remain valid inde nitely unless you set an expiration date or condition for its expiration. This section is optional and should be lled in only if you want

H C P

(1) I, _____

hereby appoint _____
(name, home address and telephone number)

_____

_____

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take e ect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint _____
(name, home address and telephone number)

_____

_____

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in e ect inde nitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions):

_____

_____

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below.(If you want to limit your agent's authority to make health care decisions for you or to give speci c instructions, you may state your wishes or limitations here.)I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary):

_____

_____

In order for your agent to make health care decisions for you about arti cial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about arti cial nutrition and hydration.

(5) Your Identi cation (please print)

Your Name

Your Signature Date

Your Address

(6) Optional: Organ, Eye and/or Tissue Donation

I hereby make an anatomical gift, to be e ective upon my death, of:
(check any that apply)

Any needed organs, eyes and/or tissues

The following organs, eyes and/or tissues

Limitations

If you do not state your wishes or instructions about organ, eye and/or tissue donation on this

Advance Care Planning
for People of All Ages

PREPARING FOR LIFE'S "WHAT IFS"

Explain what is important to you, such as your goals,
values, and preferences. Let us know1ls ET EMC /P <</Lang (en-US)/MCID 14 >>BDC BT 10 0 0 10 56.0784 322.4647 Tm [(ag

P ’B R

As a parent, legal guardian or person with decision-making authority for a pediatric patient receiving care in this hospital, you have the right, consistent with the law, to the following:

1) To inform the hospital of the name of your child’s primary care provider, if known, and have this information documented in your child’s medical record.

2) To be assured our hospital will only admit pediatric patients to the extent consistent with our hospital’s ability to provide quali ed sta , space and size appropriate equipment necessary for the unique needs of pediatric patients.

3) To allow at least one parent or guardian to remain with your child at all times, to the extent possible given your child’s health and safety needs.

4) That all test results completed during your child’s admission or emergency room visit be reviewed by a physician, physician assistant, or nurse practitioner who is familiar with your child’s presenting condition.

5) For your child not to be discharged from our hospital or emergency room until any tests that could reasonably be expected to yield critical value results are reviewed by a physician, physician assistant, and/or nurse practitioner and communicated to you or other decision makers, and your child, if appropriate. Critical value results are results that suggest a life-threatening or otherwise signi cant condition that requires immediate medical attention.

6) For your child not to be discharged from our hospital or emergency room until you or your child, if appropriate, receives a written discharge plan, which will also be verbally communicated to you and your child or other medical decision makers. The written discharge plan will speci cally identify any critical results of laboratory or other diagnostic tests ordered during your child’s stay and will identify any other tests that have not yet been concluded.

7) To be provided critical value results and the discharge plan for your child in a manner that reasonably ensures that you, your child (if appropriate), or other medical decision makers understand the health information provided in order to make appropriate health decisions.

8) For your child’s primary care provider, if known, to be provided all laboratory results of this hospitalization or emergency room visit.

9) To request information about the diagnosis or possible diagnoses that were considered during this episode of care and complications that could develop as well as information about any contact that was made with your child’s primary care provider.

10) To be provided, upon discharge of your child from the hospital or emergency department, with a phone number that you can call for advice in the event that complications or questions arise concerning your child’s condition.

Public Health Law (PHL) 2803(i)(g) Patients’ Rights 10NYCRR, Section 405.7