

MASSACHUSETTS
Advance Directive
Planning for Important Healthcare Decisions

Caring Connections
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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.

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 up to date.

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:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and healthcare providers
- E**ngage in personal or community efforts to improve end-of-life care

Using these Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive healthcare.
2. These materials include:
 - Instructions for preparing your advance directive, please read all the instructions.
 - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

ACTION STEPS

3. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
4. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
5. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
6. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, healthcare providers and/or faith leaders so that the form is available in the event of an emergency.

INTRODUCTION TO YOUR MASSACHUSETTS ADVANCE DIRECTIVE

This packet contains a legal document that protects 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. Massachusetts does not have a statute governing the use of living wills, therefore there is no living will for the state of Massachusetts.

The **Massachusetts Healthcare 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 Healthcare 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.

If you lack decision-making capacity because of mental illness or developmental disability, your doctor must have, or consult with a healthcare professional who has, specialized training or experience in diagnosing or treating mental illness or developmental disabilities. However, if you appointed your doctor as your agent, a different doctor must certify your incapacity.

Massachusetts allows you to make an anatomical gift of your organs after your death as part of the Healthcare Proxy. An optional organ donation form follows the Healthcare Proxy.

Note: This document will be legally binding only if the person completing it is a competent adult (at least eighteen years old).

COMPLETING YOUR MASSACHUSETTS HEALTHCARE PROXY

Whom should I appoint as my healthcare proxy?

Your proxy is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your proxy may be a family member or a close friend whom you trust to make serious decisions. The person you name as your proxy should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (A proxy may also be called an "attorney-in-fact" or "agent.")

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

The person you appoint as your proxy 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.

How do I make my Massachusetts Healthcare 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 eighteen years of age, of sound mind, and under no constraint or undue influence. The person you appoint as your proxy cannot serve as a witness.

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

Should I add personal instructions to my Massachusetts Healthcare Proxy?

One of the strongest reasons for naming a proxy 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. Talk with your proxy about your future medical care and describe what you consider to be an acceptable "quality of life."

Following the Massachusetts Healthcare Proxy is an optional organ donation form that allows you to make an anatomical gift of your organs for transplantation, therapy, medical research or education upon your death. If you do not provide instructions regarding the disposition of your organs after your death, by either making a gift or explicitly refusing to make a gift, your family will have the authority to do so on your behalf. The person you appoint as your healthcare proxy will have the authority to make an anatomical gift on your behalf only if your spouse, adult child, parent, or adult sibling does not do so.

COMPLETING YOUR MASSACHUSETTS HEALTHCARE PROXY (Continued)

What if I change my mind?

You may revoke your Healthcare Proxy at any time by:

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

If you have appointed your spouse as your proxy, and your marriage ends, your Healthcare Proxy is automatically revoked.

INSTRUCTIONS

MASSACHUSETTS HEALTH CARE PROXY – PAGE 1 OF 2

PRINT YOUR NAME

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

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

(name, home address and telephone number of proxy)

as my health care proxy 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 that a determination is made by my attending physician that I lack the capacity to make or to communicate my own health care decisions. My attending physician shall make such determination in writing, and shall include his or her opinion regarding the cause and nature of my incapacity, as well as its extent and probable duration.

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

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

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

(3) I direct my proxy 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 proxy to make health care decisions in accord with what he or she determines to be my best interests.

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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 eighteen 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 proxy or alternate proxy by this document.

YOUR WITNESSES
MUST SIGN AND
PRINT THEIR
ADDRESSES

Witness 1: _____

Address: _____

Date: _____

Witness 2: _____

Address: _____

Date: _____

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MASSACHUSETTS ORGAN DONATION – PAGE 1 OF 2

DONATION OF
ORGANS
(OPTIONAL)

DONATION OF ORGANS (OPTIONAL)

Under Massachusetts law, you may make a gift of all or part of your body. Unless a document of the gift has been delivered to a specified donee, the anatomical gift may be revoked by: (1) the execution of a signed statement; (2) an oral statement made in the presence of two persons; (3) during a terminal illness or injury, a statement addressed to an attending physician; (4) a signed card or document found on your person or with your effects; or (5) by destroying, mutilating, or canceling the document of the gift and all signed copies. If a document of the gift has been delivered to a specified donee, the donee must receive notice of the revocation.

If you do not complete this section, your spouse, adult children, parents, adult siblings, or healthcare proxy, in that order of priority, will have the authority to make a gift of a part of your body pursuant to law unless you give them notice orally or in writing that you do not want a gift made. The donation elections you make below survive your death.

Initial the line next to the statements below that best reflect your wishes.

I hereby make this organ and tissue gift, if medically acceptable, to take effect upon my death. The words and marks (or notations) below indicate my desires:

- (7) Upon my death, I wish to donate:
- _____ My body for anatomical study if needed.
 - _____ Any needed organs, tissues, or eyes.
 - _____ Only the following organs, tissues, or eyes;
-

I authorize the use of my organs, tissues, or eyes:

- _____ For transplantation
- _____ For therapy
- _____ For research
- _____ For medical education
- _____ For any purpose authorized by law.

INITIAL THE
OPTION THAT
REFLECTS YOUR
WISHES

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MASSACHUSETTS ORGAN DONATION – PAGE 2 OF 2

SPECIAL WISHS
(IF ANY)

Limitations or special wishes, if any, list below:

SIGN AND DATE
THE DOCUMENT
AND PRINT YOUR
ADDRESS

Signature: _____

Date: _____

Address: _____

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You Have Filled Out Your Advance Directive, Now What?

1. Your Massachusetts Healthcare 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 healthcare. 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, 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 one or both of your Massachusetts Healthcare 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. We suggest you speak to your physician for more information. **Caring Connections does not distribute these forms.**