



Making Medical Decisions for Someone Else

A Vermont Handbook



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There may be times when you are called upon to make medical decisions for someone else. This resource is available to answer questions that may arise and to help guide you in this process.

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Introduction to Medical Decision-Making

Times have changed. Just a few decades ago, when a patient sought a doctor's care there was little for anyone to "decide." Medically, not much could be done if you suffered a stroke or contracted tetanus from stepping on a rusty nail. Today it is a different story. Advances in medical science and technology now make it possible to extend life beyond natural limits, sometimes far beyond. Indeed, it is increasingly possible to extend life past the point that most people say they would want to live it. Survival is no longer the issue; quality of life is.

This is a huge change, and one that has greatly complicated medical decision-making. For all its wondrous advances, medical science tells us only what **can** be done. What **should** be done depends on the patient, and on his or her wishes, goals and values. A competent adult has a right to refuse any treatment he or she does not want.

Often the patient can weigh risks and benefits of the treatment options and make a decision for him- or herself after talking the options through with the doctor and family members or friends. That is the ideal way to do it.

But some people are unable to make decisions for themselves. They may be unconscious or confused or too sick to grasp the condition they are in. Perhaps they suffer from Alzheimer's Disease or severe developmental disabilities. Maybe they are only temporarily incapacitated because they had a stroke or were in an accident. But decisions still have to be made. A doctor can't make these decisions for the patient; someone else must decide on the patient's behalf. Except in an emergency, no medical treatment may be given to any patient without the informed consent of the patient or the proxy.

You may be that "someone else." Perhaps you are the health care agent named in the patient's advance directive. Or maybe a judge appointed you to be the patient's medical guardian. Or maybe you are a family member or close friend of the patient, and the doctor has turned to you and asked, "What would the patient want?"

You will need to be prepared to answer this question.

Who is This Handbook For?

If you make health care decisions for someone else – or might at some future point – this handbook is for you. When you make medical decisions for someone else, you are acting as a health care proxy – which is the general term used in this handbook for a person who makes decisions for someone else.

There are three kinds of proxies:

There are three kinds of health care proxies: Health care agent, Guardian, and Surrogate. But in all cases a proxy is a person who can make health care decisions for someone else.

1. Health care agent. Your relative or friend has signed a legal document called an advance directive naming you to make health care decisions for him or her in case something happens. Some people call this a durable power of attorney for health care or agent. If you are named in an advance directive to make medical decisions for someone else, you are a health care agent.

2. Guardian. A court may appoint you as a medical guardian and specifically authorize you to make health care decisions for someone else. A guardian is directly answerable to the appointing court. (See Appendix B for more information.)

3. Surrogate. Even when nobody has formally named you as a health care agent, you may still be asked informally to make medical decisions for someone else. Family members or close friends are sometimes called upon to make decisions when the patient cannot, as they usually know the patient best and are most familiar with the patient's wishes and values. This type of proxy is known as a surrogate.

The authority of each kind of proxy is a little different, but all share the challenges of health care decision-making for someone else. This handbook tells what it is like to be a health care proxy, what to do while there's still time to think about it, and what to do in a crisis. It also talks about situations that proxies often face and tells where to get help. (See Appendix E: Table of Proxy Decision-Maker Authority for a comparison of the different types of proxies.)

What is it Like to Be a Health Care Proxy?

A long-time friend of the family, who is like an uncle to me, asked me if I would be his health care agent under an advance directive he was planning to sign. I didn't know what to say or think, so I said, "Sure. I would be happy to." But I don't really know what I'm getting myself into. What am I getting myself into?

If you are a health care proxy, your job is to make decisions and take actions that a patient would make or do, if able.

This includes:

- ◆ **Getting the same medical information the patient would get.** You should have access to the patient's medical records and any information you need about the patient's health or health care. If you are having trouble getting the patient's medical information, contact the medical facility's privacy officer and ask for help.
- ◆ **Talking with the medical team** about treatment choices. Ask questions and get explanations, so that you can understand the patient's medical condition and treatment options as much as possible.
- ◆ **Asking for consultations and second opinions** from other doctors.
- ◆ **Consenting to or refusing medical tests or treatments** – including life sustaining treatment in many, but not all, cases.
- ◆ **Deciding whether to transfer** the patient to another doctor or health care facility (such as a hospital or skilled nursing home).
- ◆ **Getting the doctor and other medical professionals to communicate with the patient** if he or she is still able to understand anything.

Being a proxy can be difficult. But there are several key things to remember:

- ◆ **You can say yes or no.** If someone asks you to be a proxy, you don't have to do it. It may be hard enough coping, even without the added responsibilities of making health care decisions. But it is an important way to help someone you care about.
- ◆ **Anxiety is normal.** It is not unusual to feel lots of emotion, stress, and doubt. And you may not be comfortable around doctors, the medical words they use, and busy hospitals. It is a tough job. But there are many places to go for help, so you are not alone. See Section VI.



Being a Proxy –
As a proxy, you have the special privilege of doing something important for the patient.

- ◆ **Keep the patient involved.** Even though the patient is not able to make health care decisions, he or she might still have something helpful to say. If you can communicate with the patient, try to involve him or her in the decisions as much as possible. If the patient is able to express meaningful choices, these should always be sought out and honored.
- ◆ **It's not about your money.** There could be choices about money and insurance, but your own money is not at risk. Being a proxy does not make you owe or pay anything with your money or risk being sued. It is only the patient's money and insurance that is involved.
- ◆ **Inaction has consequences, too.** If you are a proxy, you will be expected to make decisions. The doctor is relying on you for guidance, so consult with the medical professionals involved and try to sort out the choices.
- ◆ **Respect culture.** The patient's cultural background might be one of many factors affecting how health care decisions are made. In some cultural groups, for example, the whole family is involved. But what the individual patient would have wanted is the most important thing.



What Should You Do While There is Still Time?

Understanding the Patient's Wishes and Values

Now that I have become my dear friend's health care agent, is there anything I should be doing now before I'm called on to make decisions?

Your first task is to learn as much as possible about *what the person would want* if he or she were seriously ill. What choices would be in line with the person's personality, religious beliefs, personal values, and past decisions? What fits with the person's "life story"? How would that person want to live the final chapter of life? This is important to learn because you must try to decide as the patient would, even if the decision goes against the way you would decide for yourself. You must be able to put yourself in the patient's shoes and speak with the patient's voice to the extent possible.

Try to prepare in advance with the person for whom you are a proxy. This means having conversations about what the individual would want *before* a crisis arises. Not everyone can do this, but if there is still time, you will be glad that you did. Learn what is important to the patient in making health care decisions. What is the person hoping for in his or her health treatment? Don't be afraid to use the "D" word: *Dying*. It's hard to talk about illness and dying, but it's a lot harder making decisions without having a sense of what the person would want.

Tips:

Telling stories can be a way to find out about the patient's wishes and values.

- ◆ One way to begin the discussion is to tell stories. Ask the person about his or her past life, what was meaningful, what happened when others in the family were ill – anything to draw out values and beliefs.
- ◆ Another way you can get the conversation going is by using the [Proxy Quiz](#) in Appendix A of this guide. The quiz will help you find out how well you know the health care wishes and values of the person for whom you are a proxy. It will help start a conversation and might result in better mutual understanding.

Steps to Follow in Making Medical Decisions



Carla stood in the hospital hallway with the doctor who was explaining the seriousness of her mother's condition. Some time ago, her mother had named Carla as her health care agent in her advance directive. But Carla is still in shock over what is happening. And she is now being asked to make some very important decisions about her mother. How does she begin?

Use these basic steps to help you make decisions on the patient's behalf.

1. Learn as much as you can about what the person would want in the current situation. As stated above, your main job is to make medical decisions as the person would, based on the person's beliefs, values, previously expressed wishes and decision-making history. If the two of you talked about care preferences while the person was still able to make decisions, you may have a very good idea of the choice he or she would make now. However, it is your job to make decisions based on what you think the patient would want or what is in the patient's best interest.

Find out the facts.
Find out the options.
Decide based on what
the patient would want.
If there is no way to
know what the patient
would want, do what is
best for the patient.

A good place to start may be the person him- or herself. It is important to try and communicate directly with the person for whom you serve as proxy. The person should be consulted to the greatest extent possible about all treatment decisions. Don't assume communication is impossible. Sometimes a person who cannot speak or who has Alzheimer's Disease or severe developmental disabilities may be able to make his or her wishes known. A person with a speech or movement impairment may be able to communicate by the squeeze of a hand or the blink of an eye. Work closely with the doctor, nurses and other staff as you attempt to communicate with the person. Even when communication and response does not seem possible, it is important to tell the person what is happening and why. Sometimes the person can hear you but cannot let you know it.

You may be tempted to do only what *you* think is best for the person. Try to resist this and instead think of what *he or she* would want you to do.

2. Find out the medical facts. This requires talking to the doctors and getting a complete picture of the situation. As proxy, you are entitled to see the medical records just as the patient would. You are entitled to all the same information the patient would get, and to have access to doctors as the patient would. You should expect full cooperation.

Questions you can use:

- ◆ What is the name of the patient's condition?
- ◆ If you don't know exactly what's wrong, what are the possibilities?
- ◆ Are tests needed to know more? Will the outcome of more testing make any difference in how you treat the patient, or in how the patient wants to be treated? (If not, why do the test?)
- ◆ What is the purpose of each test? Do these tests have risks?
- ◆ Is the information you need worth the risk of the test?
- ◆ How do you explain the symptoms?
- ◆ How severe or advanced is this case?
- ◆ What do you think will be the likely course of this disease or condition?

3. Find out the options. Make sure the doctor describes the risks and benefits of each option, including the option of declining treatment or changing the goals of care if appropriate. In comparing options, ask:

- ◆ How will this option make the patient improve or feel better?
- ◆ Can this procedure be done on a trial basis first? What is a reasonable amount of time for a trial? Is the doctor willing to stop it after an agreed-upon trial?
- ◆ What defines "success" for this option? (It may not be what the patient would consider a success.) What is the success rate for people like the patient?
- ◆ What will it mean about the patient's ability to do things and to communicate meaningfully with family and friends?
- ◆ What are the possible side effects?
- ◆ What option does the doctor recommend, and why?



4. Figure out what the patient would decide if he or she could.

- ◆ If you know what the patient would want, you should act on it. If the patient left written instructions, do your best to follow them.
- ◆ If you do not know the patient's wishes for the specific decision at hand, you still might have a solid basis for figuring out how he or she would decide. The goal is to make decisions based on what the patient would want, not what you would want for the patient. Consider the patient's values, religious beliefs, past decisions, and past statements.

5. If you just don't know what the patient would do, choose the option that is in the patient's best interest. If you have little or no information on what the patient would want, then your job under the law is to do what you believe to be *best for the patient*. In weighing the options, you should consider what a reasonable person in the same situation would decide. Don't be influenced by whether the patient is poor or has a long-term disability. As a surrogate you should not base decisions on your own wishes or what you would like best.



What would the patient want?
The aim is to choose as the patient would probably choose, *even if it is not what you would choose for yourself.*



Working Within the Health Care System



Ellen's mother was undergoing treatment in a hospital. Ellen had never spent time in a hospital before and it seemed confusing. While the medical staff was working hard as a team, the same staff was not there all the time. Their schedules shifted depending on the time of day and the day of the week. Her mother had several doctors, including a general practitioner and specialists in certain areas. And each of these doctors had many other patients, so they had limited time for Ellen. And besides, just being in a hospital where many people were ill was stressful.

Being suddenly thrust into the hospital or other medical setting may seem like visiting a foreign land. Even for people familiar with the routines of the system, it can be challenging. However, here are some tips that can help you do a good job as a proxy for a loved one or friend.

What Can You Do?

- ◆ **If your authority as health care proxy comes from a document (advance directive or guardianship order), be sure you know exactly what the document says.** The document should give you guidance on how to exercise your authority. Sometimes instructions in an advance directive are vague. (This is actually quite common.) If this is the case, you may have to make the best judgment you can with the information you have. Consider past discussions the person had with you or others that may shed light on the person's wishes and values. If your authority comes from a guardianship order and there is something in the court papers that you do not understand, ask the court to explain it.
- ◆ **Make yourself and your role known to the medical staff.** Make sure any advance directive or court document appointing you guardian is in the medical chart and medical staff know what the document says. Have a copy ready to show to people involved in the patient's care. Keep in touch with these people.
- ◆ **Understand the Patient's Goals of Care.** As the proxy, you play a vital role in deciding the goals of the patient's care. There are many possible goals of care. One goal of medical care is to cure disease and prolong life. Another is to relieve suffering and provide comfort. Yet another is to achieve a good death. When a person has a life-threatening illness, these goals sometimes come into conflict with each other. The person's wishes and values should determine the balance between goals. For some people, one goal

takes priority over another during the course of an illness. For others, goals may change as an illness progresses. If the person's wishes and values are unknown, the proxy should set goals that the proxy believes will serve the person's best interests (goals that a reasonable person in the same situation would set).

Talk with the medical team about the patient's goals. As shifts change and different doctors and nurses become involved in the person's care, you will often be the one to give them information about the person's wishes or goals. You may have to repeat the same information many times. Try not to get too upset about this. It is part of your role as a medical advocate.

- ◆ **Monitor the Patient's Overall Care Plan.** Every hospitalized patient and nursing home resident should have an individualized care plan. The care plan covers key things about the person's care, such as treatment goals and how those goals will be achieved. Often the care plan is written down in a special form kept in the person's chart.

Care Plan Key Components

1. The main goals of care;
2. Whether the patient has an advance directive and contact information for the proxy;
3. How the health care professionals should respond if the patient's heart or breathing stops (e.g. Do Not Resuscitate [DNR]);
4. Whether there are other life-sustaining treatment issues that might be particularly important for the patient that should be documented in the chart or a COLST form;
5. Whether medically administered fluids and nutrition should be used if the patient cannot take in enough orally, or whether these should be used for a limited time;
6. Whether a breathing machine should be used if the patient has difficulty breathing, or whether it should be used for a limited time;
7. Whether the patient should be transferred to another health facility;
8. If the patient develops significant symptoms, whether tests should be done to diagnose the problem, given that many tests cause discomfort or burdens; and
9. Whether antibiotics should be used in case of infection.

Monitor the patient's care plan. Be sure it reflects the patient's goals. Suggest changes as the patient's condition changes and make sure the plan is being carried out.

If you have questions about the care plan or if you do not agree with parts of the plan – or the way it is carried out – you should discuss your concerns with a health care professional or ask for a formal care planning meeting. A care planning meeting includes all of the health care team and provides the health care proxy with an effective way to ask questions, resolve problems and ensure that the care plan best meets the person's needs.

- ◆ **Stay informed about the person's condition.** Medical conditions change. Find the person who can best keep you informed of the patient's overall condition. Stay involved and be flexible. Read the medical record often.

Be Visible
Be Informed
Be Involved
Be Heard



◆ **Be ready for transfers to another medical setting.** If the patient is moved from one section of the hospital to another or to a different facility, make sure that you know the goals of care and treatments to be continued, begun or stopped after the transfer. Meet with the new medical team or head nurse to be sure that they are aware of the goals of care and the ordered treatment.

◆ **Advocate on the patient's behalf and assert yourself with the medical team, if necessary.** If you think that the patient would not want a treatment that is being offered or provided, it is your job to speak up. It is also your job to speak up if you think the patient would want a treatment that is not being offered or provided. If you are confused by the doctor's recom-

mendations, don't stay quiet. Be tactful, but insist that medical issues be explained to you in words you can understand.

Sometimes a doctor might recommend a treatment that you believe the patient would not want or you might request a treatment that the doctor believes is inappropriate. In either case, as the health care proxy you have the authority to decide to accept or refuse treatment for the patient. Most often differences of opinion about the course of treatment can be resolved through an in-depth discussion with the doctor about the treatment and about the wishes and values of the patient.

Ask the doctor to explain the risks and benefits of the treatment and to review any alternatives. Find out what will happen to the patient if you do not consent to the treatment. Tell the doctor why you think the patient would not consent to the treatment. If the doctor is refusing to provide a treatment, ask the doctor why the treatment is not appropriate. Find out under what circumstances the treatment might be appropriate. Explain why you think the patient would want the treatment.

- ◆ **Ask for a second opinion or transfer, if necessary.** If you and the doctor still cannot agree, or if you are just not sure what to do, there are additional steps you can take. You can ask for a second opinion. If you do this, be sure that the second doctor has all the information needed to make a recommendation about treatment, including information about the person's wishes and values. Or you can ask the doctor to help you find another doctor who will provide the treatment you feel the patient would want. You have the right to transfer the patient to another doctor or facility if necessary. Be a squeaky wheel if need be!

- ◆ **Consider a time-limited trial for some treatments.** Sometimes it is difficult to weigh the benefits and problems of a treatment. Trying a treatment for a certain period of time may show if it improves the patient's situation. Be sure that the time limit is clear before beginning the treatment.
- ◆ **Make use of all available resources.** The world of modern medicine can be complex and confusing, and hospitals have people who can help. Social workers can provide emotional support and practical assistance, patient advocates can make sure your concerns are heard, and ethics committees can help you and the medical staff work through complex situations.
- ◆ **Consider hiring a private care manager** if you are unable to work with the medical team on your own. A care manager, who usually has an advanced nursing or social work degree, can help you understand the medical situation and advise on care options.

Talking with Doctors

Prepare well for the time you have with the doctor.

You may have limited time with the patient's doctors, so prepare in advance to get the most out of the each visit.

- ◆ **Make a list of questions** to ask the doctor, such as concerns about symptoms, changes that have occurred, or medication reactions. If you have concerns about whether the person is receiving the treatment he or she would want, say so.
- ◆ **Present your points or key questions right away.** Ask the doctor how much time he or she has, and begin with the most important problem first. If you know what you would like done, say so at the beginning. If you have questions, ask the most important ones first.
- ◆ **Don't hesitate to ask questions** about what the doctor says. For example, ask: What will this treatment do? What would happen without the treatment? What are the side effects? How long will it take? What if the patient has a reaction to the treatment later? Make sure you understand. It may help to repeat what the doctor told you in your own words, to be sure there are no misunderstandings.
- ◆ **Take notes** to help you remember what the doctor says.
- ◆ **Consider bringing a friend or relative** of the patient with you to help you remember what to ask and what the doctor says – and for moral support!

Helpful Documents to Be Aware Of and to Use if Appropriate: DNR Orders and COLST Forms

An advance directive alone may not be enough to insure that a person's wishes to limit treatment will be honored.

Ordinarily, medical personnel – including emergency medical technicians (“EMT’s”) and other first responders – do everything they can to keep people alive. They are trained to do everything unless a doctor authorizes some limitation of treatment. But some seriously ill or dying people are sure they do not want certain medical procedures or treatments. Others do not want to be taken to a hospital if a medical issue arises, or be given cardiopulmonary resuscitation (“CPR”), feeding tubes or antibiotics. An advance directive alone may not be enough to insure that a person’s wishes to limit treatment will be honored, because advance directives are not binding on emergency medical personnel like first responders. A DNR Order or COLST form may be used to ensure that the wishes a patient has expressed in his or her advance directive are followed.

As a proxy, you may need to decide whether the person should have a Do Not Resuscitate (“DNR”) order or Clinician Orders for Life-Sustaining Treatment (“COLST”). These are medical orders signed by a doctor that tell everyone – including first responders – not to use specific procedures and treatments on the person. They are powerful tools for ensuring that a person’s wishes to limit treatment are honored, because they are binding on all medical personnel. They can be used for a person who is at home, in a nursing home, or in a hospital. If there are specific procedures or treatments you know or think the person would not want, talk with the doctor about writing a DNR or COLST.

DNR Orders and COLST Forms Do *Not* Mean No Treatment

Most people want comfort care even when they don't want any other medical interventions. Some people want treatment for other conditions. Make sure the medical staff understand what the DNR or COLST says and that they do not misinterpret it to mean no treatment.

DNR Orders. A DNR is a doctor’s order telling medical personnel not to perform CPR on the person. If you are health care proxy for a person who would not want CPR under any circumstances, or if the person’s wishes are unknown but you believe that using CPR would not be in the person’s best interest, it is appropriate to ask the doctor to write a DNR order. Ask the doctor about the likely outcome of CPR for the patient, and about pain, discomfort or side effects the procedure might have. This may help you decide.

COLST Form – Clinician Orders for Life Sustaining Treatment is more comprehensive than a DNR order, covering orders for treatment such as intubation, mechanical ventilation, transfer to hospital, antibiotics, artificially administered nutrition, or another medical intervention. It can be used in outpatient settings and health care facilities and may include a DNR order. If you are proxy for a person who would not want to have some or any of these treatments, or who

would not want to be taken to a hospital if 911 was called, talk with the doctor about completing a COLST form.

Be aware that the COLST form is relatively new and many Vermont doctors – even those involved in end-of-life care – do not yet know that this tool is available. You may need to explain what a COLST form is if the doctor has not already heard about it. For more information and a copy of the COLST form go to www.vtethicsnetwork.org/Forms.htm and click on DNR/COLST.

About CPR

CPR is used when a person's heart or breathing stops. People trained in CPR use this procedure to try and start breathing and circulation again by pressing down on the person's chest and forcing air into the patient's lungs. The person is usually then put on a breathing machine (also called a respirator or ventilator) and given strong medication.

CPR is the only procedure that a patient (or proxy) has to decline in order *not* to get it. (All other procedures generally require informed consent prior to undergoing them.) Unless there is a physician's order stating that the patient should not receive CPR, that patient will receive it.

Only one out of every six hospitalized patients who undergo CPR survive to discharge, and the odds are even worse for out-of-hospital CPR. Patients who are seriously ill or who would prefer a less burdensome treatment may choose to discuss a DNR order with their physician to ensure they will not receive CPR in the event their heart or lungs stop working.



Resolving Disputes and Getting Help



Trish visited her father every day in the nursing home. She knew he was having a harder and harder time eating, even though the nursing home staff spent considerable time assisting in feeding him everyday. His doctor said that he could be fed by a tube into his stomach, but she thought her father would not want that. Her brother and sister both wanted to start the tube feeding, and Trish felt pressured.

As a proxy, you are probably not operating alone. You may be part of a family or network of friends who are grieving about the medical condition of the patient and under stress because of the medical crisis. Emotions may run high. You must make decisions that others, including the patient's doctor or care team, may or may not agree with. The decisions you make may weigh on your mind in the future. You may have to defend your decisions against family members or medical professionals who want something else.

What to Do if There is a Disagreement

Going to court to resolve disagreements is only rarely necessary. It should always be the last resort. Try to resolve disagreements informally.

A. Understand your legal authority. Sometimes it is perfectly clear who should be making decisions for another person. Sometimes it is not so clear. Sometimes family members and friends of the person disagree about what should be done, and conflicts arise.

If you are the patient's guardian or the agent named in a valid advance directive, you are the person with legal authority. You may consider the opinions of others, but you have the final say and your ultimate duty is to the patient. Make sure that a copy of the document that gives you legal authority is placed in the patient's chart.

If there is no guardian or agent, ideally the decision-maker will be the person who knows the patient best and who is most familiar with the patient's feelings and values. Vermont has no statute that specifies a priority for choosing a surrogate decision-maker when there is no agent or guardian, but health professionals by tradition often ask the patient's next of kin to make decisions.

The patient's "next-of-kin" is not automatically the medical decision-maker, according to Vermont law. However, in practice, family members are consulted and frequently act as surrogate decision-makers.

If it is unclear who should be the surrogate or there are differences of opinion between the surrogate and the physician or the surrogate and other persons close to the patient that cannot be worked out, it may be necessary for someone to file a petition for guardianship. (More information about guardianships can be found in Appendix B.)

Regardless of who is proxy, the proxy has both the right and duty to make health care decisions, and should do so within any limits imposed by the terms of an advance directive or a court order, if there is one. If someone disagrees with the proxy's decisions or believes the proxy is not following the instructions of an advance directive or court order, he or she can ask the probate court for a hearing. Ordinarily, however, the court will intervene only if an advance directive's instructions or the terms of a court order are clearly being violated, or if the advance directive is invalid.

B. Keep the family informed, if appropriate. You may have the legal authority to make medical decisions even if other family members disagree. However, most proxies are more comfortable if there is agreement among family members. Good communication can help bring about agreement.

C. Use key communication tools. If disagreements arise, make sure you are not talking past each other and that everyone has the same understanding of the medical facts.

- ◆ Listen carefully to what others have to say.
- ◆ Respect their points of view.
- ◆ Try to understand why they are taking positions different than yours. Repeat back their position to make sure you understand it.
- ◆ Think about what past events or attitudes might be causing them to take such a position.
- ◆ Remember that you are seeking to stand in the shoes of the patient and to advocate the patient's preferences and values, if you know them, rather than your own.

D. Ask for a care-planning meeting if that might be helpful. If there is a dispute about the type or quality of care the patient is receiving in a hospital or nursing home, you can request a care planning meeting to discuss what the plan is, whether it is really being carried out, and how well it is meeting the person's needs. (See page 10 for more information about care planning meetings.)

E. Ask for assistance from the ethics committee if necessary. Ethics committees and consultants deal with ethical issues such as end-of-life decision-making. They help to educate the staff and to sort out difficult problems. They usually don't actually make decisions, but advise. When there is conflict between the proxy and the family or the proxy and the doctor, the ethics committee or an ethics consultant can help those involved to better understand each others' views, explore choices, and come to a common understanding.

F. Ask for a Palliative Care consultation if appropriate. Many hospitals now have special palliative care teams that focus on a patient's comfort and quality of life and support for his or her family. These teams can often help patients, families and proxies through the process of clarifying treatment goals and choices in complex situations.

G. Consult the hospital chaplain. A hospital chaplain is a professional spiritual care advisor employed by the hospital who provides spiritual care and guidance as part of the healthcare team. A hospital chaplain does not represent a particular faith, but rather is there to support the spiritual needs of patients, families and hospital staff in a time of crisis.

H. Other resources to help you.

- ◆ **Patient Advocate.** Some hospitals have Patient Advocacy offices to help patients exercise their rights and to advocate for them within the hospital.
- ◆ **Office of the Health Care Ombudsman.** This is a special project of Vermont Legal Aid, Inc. that assists Vermonters with health care and health insurance problems for free, regardless of their income, resources, or health insurance status.
- ◆ **Long-term care social worker.** Nursing homes and assisted living facilities may have an in-house social worker to help residents and families meet their needs.
- ◆ **Long-term care resident and family councils.** Residents and family members have the right to organize advisory councils in nursing homes, and sometimes these councils exist in assisted living, as well. If your problem is one shared by other residents – such as not enough attention from nursing assistants, frequent pressure sores, unhealthy conditions, or poor food – joining with others in such councils can be very helpful.

- ◆ **Long-term care ombudsman.** Vermont has a long-term care ombudsman program. Ombudsmen are independent staff or volunteers in a nursing home or in assisted living. They are advocates for residents in long-term care. They can be very helpful in resolving complaints, mediating problems, or helping the patient and the proxy talk with the medical team or institution.
- ◆ **Clergy or spiritual advisor.** If you are part of a faith community, now is the time to call on your clergy for confidential advice, reassurance, help with the grieving process, help in sorting out differences with others, and help in understanding your own reactions in light of your spiritual beliefs and those of the patient. But remember that in making decisions it is the religious or spiritual beliefs of the patient that matter, not your own.
- ◆ **The National Hospice and Palliative Care Organization (NHPCO)** provides numerous informational resources online at www.caringinfo.org. You may also be able to find good information on the internet or in printed material in a hospital or clinic's resource library. One particularly helpful booklet, *Hard Choices for Loving People* (4th ed.) by Hank Dunn, a hospice and nursing home chaplain, looks at both the physical and emotional issues of decision-making, especially as they may relate to life support systems and technologies. Another resource is the book *Handbook for Mortals: Guidance for People Facing Serious Illness* by Joanne Lynn, MD and Joan Harrold, MD.
- ◆ **See Appendix C** for other helpful resources in Vermont.

Getting More Information on the Law

As a proxy, you may have many more questions. For law-related information about health care advance directives, guardianship, deciding for others, and related issues, go to the following Web sites: ABA Commission on Law and Aging at www.abanet.org/aging or www.ABALawInfo.org; Vermont Judiciary at www.vermontjudiciary.org; Vermont Guide to Health Care Law at <http://www.vtmd.org/Guide/End%20of%20Life%20Issues.html>.

Situations Often Faced by Proxies

The following tips are about some special challenges you may have in making medical decisions as a proxy.

Experiencing Grief

When a loved one is dying, it is normal to have thoughts about how you will react and cope after that person's death. You may experience painful visions of life without that person and anticipate feelings of terrible grief and mourning, while at the same time being expected to act as the patient's decision-maker.



You are not alone. These reactions are normal. Sometimes they include feelings of depression, fear, or focusing excessively on particular concerns about the dying person or particular tasks. This process of anticipatory grief is a natural part of adjusting to the reality of the loss. It is also a time, if possible, to complete unfinished business with the dying person – for example, saying “good-bye,” “I love you,” or “I forgive you.” Not everyone experiences anticipatory grief. Even if you do, the feelings of grief and bereavement following the death may be much different from what you felt beforehand.

You may also feel guilty after the person dies, asking yourself repeatedly “Did I make the right decisions?” For help in coping with grief or guilt, look for hospice and social work resources or specialized grief and bereavement support groups or counseling.

Making Sure Pain and Symptoms are Well Managed

You may need to help the patient get pain relief. Pain can be controlled. It does not have to be a part of being seriously ill.

Talk to the patient to find out as much as you can about the pain. If the patient cannot talk, try to observe the patient's reactions. Try to determine:

- ◆ Where is the pain?
- ◆ When did it start?
- ◆ Does it come and go? When?
- ◆ How intense is the pain?
- ◆ Is it getting better or worse?
- ◆ How does it affect sleep or daily activities?

Talk to the doctor about the pain. Be sure to know what medications the patient is taking. If the doctor can't help, you can ask for a referral to a pain specialist or a pain clinic. Here are 10 questions to ask the doctor:

1. What is causing the pain?
2. What is the plan for treating the pain?
3. What are the benefits of the treatment?
4. What might be the side effects? How long will they last?
How will they be treated?
5. What should I watch for and call you about?
6. What should I do if the pain gets worse?
7. When will you check again and see how the patient is responding to the treatment?
8. What is the cost of the pain medication and is it covered by insurance?
9. Is there a lower-cost medication?
10. Are there other ways the pain could be treated?

Should Hospice be Considered?

For any patient who may be dying, consider hospice care. Hospice is a program that uses a team for medical care, pain management, personal care, and emotional and spiritual support to meet the patient's needs and wishes. Hospice also helps the family caregivers.

Hospice staff is on-call 24 hours a day, seven days a week. They focus on supportive care, comfort, and pain relief; they may provide needed drugs, medical supplies, and equipment. Additional services are available when needed – such as respite care, speech and physical therapy, or in-patient care. In most cases, hospice is provided in the patient's home, but hospice care can also be given in freestanding centers, hospitals, nursing homes, and other long-term care facilities.

Hospice care is paid for under Medicare, by Medicaid, and most private insurance plans and managed care plans. Families and doctors often wait too long before they consider using hospice. If the patient has a serious and eventually fatal condition, find out when and how hospice could help. For more information, call the tollfree help line of the National Hospice and Palliative Care Organization at 800-658-8898 or visit their Web site at www.nhpco.org.

What to Do in an Emergency

If the patient is in a hospice program, you probably will get special instructions to call hospice staff rather than 911. Hospice staff will address the patient's and your concerns and will contact your doctor if needed. If you call 911, the patient will be taken to the hospital and will be given emergency medical treatment unless there is a DNR order or COLST form in place that limits treatment. (See page 13 for more information.)

If there is a DNR or COLST, have copies on hand and be sure to give one to the first responders so they know whether to treat aggressively or to focus only on comfort care. If there is an advance directive, give a copy of that to the ambulance crew as well. But be aware that an advance directive is not binding on first responders and will not prevent the patient from receiving life-saving treatment he or she may not want.

What About Surgery?

Sometimes a proxy is asked to consent to surgery that a doctor recommends. Here are a few tips:

- ◆ Ask why the surgery is necessary, the likely outcome, what will likely happen without it and what the risks are, especially given the patient's age and condition.
- ◆ Find out how long recuperation will take and what the patient will have to do to recover.
- ◆ Think about whether the patient would want the surgery given the balance of risks and benefits. Is the surgery likely to restore the patient to a quality of life that would be acceptable to him or her? Would he or she want the surgery no matter what?
- ◆ Ask the surgeon how many times he or she has performed the operation and the outcomes.
- ◆ Consider getting a second opinion.
- ◆ If you decide to consent to the surgery, get all the forms you will be asked to sign at least a day or two before the operation, if possible. Read them carefully and ask about anything that's not clear.

Withholding and Withdrawing Life-Sustaining Treatment

In making decisions for someone else, it's important to understand that there is no ethical or legal difference between withholding a treatment, and withdrawing it after it has been started. In the past people have worried that if a patient was put on a ventilator, then he or she would have to stay on it forever. This is not the case. A proxy can tell the medical team to withhold or withdraw any treatment that is not benefiting the patient.

Artificial Nutrition and Hydration

Artificially administered nutrition and hydration is a medical treatment which can be limited like any other. Health care professionals must always make reasonable efforts to help a patient eat and drink normally and patients who want to and can eat, are **always** allowed to. But when a patient can no longer take fluid or food by mouth, a feeding tube can be used. There are two types of tubes. A nasogastric tube is put through the nose, down the throat, and into the stomach. This usually is used on a short-term basis. For a longer term, a gastrostomy tube is put by surgery through the skin into the stomach or intestines. Intravenous (IV) lines may be placed into the veins of the arm or hand to give artificial nutrition and hydration (TPN).

Feeding tubes help many patients to get the fluids and nutrition they need. Yet there are some cases where the benefits of feeding tubes may be unclear for a seriously ill and dying patient. Sometimes artificial feeding and fluids for a seriously ill person can be more of a burden than a benefit. On the other hand, some people would want a feeding tube no matter what.

As a proxy, you may have to make the difficult decision of whether the patient should have artificial nutrition and hydration.

- ◆ Check the patient's advance directive if there is one, or try to figure out what the patient would want.
- ◆ Talk with the doctor about the likely outcome for the patient. Will it extend life significantly or will it merely prolong the dying process? Will it lead to improvement in the patient's functioning?



- ◆ Ask about side effects, pain, or discomfort in providing or not providing food and fluids. For example, in some cases artificial nutrition and hydration can build up fluid in the lungs and other areas. Dehydration does not necessarily cause pain or a feeling of thirst in a dying patient. Its most frequent symptom, dry mouth, may be treated by ice chips or moistened swabs to the mouth.
- ◆ Discuss a possible time period for various treatment options.
- ◆ Check the patient's advance directive if there is one, or try to figure out what the patient would want.
- ◆ Whether or not the patient has artificial nutrition and hydration, make sure the medical staff provides comfort care.

What About Medical Research?

Patients who cannot make their own decisions sometimes are eligible to become subjects in a research study. As a proxy, you might be asked to give your permission for the patient to participate in research. The person asking you might or might not be the patient's doctor.

Before deciding, make sure you understand:

- ◆ What the research is trying to find out.
- ◆ What the patient will have to do as part of the research.
- ◆ How being in the research differs from ordinary medical care.
- ◆ What the risks are.
- ◆ What the possible benefits to the patient are, if any.

Think about whether the patient would want to be part of the study. Remember, nobody is ever required to participate in research. You might want to give permission if being in the research stands a good chance of benefiting the patient – or even if there is no likely personal benefit, but very little risk. But if being in this research means that the patient might be worse off, without any real chance of direct benefit, just say no.

** The questions on pain were taken from "Pain: Questions to Ask Your Doctor," by the Midwest Bioethics Center, Community-State Partnerships, adapted from the "Rhode Island Consumer Guide to Pain," Joan M. Teno, M.D., Associate Professor of Community Health and Medicine, Brown University Center for Gerontology and Health Care Research, and the "Pain Action Guide," American Pain Foundation, Baltimore, MD.*

Appendix A

The Proxy Quiz: A Tool for Better Understanding

Instructions: As health care proxy, answer these questions in the way you think the patient would answer them. Then ask the patient to answer them and compare your answers. Where the answers differ, discuss why that is.

Important: This is not an advance directive. The questions are for discussion only.

1. Circle how much you fear the following near the end of life:

(1) Very Little (2) Some (3) Very Much

- a. Being in pain 1 2 3
- b. Losing the ability to think 1 2 3
- c. Being a financial burden on loved ones 1 2 3
- d. Losing control over my medical care 1 2 3
- e. Losing ability to practice my faith 1 2 3

2. Is it more *important* for you to:

- a. Have your wishes followed at the end of life, even if family members or friends disagree, or
- b. Have family and friends all agree on decisions, even if different from how you would decide, or
- c. I am uncertain.

3. Here are things about end-of-life care that some people believe. Do you agree?

- 1. If a dying person can't get enough nutrition by mouth, a feeding tube should always be used if it will keep the person alive.
 - a. Yes, I agree b. No, I don't agree c. I don't know
- 2. Once a treatment is started to keep someone alive, it's sometimes okay to decide to stop and withdraw it when the person's quality of life is very low.
 - a. Yes, I agree b. No, I don't agree c. I don't know
- 3. You are very sick, and the doctors cannot stop the disease. With all possible treatments, you might live for another few weeks. During that time, you would be on a breathing machine. You would drift in and out of consciousness. Without these treatments, you would die in a few days. Would you want the breathing machine and other treatments?
 - a. Yes, I think so b. No, probably not c. I don't know

- 4. You have severe Alzheimer's disease. You can't get out of bed, and you can't recognize or talk with your loved ones, but you are not in pain. You could live like this for many months. However, you get recurring infections which are treated with antibiotics. You get another infection, this time pneumonia. If the doctors give you an antibiotic, you will almost certainly recover from the infection. Without the antibiotic, you will die in a few days. Do you want the antibiotic if you can otherwise be kept comfortable?
a. Yes, I think so b. No, probably not c. I don't know

- 5. You have poor circulation, which resulted in one leg being amputated. Now, your other leg develops gangrene and doctors recommend amputation because it could be fatal. You also have moderate dementia causing mental confusion. Would you want the operation?
a. Yes b. No c. I am uncertain

- 6. You are in a permanent coma and have a tube inserted in your stomach for food and fluids. Would it be important to you that decisions about your treatment are guided by particular religious beliefs or spiritual values that you hold?
a. Yes b. No c. I am uncertain

If so, what are they

.....

.....

.....

- 7. You were terminally ill, but a course of treatment might extend your life by six additional months. Would you want the treatment even though it has severe side effects – pain, nausea, vomiting, and weakness?
a. Yes b. No c. I am uncertain

Appendix B

More About Guardianship

When is a guardian needed?

There may be times when a patient who lacks capacity and has no designated health care agent may need a legal guardian for health care decision-making.

Circumstances that may require applying for a court appointed guardian include:

- The person needs active advocacy where the clout of a guardianship order may be helpful;
- Friends and family are divided about the best decision, or it is not clear who should be making decisions and someone has to have authority to make the final decision;
- The person has lifelong disabilities that interfere with decision-making, such as developmental disabilities; or
- The person has no actively involved family or next of kin that could serve as surrogate decision-makers.

Treatment over a patient's refusal.

Sometimes a patient who has a legal guardian refuses a treatment that the guardian thinks the patient should have. It is important for the guardian to understand that when this happens, the guardian can't override the patient's refusal of treatment on his or her own authority; instead, he or she has to go back to the Court for the judge to authorize the treatment.

Who can be a Guardian?

Private Guardian. Usually a private guardian is an adult family member or friend of the person who has lost decision-making capacity. The guardian does not necessarily live in the same household as the person. A private guardian is appointed by a Probate Court.

Public Guardian. A public guardian is a state employee who works for the Department of Disabilities, Aging and Independent Living. He or she will only be appointed if the person is in need of a guardian and has no friends or family to serve in this role. Public guardians specialize in supporting people with developmental disabilities and people with age-related disabilities. Some public guardians are appointed by a Probate Court and others are appointed by Family Court.

NOTE: There is no program of public guardianship in Vermont for people aged 18-59, except for people with a developmental disability

Who can apply for guardianship?

Any interested person (a friend, a family member, a social worker) can apply for guardianship. It's okay for the person who is volunteering to be the guardian to start the petition, but it doesn't have to be that person.

How do I find the right court?

Every county in Vermont has at least one Probate Court and Family Court. A guardianship petition must be filed *in the county where the person who needs a guardian is living*. Sometimes the petition is filed by mistake in the county where the guardian is living. This can cause delays while the case is being sent to the right court.

Do I need a lawyer to file a petition?

No. You can pick up a blank petition at any Probate Court in the state. Forms are available online at the Judiciary web page (www.state.vt.us/courts) by clicking on “Court Forms Library.” You do not need any special training to answer the questions. When you have filled out the petition, give it or mail it to the clerk of the Probate Court.

If you are seeking appointment of a Public Guardian for a person with developmental disabilities, you can get a copy of the petition from the Family Court clerk, or from the website of the Department of Disabilities, Aging and Independent Living (www.dail.state.vt.us). The completed petition should be delivered or mailed to the State’s Attorney for the county where the person who needs a guardian is living. It is the responsibility of the State’s Attorney to file this kind of petition with the court.

How do I become a guardian ?

After the petition for guardianship is filed, the court requests an evaluation of the person’s need for a guardian and appoints a lawyer to represent the person. Issues of safety and a person’s ability to understand choices and make decisions will be central

to the court’s deliberation. Usually, the court makes a decision 45 to 60 days after the petition is filed. In emergencies, it can be done faster.

As a guardian, how do I get authority to see medical records?

Your order of guardianship *is* your authorization to see medical records. As medical guardian, you are entitled to see any medical records about the person, past and present, after signing appropriate releases. You stand in the shoes of the person for whom you act as guardian, and so are also entitled to discuss the person’s condition and treatment with any health care professional who is providing treatment, and to get the same information as the person would get.

As a guardian what authority do I have and what role does the court play?

In general, a medical guardian may make decisions about medical care without getting specific approval from the court. Certain decisions (such as do not resuscitate orders and decisions to refuse or withdraw life-sustaining treatment) must be approved in advance by the Probate Court that issued the guardianship order. A decision to change residential placement (such as movement to a nursing home) must also be approved by the Probate Court except in emergencies. You can find out what your Probate Court expects by a call to the Probate Court Register. (See Appendix D for a complete listing of Vermont Probate and Family Courts.)

You are also responsible for making an annual report in writing to the Probate Court about the person's situation.

In addition, the guardian should also inform the Court and family members of important medical decisions as they are made, regardless of whether these are brought to the Court. Good and timely communication can avoid problems later on.

What if the person doesn't want a guardian?

The Court should always appoint a lawyer to represent the person for whom a guardianship is being sought. If a person does not want to have a guardian appointed, the lawyer will let the Court know this. The final decision on whether or not to appoint a guardian is up to the Court.

What if it's an emergency and the person doesn't have a guardian or the guardian cannot be reached?

A doctor can go ahead and give urgently needed treatment necessary to preserve the life or health of the person. The law assumes that the person would want this to be done under the concept of *implied consent*. The doctor can also request consent from the patient's next of kin if there has been no appointment of a guardian.

If there is an emergency need for a guardian, someone should contact the Court directly to explain the problem. If the person's health or well-being is in jeopardy, the Probate Court can grant a temporary emergency order of guardianship to prevent serious or irreparable harm to the person.

How do advance directives work for people with guardians?

If the person prepared an advance directive before becoming mentally disabled, the guardian should follow the person's directions unless otherwise instructed by the Court. If the advance directive appoints an agent, the guardian should defer to the agent for decisions the agent is authorized to make unless the Probate Court orders otherwise.

A person who already has a medical guardian may *not* execute a medical power of attorney or advance directives. This is because the guardian has been legally appointed to make these decisions. However, it is good practice to assist a person with a guardian to think and talk about future medical care and treatment, and to document the person's wishes in writing.

Appendix C

Other Helpful Resources in Vermont

Alzheimer's Association of Vermont

The Alzheimer's Association of Vermont provides regional and statewide education programs to family members, health care professionals and other concerned community members. The Association also offers regional Caregiver Support Groups for families and caregivers of persons with Alzheimer's Disease and related dementia illnesses. For information, contact the Association's toll-free number: 1-800-272-3900 or www.alz.org/vermont/.

American Cancer Society

1-800-227-2345

Area Agencies on Aging

Vermont has five regional Area Agencies on Aging that serve clients who are 60 or older. Case managers provide assistance and support helping seniors access a variety of health and social service needs, and can assist them with advance care planning and the preparation of advance directives. For more information and access to your nearest Area Agency on Aging, contact Vermont's toll-free Senior Helpline at 1-800-642-5119.

Office of Public Guardian

The Office of Public Guardian (OPG) provides information about the guardianship process in Vermont and has twenty-four guardianship staff statewide to provide services to individuals. In need of public guardianship. OPG is available to advise and support private guardians and can assist in providing information and technical assistance to assist in finding alternatives to guardianship. For assistance, call 802-241-2663.

Office of Health Care Ombudsman

The Office of Health Care Ombudsman is a special project within Vermont Legal Aid which helps Vermonters with health care and health insurance questions and problems. It is a free service with no income or resource limits. For information contact their toll-free hotline 1-800-917-7787, or visit www.vtlegalaid.org.

Vermont Long Term Care Ombudsman Project

The Vermont Long Term Care Ombudsman Project is a special project within Vermont Legal Aid, Inc. Project staff and volunteers advocate for individuals in nursing homes, residential care homes and assisted living residences. They also advocate for people who receive long term care services in the community through Choices for Care. Ombudsmen can help individuals resolve problems concerning their care and their quality of life and they can answer questions about advance directives and guardianship. They can also help residents and long term care consumers talk with their medical providers. For more information contact 1-800-889-2407, or visit www.vtlegalaid.org.

Vermont Ethics Network

The Vermont Ethics Network (VEN) provides resources about end-of-life decision making. VEN works with community groups and hospital ethics committees to provide resources, information and education about advance care planning, medical decision-making, advance directives, current topics in health care ethics, palliative care and end-of-life care issues. Visit VEN's website www.vtethicsnetwork.org or call 802-828-2909 for information, forms and other important resources.

Disability Rights Vermont

This office provides legal representation and other services to Vermonters with mental health and psychiatric disabilities. For more information call: 1-800-834-7890 or visit www.disabilityrightsvt.org.

Vermont Association of Home Health Agencies

The Vermont Association of Home Health Agencies is the professional association of the 11 not-for-profit home health agencies and Visiting Nurse Associations in Vermont. For more information about home health services in your area contact 1-800-HOMECARE or visit www.vnavt.org.

Vermont Medical Society

The Vermont Medical Society serves the public by facilitating and enhancing physicians' individual and collective commitments, capabilities, and efforts to improve the quality of life for the people of Vermont through the provision of accessible and appropriate health care services. For additional information about advance directives and the Vermont Advance Directive Registry visit <http://www.vtmd.org/Registry%20FAQ%2010-07.pdf>.

Hospice and Palliative Care Council of Vermont

The Hospice and Palliative Care Council of Vermont is committed to assuring access to high quality palliative and end-of-life care including caregiver support and bereavement services for all Vermonters. For more information call (802)229-0579 or visit www.hpccv.org.

Appendix D

Vermont Probate and Family Courts

Vermont Probate Courts

Addison Probate Court
7 Mahady Court
Middlebury, VT 05753
388-2612

Bennington Probate Court
207 South Street
Bennington, VT 05201
447-2705

Caledonia Probate Court
P.O. Box 406
St. Johnsbury, VT 05819
748-6605

Chittenden Probate Court
P.O. Box 511
Burlington, VT 05402
651-1518

Essex Probate Court
P.O. Box 426
Island Pond, VT 05846
723-4770

Fair Haven Probate Court
North Park Place
Fair Haven, VT 05743
265-3380

Franklin Probate Court
Franklin County Courthouse
17 Church Street
St. Albans, VT 05478
524-7948

Grand Isle Probate Court
P.O. Box 7
North Hero, VT 05474
372-8350

Hartford Probate Court
62 Pleasant Street
Woodstock, VT 05091
457-1503

Lamoille Probate Court
P.O. Box 102
Hyde Park, VT 05655
888-3306

Manchester Probate Court
P.O. Box 446
Manchester, VT 05254
362-1410

Marlboro Probate Court
Suite 104
80 Flat Street
Brattleboro, VT 05302
257-2898

Orange Probate Court
5 Court Street
Chelsea, VT 05038
685-4610

Orleans Probate Court
247 Main Street
Newport, VT 05855
334-3366

Rutland Probate Court
83 Center Street
Rutland, VT 05701
775-0114

Washington Probate Court
10 Elm Street
Unit 2
Montpelier, VT 05602
828-3405

Westminster Probate Court
P.O. Box 47
Bellows Falls, VT 05101
463-3019

Windsor Probate Court
Rte. 106
Cota & Cota Bldg.
P.O. Box 402
North Springfield, VT 05150
886-2284

Vermont Family Courts

Addison Family Court
7 Mahady Court
Middlebury, VT 05753
388-4605

Bennington Family Court
150 Veterans Memorial Dr.
Bennington, VT 05201
447-2729

Caledonia Family Court
1126 Main Street, Suite 1
St. Johnsbury, VT 05819
748-6600

Chittenden Family Court
32 Cherry Street, Suite 300
Burlington, VT 05401
651-1709

Essex Family Court
P.O. Box 75
Guildhall, VT 05905
676-3910

Franklin Family Court
36 Lake Street
St. Albans, VT 05478
524-7997

Grand Isle Family Court
P.O. Box 7
North Hero, VT 05474
372-8350

Lamoille Family Court
P.O. Box 489
Hyde Park, VT 05655
888-3887

Orange Family Court
5 Court Street
Chelsea, VT 05038
685-4610

Orleans Family Court
247 Main Street, Suite 1
Newport, VT 05855
334-3305

Rutland Family Court
9 Merchants Row
Rutland, VT 05701
786-5856

Washington Family Court
255 North Main Street
2nd Floor
Barre, VT 05641
479-4205

Windham Family Court
1063 Western Avenue
West Brattleboro, VT 05301
257-2830

Windsor Family Court
82 Railroad Row
White River Jct., VT 05001
295-8865

Appendix E

Proxy Decision-Maker Authority

Type of Proxy	Who appoints	Restrictions	Scope of Authority
Agent under an advance directive	Person who signs the advance directive (no court involvement)	The maker of the advance directive can always revoke	Can be as broad or as narrow as maker of agency wishes
Private Guardian	Probate Court	Must return to court for certain medical decisions	As broad as conferred by the Court
Public Guardian	Probate Court	For certain elders who need a public guardian	As broad as conferred by the Court; may consult with Ethics Committee as needed
Public Guardian	Family Court	For adults with developmental disabilities	As broad as conferred by Court; Ethics Committee reviews critical care decisions
Surrogate	No appointment	Subject to ambiguity	Not explicitly addressed in Vermont Law





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