

Dialed In: Helping Veterans Take Control of Their Health Care

I've Been Named as A Health Care Agent – Now What Do I Do?

Narrator: Hi, and welcome to *Dialed In: Helping Veterans Take Control of Their Health Care*. I'm Beth Doyle, a Veteran of the U.S. Air Force and an education specialist with the VA National Center for Ethics in Health Care. VA patients have the right to make decisions about their own their health care. But in case they become too ill to make those decisions, VA encourages every Veteran to choose someone ahead of time to be their *health care agent* – the person who can make health care decisions for them. If you've been named as a health care agent, you'll act as your loved one's legal representative when it comes to making health care decisions. Dr. Cynthia Geppert is a VA physician and health care ethics consultant.

Geppert: Being named as a health care agent can be quite a responsibility, but it also is a real privilege, because your loved one, your friend or family member, has confidence in your ability to make decisions for them. And that's what you're being asked to do, is to make a decision the way your loved one would if they could speak for themselves at a time they're not able to voice their own wishes and preferences. You can do this because you know the person by knowing their values, by being with them, by talking to them.

Narrator: Dr. Jill Lowery is a VA psychologist and an ethics policy consultant with the National Center for Ethics in Health Care.

Lowery: Several years ago, my parents sat down with my two brothers and me to tell us what kind of health care they would want if they ever got too sick to make those decisions for themselves. They named me as their backup health care agent in case they can't make decisions for each other. They told us all flat out that they think I'm more likely to follow their wishes than my brothers are. And we all had a good laugh about that one.

Narrator: As a health care agent, your task will be to make health care decisions based on what your loved one would do, *even if these are not decisions that you would make for yourself*. So it's really important to sit down and talk with your loved one about *their* preferences – *before* they become too ill to tell you what those preferences are.

Lowery: We had a really great discussion about what was important to them, and I'm really glad my brothers were there and heard the same things that I did. So that if the day comes when decisions have to be made, there won't be any disagreements or hard feelings.

Narrator: Dr. Geppert discusses what some of those decisions might involve.

Geppert: Would the person want to be resuscitated if they stopped breathing or if their heart stopped? Would they want to be on a breathing machine? Would they want to have artificial nutrition and hydration? What would they want if they can't recover? What would they want if they can? These are the kinds of decisions that you might be asked to make, and what I've seen is when these conversations don't happen before a health care crisis, often the care the patient *didn't* want happens. Often, someone they *didn't* want to make decisions for them ends up being the decision maker. So, talk to the person who appointed you as a health care agent as soon as possible when you're appointed, and don't wait for a crisis.

Narrator: Your loved one might have completed a living will, a type of advance directive that specifies what kinds of medical treatments they might or might not want in different situations. So, you may wonder why the medical team still needs your help as a health care agent. Dr. Geppert explains why the living will isn't enough to guide them.

Geppert: It's because it can't possibly cover all the many decisions and possible choices that you might be asked to make for your loved one. Think of this as a map. You're the one who's reading the map and helping the health care team understand what this unique individual would want in different situations. What are their values, their beliefs, their experiences? What is their life story that would help you and the treatment team know how to understand, and make decisions based on, the advance directive?

Narrator: It's important to always keep in mind that you're not alone.

Geppert: It's quite a responsibility, but your VA health care team is here to help you. The treatment team is there, the primary care provider, a chaplain, ethics consultation service, and a number of resources on advance directives and health care agents that the VA National Ethics Center has available.

Narrator: Finally, if you can, check in with your loved one from time to time to make sure you still understand their health care preferences. Dr. Jill Lowery.

Lowery: I have a copy of my parents' advance directives in case I need them some day, and I check in with them every so often just to make sure that their wishes haven't changed. As hard as I know it would be to have to make decisions for them if they were too sick to make decisions for themselves, I know it will be a lot easier now that I know what they want and what matters most to them.

Narrator: To learn more about choosing a health care agent and what it means to be one – or to download a VA advance directive – visit www.ethics.va.gov/for_veterans.asp. *Dialed In* is produced by the Department of Veterans Affairs National Center for Ethics in Health Care.