

THE UNIFORM HEALTH CARE DECISIONS ACT:

GENERAL INFORMATION REGARDING CAPACITY AND THE DESIGNATION OF A SURROGATE HEALTHCARE DECISION MAKER

An individual age eighteen (18) years or older is presumed to have capacity and have the right to make their own healthcare decisions unless the individual has a court appointed guardian who has been given the right to make such decisions after judicial proceedings or the individual has given such decisional rights to another individual through an Advance Directive (i.e. Power of Attorney) while having capacity. (New Mexico law also recognizes the rights of individuals fourteen (14) and older to make certain health care decisions, i.e. mental health care decisions and reproductive health decisions; with limited or no parental involvement depending on the health care decision at issue, the residence of the individual (minor), and the status of the individual (minor) as a parent themselves.)

In New Mexico it is possible for an adult or emancipated minor to be assessed to lack capacity to make healthcare decisions through the provisions of the Uniform Healthcare Decisions Act (§24-7A- 1 et seq). For these individuals, a surrogate healthcare decision maker is identified to act in their stead. Pursuant to the Uniform Healthcare Decisions Act, two qualified healthcare professionals must make an assessment that an adult or emancipated minor lacks capacity to make their own healthcare decisions. One of these professionals shall be the primary care physician. For individuals with developmental disabilities, the second professional shall be a person whose training and expertise aid in the assessment of functional impairment (physician, physician assistant, social worker, psychologist, nurse). In the event an individual is assessed to lack capacity to make healthcare decisions, a surrogate healthcare decision maker may be required if there is no agent (ie. Power of Attorney) or court appointed guardian in place or if the agent or guardian is not reasonably available. The Uniform Health Care Decisions Act contains specific provisions identifying who may or may not serve as a surrogate.

At any time an individual may challenge the determination of the need for a surrogate or the “designation” of a specific person to act as surrogate by signed writing or personally with their healthcare professional. A challenge regarding an individual’s capacity will prevail unless otherwise ordered by court proceedings. The role of a surrogate healthcare decision maker is generally intended to be short term, to address a current medical issue and the law provides for no long term oversight of such an arrangement therefore, it is suggested guardianship supports be sought in the event the lack of capacity is clinically determined to be long term.

By law, surrogates can make decisions regarding the selection and discharge of health-care providers and institutions, approval or disapproval of diagnostic tests, surgical procedures, programs of medication and orders not to resuscitate, directions relating to life-sustaining treatment, including withholding or withdrawing life-sustaining treatment, and termination of life support; and directions to provide, withhold or withdraw artificial nutrition and hydration and all other forms of healthcare. The

Developmental Disabilities Supports Division will recognize the decisions of a surrogate healthcare decision maker with regards to primary freedom of choice for case management services (as a health care decision related to choosing a health care provider). Community providers should decide and make their position known to surrogate healthcare decision makers what decisions they will accept or decline for the purposes of service planning and implementation. Because such a decision may require the analysis of the application of New Mexico law, community providers may wish to seek legal advice.

Attached are optional forms developed and taken from the statutes that may be utilized to put a surrogate healthcare decision maker in place or to name an agent (create an advance directive). If the forms are used it is recommended that all team members have a copy of these forms upon completion. This information and the forms are not intended as legal advice and if agencies or families have any legal questions regarding healthcare surrogates, guardianships or advance directives they should seek independent legal counsel. Please feel free to contact Lisa Storti, Office of Constituent Support, Developmental Disabilities Supports Division at (505) 476-8972 if you have any other questions or for information regarding possible legal resources.

3/30/15

I, _____ a licensed psychologist or physician (Qualified Health Care Professional/ QHCP) have examined _____, and found him/her to be:

A. _____ CAPABLE of giving informed consent and able to understand and appreciate the nature and consequences of his/her health care, including significant benefits, risks and alternatives to proposed health care and to make and communicate an informed health care decision.

B. _____ To be without capacity and NOT CAPABLE of giving informed consent and further not able to understand and appreciate the nature and consequences of his/her health care, including significant benefits, risks and alternatives to proposed health care and to make and communicate an informed health care decision. I recommend the assignment of a responsible party as indicated by New Mexico Law.

My opinion of the patient's/client's capacity is based on the following:

(Please provide specific facts that support your opinion.)

QHCP Print Name: _____

QHCP Signature: _____

Date: _____

IMPORTANT:

1. To establish incapacity for the purposes of a surrogate a patient must be evaluated by two health care professionals.
2. One evaluator must be the primary care physician of the patient or someone who has taken on that role.
3. If the patient/client lacks capacity due to mental illness or developmental disability, one of the health care professionals making a determination of incapacity must have training or expertise that will aid in the assessment of functional impairment.
4. A surrogate may be named for an individual even if they have another legal representative IF that previously named representative is NOT reasonably available, and that unavailability is documented. (Surrogates only have the authority granted by the Uniform Health Care Decisions Act.)
5. Evaluations must occur and be documented before a surrogate may act.

I hereby acknowledge that in accordance with the Uniform Health Care Decisions Act, § 24-7A-1 et seq. NMSA 1978 (1996 Cumm. Supp.), I have assumed authority to make health care decisions on behalf of _____ (Patient/client). The primary physician and another qualified health care professional (QHCP/ licensed psychologist or physician) have determined that this patient/client lacks capacity to make health care decisions.

I am eligible to act as a surrogate decision maker because I have the following relationship with the patient/client:

✓ CHECK ONE

- 1. Spouse
- 2. Significant Other
- 3. Adult Child
- 4. Parent
- 5. Adult Sibling
- 6. Grandparent
- 7. A reasonably available adult who has exhibited special care and concern for the patient and is familiar with the patient's personal values.

Print name of Surrogate

Signature of Surrogate

Date

Witness (may be via telephone)

Date

**ACKNOWLEDGEMENT OF ASSUMPTION
OF AUTHORITY FOR
HEALTH CARE DECISIONS**

Patient/client Identification

DUTIES AND RESPONSIBILITIES OF A SURROGATE DECISION MAKER

The following duties and responsibilities are delineated in New Mexico law, specifically within the Uniform Health Care Decisions Act. This document is NOT intended as a substitute for legal advice, if you have any questions seek the assistance of an attorney.

1. I shall communicate my assumption of authority as promptly as practicable to the patient/client, to members of the patient's family (including patient's spouse, significant others, adult children, parents, siblings and grandparents) who can be readily contacted and to the supervising health care provider.
2. I shall make a health care decision in accordance with the patient's individual instruction, if any, and other wishes to the extent known to me. Otherwise, I will make the decision in accordance with my determination of the patient's best interest. In determining the patient's best interest, I shall consider the patient's personal values to the extent I am aware of such values.
3. I shall not make a decision based solely on the patient's preexisting psychological or medical condition or preexisting or projected disability.
4. I understand that once I have assumed authority my decision is effective without judicial approval
5. I understand that the patient/client may disqualify me from acting as surrogate at any time, or may regain capacity to make his/her own health care decisions.
6. I understand that the patient/client may challenge the finding of their incapacity at any time.
7. I understand that I do not have the authority to consent to the patient's/client's admission to a mental hospital facility.

I have read and understand the above recitation of my statutory duties and responsibilities as surrogate decision maker, and agree to act in accordance therewith.

Surrogate

Date

I, _____ a licensed psychologist or physician (Qualified Health Care Professional/
QHCP) have examined _____, and found him/her to be:

A. _____ CAPABLE of giving informed consent and able to understand and appreciate the nature and consequences of his/her health care, including significant benefits, risks and alternatives to proposed health care and to make and communicate an informed health care decision.

B. _____ To be without capacity and NOT CAPABLE of giving informed consent and further not able to understand and appreciate the nature and consequences of his/her health care, including significant benefits, risks and alternatives to proposed health care and to make and communicate an informed health care decision. I recommend the assignment of a responsible party as indicated by New Mexico Law.

My opinion of the patient's/client's capacity is based on the following:

(Please provide specific facts that support your opinion.)

QHCP Print Name: _____

QHCP Signature: _____

Date: _____

IMPORTANT:

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