Speaker 1 ([00:04](https://www.rev.com/transcript-editor/Edit?token=n6WOcoV42nsrIjJd2Faf5CHqfOMR4xkWkqlOgd4alxtLJ7AX94ECM173v4_X-fL5Gp30q9VwGdVlk81GxuzV8GnGnUg&loadFrom=DocumentDeeplink&ts=4.23)):

Hello, everyone. Welcome to ask a death doula. My name is Susan O'Brien. Again, this is brought to you by doula givers today. Our episode is gonna cover how to pick the best healthcare proxy for you. So let's start with what is a healthcare proxy. Okay. There is a, a document called an advance directive and that document will have two parts to it. It will have a part that's called a living will, that will state what you would want or not want for care. If you become termin ill. And there's another part of it called a healthcare proxy, which is the person that you will name to speak. Your wishes that you've already written in the living will for you, if you cannot speak for yourself. So again, the advanced directive is a document that has two parts to it. The living will, and the healthcare proxy.

Speaker 1 ([01:01](https://www.rev.com/transcript-editor/Edit?token=W3eIrFoLpitx0fo5oqbvys-kOp2B1u_KTcYx2b4VDwOXGa8f8EXMKnJnIUO1i1RjpubRkW67vmg3Epnr8lqscEZ-Q3Y&loadFrom=DocumentDeeplink&ts=61.22)):

Now just to make things a little confusing, because we like to do that in healthcare, right? That's why we have these education pieces. So very important, depending on what state you live in, in the United States, the healthcare proxy can also be known as a healthcare surrogate, a healthcare power of attorney. It can get a little confusing, but again, the role of this person, healthcare proxy, healthcare surrogate, power, healthcare power of attorney is to speak your wishes that you've already chosen in the living will for you to medical doctors, medical staff, in the case that you can't speak for yourself. So I wanna share with you first, a doula givers, Pearl, number one, a health and advanced directive is known as a legal document. It is not a hundred percent legally binding. This is extremely important. Why? Because people think sometimes they have that done. I did it.

Speaker 1 ([02:01](https://www.rev.com/transcript-editor/Edit?token=cWD4rRWzMMX2HJGmt1cIKMvrtlT3a-_8bGdUHUrMTXVvGihkdaxs8IScSurOkbEjXB3mivg3Dn_GP4vjTRkgOVp8O5Q&loadFrom=DocumentDeeplink&ts=121.74)):

I had it notarized. I had it witnessed. We're good. No, you're not. No, you're not not to worry anyone, but we wanna know where there are gaps here because we want you to have your wishes honored. And I'm gonna share with you how you can actually do that. So I just wanna share with you that in the, uh, the case that a doctor does not agree with your advance directive, what you're asking, they don't have to follow it in the laws on theirs. The law will always protect them. The other cases that come up is that most people don't have their advanced directive handy. They don't know where it is. So of course it doesn't do any good if we don't know where it is. So that's just something that you really wanna know at the end of the day, this is not a hundred percent legally binding because the law is always gonna be with doctor on what they think is the best thing to do.

Speaker 1 ([02:51](https://www.rev.com/transcript-editor/Edit?token=nsuEQFj5e9RBcNVZ7_YWicHCFa2xxNmkdLGNpBmpaR_aGwxbHoDheWeuecY3lDkXwSrzbeatT6eMtIsKfp9lXl6e4Y4&loadFrom=DocumentDeeplink&ts=171.05)):

But there's ways around this. And we're gonna talk about them today. It's very important to really hone into how you pick the best healthcare proxy, that person who's best actually do this role for you. And there's a couple things that we really want to make clear. Number one, the healthcare proxy, and this is a doula giver's Pearl it's written everywhere that the healthcare proxy is the person that will make medical decisions for you. If you're not able to make them for your self that's incorrect, it's incorrect. The me, the healthcare proxy is the person that you've chosen to make the decisions that you've made already in the living will for you to speak for you. If you're not able to speak for yourself, there's a huge difference there because as I work with patients and families, there's so many times that people say, well, I don't know if I could make medical decisions.

Speaker 1 ([03:43](https://www.rev.com/transcript-editor/Edit?token=vQ1KigvTBQy0_1-ptAhghsL4S1Ud6V78NholAMVkb4Seo-mrx1oDvQ7SQOIcnoy_EdhSbS4eBY_nQngsR05Uf-suJVs&loadFrom=DocumentDeeplink&ts=223.85)):

I don't, I wouldn't know what to choose. I wouldn't know if I should, you know, put them on a respirator or not put them on a respirator. You're not making those choices. You shouldn't be making those choices. You should be speaking the choices that this person subjectively made for themselves already. That's a huge difference there. And here's the other Pearl that I'm gonna share with you that if the person that you are interviewing, that you would like to discuss being your healthcare proxy is not comfortable with what you have chosen. They should not be the healthcare proxy. Why? First of all, it's unfair. It's not fair to them to put them under that kind of stress. Second of all, if they are not comfortable with what you're choosing, it's already very difficult to discuss things with doctors who, again, may have different things that they wanna try or different things that they think are better.

Speaker 1 ([04:39](https://www.rev.com/transcript-editor/Edit?token=JdKuxUm4l7EG9qtnRtYkTZRATdjZpSgJ7D3Hl3q6NmG_g8OV8lfEU6BH9hL7lt-RduRe65uIFzd61NvMkBR0BAw-8ps&loadFrom=DocumentDeeplink&ts=279.7)):

You have to be really strong and you have to, again, it's a very quick, fast paced crisis time. Usually at this stage, if you don't have somebody who is steadfast and, and grounded and a hundred percent say, yes, I'm confident in what you're asking that I can speak for you. Your chances are that you are gonna get that done. If they're not is very a minimal, but it's not fair to them either. If somebody is uncomfortable in that space, oh, I don't know if I believe that I don't want you to be intubated. They shouldn't be the one, cuz you're not gonna probably get what you want, but it's unfair for them as well. So that is again, a very important thing. The second thing that I wanna share is that it does not need to be a relative. So most people think it has to be your spouse or somebody in the family.

Speaker 1 ([05:27](https://www.rev.com/transcript-editor/Edit?token=YjA3pWcghIzZG_rPhIqDtpA_9zi1RYd-XDZEfzaZ2tJ9xuS50uObUbMreYFqStSyMj0zH0pNehgD6MXwoY4I1mhSMLM&loadFrom=DocumentDeeplink&ts=327.92)):

Your healthcare proxy does not need to be a relative. And this is great. Cause it gives you lots of room for choosing the one that's right for you. Now a do givers, Pearl that your healthcare proxy should again, no question about it. Be a hundred percent comfortable with what you're choosing, tell them why you're choosing what you're choosing. Explain to them that let's give an example that if you had a severe stroke and that you weren't able to regain functioning and you could not speak and you could not feed yourself and you could not do anything for yourself that you would not wanna be kept alive by means of artificial nutrition. Having a feeding tube, explain that qua quality of life for you would not be there. That you'd want it extended. If you can't dialogue with your loved ones, if you can't do anything for yourself, if you're just dependent 24 7 on others, that's not quality of life to you and you would not want to be kept alive under those circumstances.

Speaker 1 ([06:36](https://www.rev.com/transcript-editor/Edit?token=f3EPoLwQJe1M91P47TQw4M5qt5YOkHwtNUDSjg9aOMlwQqAzKuZRsdUIQ3JWrBfhOq0bnYB08z1bNibg8jukwu3K61c&loadFrom=DocumentDeeplink&ts=396.6)):

Ex explain that to them as difficult as this is to hear or this concept again of again, when we, we know that we're gonna say goodbye to somebody we physically love. This is the time to really share why you would want something or why you wouldn't want something. Give them the rationale behind that to get this. Now at, out on the table will allow you to most likely have that achieved later on because people already know, you know what? She really mom really explained what is important to her and how she would not want to. And the most loving thing that we can do at this moment is to support her and her wishes. It could also be the hardest thing. The most loving thing we could do is support her. She was clearly articulate in why she would not wanna be kept alive on a breathing tube or a feeding tube.

Speaker 1 ([07:29](https://www.rev.com/transcript-editor/Edit?token=7N2kZt1s7VpIzOUNG4tkI34Fq2ctXj83k5TlU21ZmDce_GgZ3IenGZQtblitthlkIzIsJdlQhLicSncG2Tkzd2hOYBs&loadFrom=DocumentDeeplink&ts=449.34)):

Under certain circumstances. We have got to have the courage to honor that. Okay. Cuz that's, that's really, what's called for. So the first and that you're asking to speak those things for you has to have that rationale, but also has to say yes, Suzanne, I got you. I totally understand. I, I know why you want it. I agree that that's perfect and I can stand up for you if they can't do that, then they shouldn't be the person. The other Pearl here is that it should be somebody who is located geographically close to where you are. Why? Well, if you've been in any hospitals in the last few years or wherever, it is almost impossible to meet up with the doctor at times, get them on the phone or even when they're doing their rounds. And when I was an oncology nurse and I'd be there for 15 hours on the oncology unit, the doctors would come in once a day and do rounds. And sometimes they'd be in that one room for five minutes. And so you'd have to catch them. How hard is that for a family to do very, very hard. So if you're going to be that person, that healthcare epoxy, that's going to speak up for that individual.

Speaker 1 ([08:47](https://www.rev.com/transcript-editor/Edit?token=QXbs3_Sbfkp-A5JXWLxE-s4WKFt6oAjknYDoWBzKVeDOOSTuHwGy10f0ieQxrEW7g8mTn1p5ReZVTgaisZtMjPQKjPY&loadFrom=DocumentDeeplink&ts=527.31)):

I just wanna share with you that being at the hospital and being able to physically be there requesting a meeting or be there when that doctor does rounds is vitally important to get this done. So you want it to be somebody who physically is close geographically to where you are. The other thing is they always pick two healthcare proxies. Why in case one is in Hawaii, scuba diving, and God forbid there's an accident. They have a backup. So you always wanna have two. And again, you should follow the same format. People who are comfortable with what you are asking for your wishes or what you don't want for end of life care and are able to say, yes, I can do that. Geographically close is another thing that would be best. And again, knowing that you do not have to have it be a relative, nor should it be.

Speaker 1 ([09:36](https://www.rev.com/transcript-editor/Edit?token=OstFLzfIvwAnYh8vVKmGVT57S7QZSYxPdDjXit3ffbjunchGsrdsgDfXsO02Dxk1Qf68fjW-9U6jgghuXTD--23K900&loadFrom=DocumentDeeplink&ts=576.16)):

If again, you can't find the criteria of somebody who is really comfortable with what you are wishing and being able to advocate for you. So healthcare proxy, again, doula, givers, Pearl, everything written in literature. You can Google it now says the healthcare proxy is the person that you choose to make medical decisions for you. If you're not able to speak for yourself, that's not true. They're not making the decisions. You are big difference there. Huge difference there, the healthcare proxy is a person that you are asking. Can you speak my wishes that I've already chosen in my living will. If for any reason, I am not able to speak for myself and tell them why you are choosing what you're choosing, let them ask questions. And if they are not a hundred percent comfortable, they should not be your healthcare proxy. So I have this vision dream idea that we should have healthcare proxy mixers.

Speaker 1 ([10:49](https://www.rev.com/transcript-editor/Edit?token=Xr3M6x6Bjq2e8v_P9xRsFwbAenmN5fd591DX6NBBLHN89MNStrjqMKuZjBkwpRkoonxZmjnnKLsUYdH08A-CMFctKgU&loadFrom=DocumentDeeplink&ts=649.77)):

You know, when they have like speed dating or happy hours or things that you get a group of people in together and they all kind of talk and who clicks and who doesn't, I wanna have have these healthcare proxy mixers so that people can meet each other that are interested in being healthcare proxies for one another. And again, it would be in that geographical really empowered geographical area. And people can say, Hey, will you be my healthcare proxy? And I'll be yours. Now, the reason why this is so important is that we have an aging demographic. We have an eight elder care crisis and we have a huge number of elderly who do not have family. So there are so many people that personally come to my death cafes and my life cafes and, and things that I host for years saying, Suzanne, who's gonna care for me.

Speaker 1 ([11:39](https://www.rev.com/transcript-editor/Edit?token=C_poOd2tzNVGhRZC81HDIWZK5RMgWNuSoCZo3b58M5LSetqkV0WP9KqtkOZbqX5ravB2bC884VTcB8fotl6QpG4eG1M&loadFrom=DocumentDeeplink&ts=699.88)):

Who's gonna speak for me. Who's gonna be there for me when I'm at my end of life, because I don't have any family. So we've got to find again, ways to support people with doula givers, being able to be there, to care for them, but also who's gonna be the healthcare proxy. So we want people to have peace of mind, and we want people to know that we're in this together and we're gonna be here together. So I'm just putting it out there now. And I'm sure at some point we will be able to actually put this into motion, to have healthcare proxy mixers, get to know each other, share are your ideas, what are your philosophies? What would you want or not want? Let's explore it. And then people could say, Hey, I wanna be yours. Do you wanna be mine? Let's do it.

Speaker 1 ([12:22](https://www.rev.com/transcript-editor/Edit?token=nrp518_zj8HnUGra1E6JpN-WXBZO_XcHMpDoZaTh2zNdEKq21jltDGNaUX7qn-IGn_aZFWsYLcc4P-rR5Vil3Pa1_WQ&loadFrom=DocumentDeeplink&ts=742.39)):

And then you have that peace of mind. So that is just, again, something that we are holding a vision for that we can put an idea out there for a possibility in the future. So today's podcast and is how to pick the best healthcare proxy for you. And that's gonna be based on you taking your time, doing your homework, your decision making on what you would want or not want based on again, empowered educational information with the living will. And then once you have that fleshed out, once you really come with what you've chosen, then now you want to go ahead and see who again might be a perfect fit share with them, what your wishes are, what you would want or not want for treatment at the end of life and see if they would be comfortable speaking your wishes for you. That you've already chosen in the case that you are not able to choose or speak for yourself.

Speaker 1 ([13:19](https://www.rev.com/transcript-editor/Edit?token=PIwJXVTgzThHrWkLmDfGb3cR-XEZExR-4MkWDkJN84BzT50HpZeAbNR5J7KxdZQlzRrm8Lq3ujvp-UfgD01R7C-l5X4&loadFrom=DocumentDeeplink&ts=799.24)):

You've chosen already. So it's your choice. Um, and so that's really important. So again, to just do a recap, healthcare proxy does not need to be a relative. It should be somebody geographically in your area. It has to be money who is comfortable with what you are asking for your choices in the living will. And you wanna explain to them why, if they are not, they should not be your healthcare proxy. So those are the three doula giver pearls. And again, one of the best things you could possibly do to ensure that you have your wishes honored is to make sure that people know in your family, why you're choosing what you're choosing, not just your healthcare proxy. What I would do is to lock this in like the beginning of our podcast today, we said that, well, at the end of the day, this is not legally binding because the doctor can say, I don't agree with it.

Speaker 1 ([14:13](https://www.rev.com/transcript-editor/Edit?token=ZWqJ61GSFAjZyGNGMJGRtLxhbMvijksgcX7HBiD72F1yVN1-PAnBePNVYQY1ruWDGIYjkDFXpLA1kBaSBytGKNTm4a4&loadFrom=DocumentDeeplink&ts=853.74)):

And the law's on the doctor's side. So how do I make sure that my wishes, you have a family meeting and you let not just with the healthcare proxy, a family meeting with your loved ones or anyone that's very important in your nucleus. And you have a meeting of what you've put in your document and why let them ask questions because here's the key. If a doctor says, well, I a don't believe in advanced directives and I don't even wanna look at it. I don't wanna, that's nothing by law, depending on what state you're in. It's going to fall on somebody in the family. That is the next of kin. So maybe some families, it, it, some states it's the spouse, some states it's the eldest child. The doctor's gonna say, what do you wanna do? They're gonna put that decision based on wherever that is in the state's laws on one of the family members.

Speaker 1 ([15:03](https://www.rev.com/transcript-editor/Edit?token=VwBZWNE134_SNbCINTsMxSIjUDumf4zE2qIU4xu1cEMZMOuVhfh2lFllu1C62LFKqllPdrufp_AJTdc6e6am-pWOX8g&loadFrom=DocumentDeeplink&ts=903.63)):

And here's the, here's the Pearl. If you've already done your homework, done your advanced directive, what you would want or not, and had your family conversation no matter who that falls upon to answer that doctor about what you'd wanna do, everyone is on the same page. Everyone can say, okay, well, we all know that mom had a big meeting with us. And she said, under these circle circumstances, if I cannot speak for myself, if I cannot do anything for myself, I do not want to be kept alive with a feeding tube or a breathing tube. We all heard it. We all know why she said that. And we all were able to ask questions about it. So regardless who it falls on, you're covered.

Speaker 1 ([15:54](https://www.rev.com/transcript-editor/Edit?token=hMIw-CUeKNEM2wR96kx0Q_1r-po--aif4_zgnviEftJdjlYEuBLCXZXlZoeRTgKu6TlHO91b4gY0IADsFdiclX1qgCA&loadFrom=DocumentDeeplink&ts=954.19)):

That is the Pearl. So let's explore again, take a little time and think about what's quality of life to you. And where would it put in your point in your journey be where the quality of life was not something that you would want your life extended for? And this is gonna be subjective and there's no right or wrong question. Answer. There is, there is a right one and that's yours. As long as it's an informed, educated, well thought out decision about what you'd want or not want. Everything's perfect. All right, everyone. Thank you so much. This is such an important topic. So again, this is how to pick the right healthcare proxy for you. Thank you so much for being here. Everyone. If you enjoyed this podcast, please leave a review. Leave me a comment we would love to hear from you. Thank you for being here. My name's Suzanne O'Brien and I will see you in the next episode.