Standing in for Me

A Guide for My Healthcare Agent

A short guide from The Final Chapter Blueprint

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Published by Reece Enterprises

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AI Disclosure
This book was developed with AI-assisted drafting support. The human author reviewed, edited, and verified all content and takes responsibility for the final material.

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If you were just asked

I have just asked you to be my Healthcare Agent. Maybe I said it in person. Maybe I said it over the phone, almost as an aside. Maybe I handed you a form and said "this is for you." Whatever the moment looked like, you might be reading this because you weren't sure what to say, so you said yes — and now you're trying to figure out what that actually means.

It means: if I can't speak for myself, you speak for me. To doctors. To nurses. To family members who may have different opinions about what should happen. Your word carries the same legal weight mine would, if I could speak.

This isn't a medical guide. It won't tell you which treatments to choose or how to read a chart. It will tell you what the role is, what to ask me, what to do if you're

suddenly in the middle of a decision, and how to make a good decision when the answers aren't clear.

How this works

A quick note on what these documents actually are. If any of these terms are new to you, you're not alone. Most people don't know the difference, and the difference matters when the moment comes.

- **The Healthcare Power of Attorney** is the form that names you as the legal decision-maker for my medical care.
- **The Living Will** (also called an Advance Directive) is a written statement of what kinds of medical treatment I do or don't want if I can't speak for myself. This is NOT the same thing as a Last Will and Testament, which is the document that says who gets my house, my money, and my stuff.
- **The HIPAA Release** is the form that lets you actually get information from my doctors. Without it, hospitals can legally refuse to talk to you, even as the named agent.

Why an agent at all? None of these forms *decides* anything. They hand decision-making power to you — but you can only do your job well if you understand what's

been asked of you and what's been written down. That's what this guide is for.

Before anything happens: the conversation to have now

The single most useful thing you can do is have **one real conversation** with me, while I can still answer your questions. That conversation doesn't need to be long, but it does need to cover these things.

What matters most to me. Not "do you want to live no matter what" — most people can't answer that in the abstract. Better: "What does a good day look like to you?" and "What does a bad day look like, the kind you wouldn't want to keep going?" Listen for words like *home*, *family*, *pain-free*, *aware*, *independent*, *not a burden*. Those words tell you what I value when the trade-offs get hard.

What I fear about being kept alive. Most people can name this faster than they can name what they want. "I never want to be on machines long-term" or "I don't want to be in a nursing home" or "I don't want my family watching me not recognize them" — those are the fears that will guide end-of-life decisions more reliably than any form.

What "quality of life" means in my words. This is a phrase that means nothing until I fill it in. For one person it's being able to recognize their grandkids. For another it's being able to read. For another it's never being in pain they can't communicate. Help me say it out loud, in my own words.

Who else should know. Are there other family members who will need to hear hard news from you, not from a stranger at a hospital? Is there someone who will disagree with the decisions you're authorized to make? Knowing that now lets you prepare. Disagreement from family is one of the hardest parts of the role, and you handle it better if you see it coming.

Where the documents are. Find out where the Healthcare Power of Attorney, the Living Will, the HIPAA Release, and the Final Chapter Binder live. Get the locations now. Get the password to anything digital. Don't assume you can find it in a crisis.

Whether the documents are actually filed. It's my job to give copies of those same documents — Healthcare Power of Attorney, Living Will, HIPAA Release — to my primary doctor, my hospital, and you (the agent) — and to upload them to my state's registry, if my state has one. About a dozen states run one; most don't. The doctor's office and

hospital copies matter in every state, even where no registry exists. This is my job, not yours — but it's your job to ask, before anything happens: *"Did you actually file these, or are they still sitting in a folder?"*

The conversation above matters more than any form — but a written Living Will makes your job dramatically easier when a doctor asks "what would they want?"

When the call comes: the first 24 hours

The phone rings, or a family member finds you, or the hospital calls. Here's what to do in order:

1. **Get the basics.** What's happened. Where am I. Which hospital. Who is the attending doctor and what's their direct line. Am I conscious, sedated, or unresponsive. Don't try to make any decisions yet — just gather the facts.
2. **Get to me, if you can.** Physical presence matters, even if you can't do anything. Hospitals take Healthcare Agent presence seriously, and your being there opens doors that phone calls don't. If you can't be there in person, get on the phone with the attending nurse and ask for an update every few hours.

3. **Tell the care team who you are.** Say: "I am <name>'s Healthcare Agent. I have a signed Healthcare Power of Attorney and a HIPAA Release. I'm the legal decision-maker here." They will ask for the paperwork. Have the form on your phone or a copy in your bag. If you don't have it, retrieve it from the location you got from me above or ask the family where it is, and ask the hospital's social worker to help you get set up as the decision-maker.
4. **Don't decide anything in the first hour.** Doctors will sometimes push you toward an immediate decision — sign this consent form, approve this procedure. Unless the situation is genuinely life-threatening in the next hour, it's okay to say: "I need a few hours. I need to read the chart, talk to the doctors, and understand what's actually happening. I'll decide by this afternoon." That pause is allowed. It's part of doing the job well, not a failure of it.

Making the decision when it's not clear

The hardest moment in the role is when you have to make a decision and the Living Will doesn't cover it, or I am too far gone to have told you my values, or family members are telling you different things.

Three frames that help in that moment:

1. **Substituted judgment: what would I say, not what would you want.**

   This is the standard, and it's the one that matters. You're not deciding for yourself. You're deciding for me. Ask yourself, “in this exact situation, what would I say if I could see this chart, hear this doctor, and feel what I’m feeling right now?” Your own preferences, your own fears, your own faith — those don't drive the decision. Mine do. This is the part of the role that feels cold, and it's the part that matters most.

2. **Best interest: when you genuinely don't know what I’d say.**

   If you cannot, in good faith, answer the question "what would I say" — if you've never talked about it, if my values aren't clear, if the situation is so far outside anything I could have predicted — fall back to best interest. Which option leaves me with the most of what any person would want: relief from suffering, dignity, time with people I love, the chance to say goodbye if there's time to say it. That isn't a perfect answer, but it's an honest one, and most medical decisions made this way are decisions I would agree with.

3. **Talk to the care team, not just the family.**

   Doctors and palliative care nurses have seen this moment many times. They will not tell you what to do, but they will tell you what's medically realistic — what the next step actually buys in terms of time, function, or comfort. Get the facts. Then decide.

A note about family disagreement

If other family members disagree with the decision you're making, you have legal authority as the Healthcare Agent — but you also have a relationship with those family members that will outlast this moment. A few things help:

- Make the decision based on what I would want, not on consensus. Consensus is not your job. My wishes are.
- Tell disagreeing family members what I said, in my own words, before I got sick. Don't read a script — reach for the actual words I used, in our actual conversation. That lands better than "I'm the agent, I decide."
- Invite them to the next conversation with the doctor. Let the doctor explain the prognosis. People who disagree in the abstract often agree once the medical reality is clear.

- Accept that some people will be angry with you, and some of that anger is grief. It's not your job to fix it. It's your job to do what I would want.

When to step back

You're allowed to say "I can't be the one." If the role is destroying your health, your marriage, your ability to function — and that is real, not theoretical, for some agents — talk to me about a backup. If I can't be talked to because of my condition, talk to my family about activating the backup. You can do this without abandoning me. You're asking for help, not walking away.

You're also allowed to grieve. Being a Healthcare Agent means being present for the worst day of someone you love. The role doesn't end when the decision is made. It ends when you've had time to put yourself back together. Take that time.

A short checklist for your bag

Keep these on your phone or in a wallet card, in case you're called in the middle of the night:

- A copy of the Healthcare Power of Attorney (PDF on phone is fine)

- A copy of the HIPAA Release
- A copy of the Living Will
- The attending doctor's name and the hospital's main line
- A list of who else to call (backup agent, family, faith contact)
- Where my Final Chapter Binder lives (the single place where I keep all my end-of-life documents together), if there is one

You were chosen for a reason

I chose you and I trust you to know me well enough to speak in my voice. That's not a small thing. Most people never get asked. Most people never get to decide who speaks for them.

You don't have to be a medical expert. You don't have to be perfect. You have to be willing to have the conversation, willing to slow down when the moment comes, and willing to put my voice ahead of your own preferences. That's the whole job.

Thank you for doing it.