



Responsibilities of a Med Power-of-Attorney

When a patient is incapacitated, the responsibility and duty of a POA is to direct treatment decisions based solely on what the patient would want were the patient able to make decisions using the advance directive as a guide. The POA does not substitute their own judgment for the incapacitated patient. In general, POAs have the authority to make all healthcare decisions a patient would make for themselves if able to do so. Here is a list of some of the responsibilities:

1. Receiving the same medical information that the patient could receive
2. Conferring with the medical team
3. Reviewing the patient's medical records
4. Asking questions and getting explanations from treatment or care staff
5. Discussing treatment options and being fully informed about them
6. Requesting consultations and second opinions
7. Consenting to or refusing medical tests or treatments, including life-sustaining treatment
8. Authorizing a transfer to another physician or institution, including another type of facility (such as a hospital, skilled nursing home, or residence, often with hospice providing palliative care)

Usually, the most difficult decisions concern starting or stopping life-sustaining treatments. If a patient is dying, the best choice for some may be aggressive palliative care; for others, comfort care only.

If a patient's condition becomes critical, the decision to put them on a ventilator may have to be made within ten minutes, or the patient will die. A POA must always be available by phone to consent to the ventilator decision or reject it, depending on the wishes of the patient expressed before or at the time of admission to the hospital, prior to the patient's incapacity.

A POA should learn what information about intubation was provided to the patient. A POA must also know that the patient was fully informed of the outcomes expected from being placed on a ventilator if the patient decided on its use while still competent. Suppose someone else provided the patient with information about using a ventilator. In that case, the POA must rely on the more general decisions the patient had made previously and made known to the POA.