
Who *Can't* be an Agent

State rules for who may be an agent vary, but the most common persons who cannot be an agent are these:

- Under age 18
- Your healthcare provider
- A person who works for your healthcare provider

(However, if your mate or close relative is one of the above they may serve as your agent.)

Recommendations as to Who *Can* Be an Agent

Your agent can be an individual that you choose. The most common choices for an agent are family and friends. The chart inside can help you choose.

By Kansas State Law, an Agent *Can...*

- Consent, refuse consent, or withdraw consent to care
- Decide which of these you should have: hospital, hospice, nursing home, or home health care
- Employ or fire healthcare personnel
- Ask for and get healthcare information
- Decide about organ donation, an autopsy, and what to do with your body when you die

By Kansas State Law, an Agent *Cannot...*

- Stop or change any decisions you have made in a "Living Will" declaration



We thank Kansas Health Ethics, Inc. (now closed) for their efforts in the development of this and other documents. For more information about obtaining copies of this document contact

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The mission of WMREF is to promote research, education and community efforts designed to improve the health of Kansans.

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Choosing an Agent

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How do you decide who should be your agent, the person who becomes your substitute voice in healthcare?

Choosing an Agent

The person you choose to make healthcare decisions for you may have another title if you are in another state. This person can be called a healthcare agent, proxy, representative, attorney-in-fact, surrogate, or even patient advocate.

This brochure refers to that person as an agent.

You have decided it is time to complete a Durable Power of Attorney for Health Care form. You want to be prepared in case something happens to you and you are unable to speak for yourself. You want your wishes to be known and followed. How do you decide who should be your agent, the person who becomes your substitute voice?

Your agent should be someone you trust, a person who is close enough to you to know what your values are in relation to quality of life. He/she needs to be a person who will take the time to listen to you and learn how you feel about such end of life issues as use of IV's and feeding tubes, and other life-sustaining treatments.

Agent #1	Agent #2	Agent #3	
			< NAMES OF POTENTIAL AGENTS
			1. Meets the legal needs in your state.
			2. Is willing to speak on your behalf.
			3. Can act on your wishes and does not let their feelings take away from your wishes.
			4. Lives close by or can reach you easily when needed.
			5. Knows you well and knows what you want.
			6. Could handle making decisions.
			7. Will talk with you right now about issues for your care and will listen to you.
			8. Will be able to help you for a long time.
			9. Can handle family members, friends, and medical people if there are problems.
			10. Can be strong in facing a doctor or an institution if they do not answer\act in a way that helps you.

Selecting Your Agent

When you decide to select someone to speak for you in a medical crisis, there are some things to think about. This tool will help you choose the best person. It is best to have a primary agent and at least one alternate.

Consider 3 people using the chart to the left. Which person(s) is (are) the best to be your Healthcare Agent(s)?

What to do *After* you Pick a Healthcare Agent?

- Talk to your agent about what they do for you.
- Ask if they are willing to be your agent.
- Talk about your healthcare wishes, values, and fears.
- Write down your “agent” and “fears.”
- Make sure your agent gets the first copy of your wishes and gets a copy of any attachments.
- Tell family members and friends who you select.

Resources:

The worksheet adapted by the American Bar Association's Commission on Legal Problems of the Elderly from R. Pearlman, et. al., *Your Life Your Choices - Planning for Future Medical Decisions: How to Prepare a Personalized Living Will*, Veterans Administration Medical Center, Seattle, Washington.

K.S.A. 58-625 through 632



Comfort and dignity should always be the goal of care at the end of life.