

## Who is the Patient's Representative for Health Care Decisions?

**Scenario:** Edward, a 65 year old widower and accountant, is critically ill after collapsing in the grocery store. He is unable to understand or communicate due to his medical condition. A neighbor who has known Edward for many years and regularly accompanies him to doctor's appointment has been at his bedside since his admission to the ICU. The neighbor appears to have a close friendship with Edward. A sister-in-law also came to the hospital and expressed concern for his welfare. He has a stepson in Arizona, but no other adult children or living siblings. The neighbor mentions his mother lives in senior housing in a nearby town and has been very concerned since learning about her son's sudden collapse.

**Question:** Who is Edward's representative while incapacitated – is it the neighbor, the sister-in-law, the stepson, the mother or is it someone else?

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**Answer:** The UCHC has a policy to assist clinical staff in determining the correct patient representative. For adult patients, it is important to learn if they have executed an advance directive naming a healthcare representative. This would be the person that the patient has chosen to make decisions on their behalf, should they not be able to participate in their care. If the neighbor, the sister-in-law or the stepson were named as the patient representative, then they would be the decision-maker. But without an advance directive to this effect, identification of next of kin would be the step in establishing the decision-maker.

In this scenario, there is no spouse and no adult children (the stepson is not an adult child of the patient), then the patient's mother would be the decision-maker. If his mother is unable to act in this capacity, and there are no adult siblings, then clinical care would continue consistent with his best interests and the probate court may be petitioned to appoint a conservator. The UCHC policy has a flowchart that may be helpful to review.