

MASSACHUSETTS Advance Directive Planning for Important Healthcare Decisions

Caring Connections, 1700 Diagonal Road, Suite 625, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation.

The goal of Caring Connections is for consumers to hear a unified message promoting awareness and action for improved end-of-life care. Through these efforts, NHPCO seeks to support those working across the country to improve end-of-life care and conditions for all Americans.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are always up to date.

CARING CONNECTIONS

HelpLine

You can call our toll-free HelpLine, 800/658-8898, if you have any difficulty understanding your state-specific advance directive, or if you are dealing with a difficult end-of-life situation and need immediate information. We can help provide resources and information on questions like these:

- How do I communicate my end-of-life wishes to my family?
- What type of end-of-life care is available to me?
- What questions should I ask my mother's doctors about her end-of-life care?

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- Learn about options for end-of-life services and care
- Implement plans to ensure wishes are honored
- Voice decisions to family, friends and health care providers
- Engage in personal or community efforts to improve end-of-life care

Please call the HelpLine at 800/658-8898 to learn more about the LIVE campaign, obtain free resources, or to join the effort to improve community, state and national end-of-life care.

HOW TO USE THESE MATERIALS

1. Check to be sure that you have the materials for your state. You should complete a form for the state in which you expect to receive health care.

2. These materials include:

- Instructions for preparing your advance directive.
- Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

3. Read the instructions in their entirety. They give you specific information about the requirements in your state.

4. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.

5. When you begin to complete the form, refer to the gray instruction bars - they indicate where you need to mark, insert your personal instructions, or sign the form.

6. Talk with your family, friends, and physicians about your decision to complete an advance directive. Be sure the person you appoint to make decision on your behalf understands your wishes.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, you may call our toll free number 800/ 658-8898 and a staff member will be glad to assist you.

For more information contact:

**The National Hospice and Palliative Care Organization
1700 Diagonal Road, Suite 625
Alexandria, VA 22314**

**Call our HelpLine: 800/658-8898
Visit our Web site: www.caringinfo.org**

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INTRODUCTION TO YOUR MASSACHUSETTS ADVANCE DIRECTIVE

This packet contains two legal documents that protect your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself:

1. The **Massachusetts Health Care Proxy** lets you name someone to make decisions about your medical care—including decisions about life support—if you can no longer speak for yourself. The Health Care Proxy is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life. Your Health Care Proxy becomes effective when your doctor determines in writing that you are unable to make or communicate health care decisions. Your doctor must also record the cause and nature of your incapacity as well as its extent and probable duration.

If you lack decision-making capacity because of mental illness or developmental disability, your doctor must have, or consult with a health care professional who has, specialized training or experience in diagnosing or treating mental illness or developmental disabilities.

2. Massachusetts does not have a statute governing the use of living wills. However, you have a constitutional right to state your wishes about medical care in the event that you develop an irreversible condition that prevents you from making your own medical decisions. The Caring Connections Living Will has been created to protect this right. The Living Will becomes effective if you become terminally ill, permanently unconscious or minimally conscious due to brain damage and will never regain the ability to make decisions.

Caring Connections recommends that you complete both of these documents to best ensure that you receive the medical care you want when you can no longer speak for yourself.

Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).

COMPLETING YOUR MASSACHUSETTS HEALTH CARE PROXY

Whom should I appoint as my health care agent?

Your agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent may be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (An agent may also be called an “attorney-in-fact” or “proxy.”) The person you appoint as your agent cannot be an operator, administrator or employee of a treating health care facility, unless he or she is related to you by blood, marriage or adoption.

You can appoint a second person as your alternate agent. The alternate will step in if the first person you name as agent is unable, unwilling or unavailable to act for you.

How do I make my Massachusetts Health Care Proxy legal?

The law requires that you sign your document, or direct another to sign it, in the presence of two adult witnesses, who must also sign the document to show that they believe you to be at least 18 years of age, of sound mind and under no constraint or undue influence. The person you appoint as your agent cannot serve as a witness.

Note: You do not need to notarize your Massachusetts Health Care Proxy.

Should I add personal instructions to my Massachusetts Health Care Proxy?

Caring Connections advises you not to add instructions to this document. One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions to this document, you might unintentionally restrict your agent’s power to act in your best interest. Instead, we urge you to talk with your agent about your future medical care and describe what you consider to be an acceptable “quality of life.” If you want to record your wishes about specific treatments or conditions, you should use your Caring Connections Living Will.

What if I change my mind?

You may revoke your Health Care Proxy at any time by:

- notifying your agent or doctor orally or in writing,
- taking any action, such as tearing up or destroying the document, which indicates your intent to revoke your Proxy, or
- executing another Health Care Proxy.

If you have appointed your spouse as your agent, and your marriage ends, your agent’s power is automatically revoked.

COMPLETING YOUR CARING CONNECTIONS LIVING WILL

Do I need to have my Living Will witnessed?

Because Massachusetts does not have a statute governing the use of living wills, there are no specific requirements to make your Living Will legally binding. However, Caring Connections recommends that you sign your Living Will in the presence of two adult witnesses. Your witnesses should not be:

- related to you by blood or marriage,
- beneficiaries of your estate,
- your health care provider or an employee of your health care provider, or
- your health care agent or alternate.

Note: You do not need to notarize your Living Will.

Can I add personal instructions to my Living Will?

Yes. You can add personal instructions in the part of the document called “Other directions.” For example, if there are any specific forms of treatment that you wish to

refuse that are not already listed on the document, you may list them here. Also, you can add instructions such as, “I do not want to be placed in a nursing home,” or “I want to die at home.” If you have appointed a health care agent, it is a good idea to write a statement such as, “Any questions about how to interpret or when to apply my Living Will are to be decided by my agent.”

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor or order the Caring Connections booklet, “Advance Directives and End-of-Life Decisions.”

What if I change my mind?

You may revoke your Living Will at any time by:

- executing a new Living Will,
- tearing, burning, or otherwise destroying your document, or
- notifying your doctor orally or in writing of your intent to revoke your document.

AFTER YOU HAVE COMPLETED YOUR DOCUMENTS

1. Your Massachusetts Health Care Proxy and Caring Connections Living Will are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.

2. Give photocopies of the signed originals to your agent and alternate agent, doctor(s), family, close friends, clergy and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.

3. Be sure to talk to your agent and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.

4. If you want to make changes to your documents after they have been signed and witnessed, you must complete new documents.

5. Remember, you can always revoke your Massachusetts Health Care Proxy and Caring Connections Living Will.

6. Be aware that your Massachusetts documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called “non-hospital do-not-resuscitate orders,” are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop. Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. Caring Connections does not distribute these forms. We suggest you speak to your physician.

If you would like more information about this topic contact Caring Connections or consult the Caring Connections booklet “Cardiopulmonary Resuscitation, Do-Not-Resuscitate Orders and End-Of-Life Decisions.”

MASSACHUSETTS HEALTH CARE PROXY – PAGE 1 OF 2

INSTRUCTIONS

PRINT YOUR NAME

(1) I, _____, hereby appoint
(name)

PRINT THE NAME,
HOME ADDRESS
AND TELEPHONE
NUMBER OF YOUR
AGENT

(name, home address and telephone number of agent)

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

This Health Care Proxy shall take effect in the event I become unable to make or communicate my own health care decisions.

(2) Name of alternate agent if the person I appoint above is unable, unwilling or unavailable to act as my health care agent (optional):

(OPTIONAL)
PRINT THE NAME,
HOME ADDRESS
AND TELEPHONE
NUMBER OF YOUR
ALTERNATE
AGENT

(name, home address and telephone number of alternate agent)

(3) I direct my agent to make health care decisions in accord with my wishes and limitations as may be stated below, or as he or she otherwise knows. If my wishes are unknown, I direct my agent to make health care decisions in accord with what he or she determines to be my best interests.

MASSACHUSETTS HEALTH CARE PROXY — PAGE 2 OF 2

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

(4) Other directions (optional):

SIGN AND DATE
THE DOCUMENT
AND PRINT
YOUR ADDRESS

(5) Signature: _____ Date: _____

Address: _____

WITNESSING
PROCEDURE

Statement by Witnesses

I declare that the person who signed this document appears to be at least 18 years of age, of sound mind, and under no constraint or undue influence. He or she signed (or asked another to sign for him or her) this document in my presence. I am not the person appointed as agent or alternate agent by this document.

YOUR WITNESSES
MUST SIGN AND
PRINT THEIR
ADDRESSES

Witness 1: _____

Address: _____

Date: _____

Witness 2: _____

Address: _____

Date: _____

Courtesy of Caring Connections
1700 Diagonal Road, Suite 625, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898

CARING CONNECTIONS LIVING WILL – PAGE 1 OF 2

INSTRUCTIONS

PRINT YOUR NAME

I, _____,
being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below:

I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying, if I should be in **an incurable or irreversible mental or physical condition** with no reasonable expectation of recovery, including but not limited to: (a) a **terminal condition**; (b) a **permanently unconscious condition**; or (c) a **minimally conscious condition in which I am permanently unable to make decisions or express my wishes**.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment. While I understand that I am not legally required to be specific about future treatments, **if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:**

- I do not want cardiac resuscitation.
- I do not want mechanical respiration.
- I do not want tube feeding.
- I do not want antibiotics.

However, I **do want** maximum pain relief, even if it may hasten my death.

CROSS OUT
ANY STATEMENTS
THAT DO NOT
REFLECT YOUR
WISHES

CARING CONNECTIONS LIVING WILL – PAGE 2 OF 2

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

Other directions (insert personal instructions):

SIGN AND DATE
THE DOCUMENT
AND PRINT YOUR
ADDRESS

These directions express my legal right to refuse treatment under federal and state law. I intend my instructions to be carried out, unless I have revoked them in a new writing or by clearly indicating that I have changed my mind.

Signed: _____ Date: _____

Address: _____

WITNESSING
PROCEDURE

I declare that the person who signed this document appeared to execute the living will willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

TWO WITNESSES
MUST SIGN AND
PRINT THEIR
ADDRESSES

Witness: _____

Address: _____

Witness: _____

Address: _____