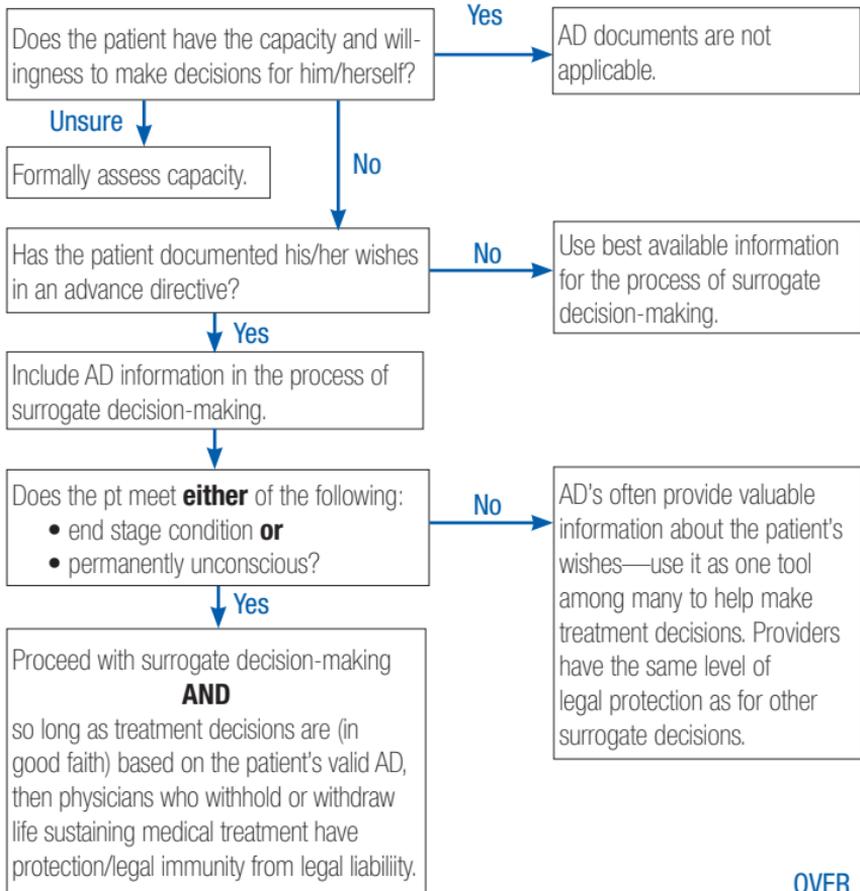


Advance Directives (AD) and Surrogate Decision-Making Algorithm



OVER



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A *surrogate decision-maker* is the individual legally authorized to make decisions on behalf of the patient. The goal of surrogate decision-making is to reflect what the individual **would have decided**, if able to speak for him/herself. This **substitute judgment** is used when the patient has previously expressed preferences, or when the surrogate can reasonably infer what the patient would want. When the patient's preferences are unknown or unclear, then the surrogate decision-maker should make decisions based on their determination of the patient's **best interests**.

When the patient has not formally authorized a surrogate decision-maker, Pennsylvania Act 169 outlines the following **priority list for who should serve as** the patient's surrogate:

- Spouse (unless divorce proceedings are underway)
- Adult child
- Parent
- Adult sibling
- Adult grandchild
- Close friend (i.e., individual who is knowledgeable of the pt's preferences)

Studies indicate that patients vary in how much flexibility they would give surrogates to **override their advance directive**: 33% of patients want their AD followed exactly, 33% of patients want their surrogate to have complete authority to override their AD, and the final 33% fall somewhere in-between.¹

Want more information?

Check HMC Policy: Guide to Advance Directives, PC-13 HAM.

Search "Surrogate Decision-Making" @ www.ama-assn.org/ to see Code of Medical Ethics of the American Medical Association policy E-8.081

Questions?

Call the operator (ext. 8521) and ask for the ethicist on-call.

¹Sehgal, A et. al (1992). How strictly to dialysis patients want their advance directives followed? *JAMA*, 267: 59-63.