

**AGENCY OF HUMAN SERVICES** 

Department of Disabilities, Aging and Independent Living

DEVELOPMENTAL DISABILITIES SERVICES DIVISION Office of Public Guardian 81 River Street, Suite 208 Montpelier, VT 05609-2210 (802) 828-2143 - phone (802) 828-0243 - fax

## Guide for Physicians in Providing Medical Documentation for End-of-Life Decision-Making for Adults Under Involuntary Guardianship

For adults under involuntary guardianship, there are statutorily defined procedures in place for consideration of advance care planning and end-of-life decision-making. Decision making for adults with Developmental Disabilities under public guardianship (Title 18, Chapter 215, § 9310) is reviewed by the Developmental Disabilities Services Division Ethics Committee. Critical and end of life decisions for all other adult guardianships, public or private (Title 14, Chapter 111, § 33057) must be brought before the Probate Court for approval. These statutory requirements are intended to safeguard against discriminatory medical decisions based solely on the age, economic level, or level of disability of the person under guardianship.

These procedures require a Statement from the patient's physician(s), which should include the following:

• Nature of person's medical conditions and determination of whether the person has an irreversible and/or terminal condition;

• Physician's summary of efforts to communicate with the person about their condition and obtain information about what their wishes might be.

• Physician's recommendation re: code status (meaning, the use of, or foregoing of, cardiopulmonary resuscitation upon cessation of heart beat and respiratory function) and the reasons for this recommendation; description of what the effects of a particular intervention may be on **this specific person** and why intervention would be appropriate or inappropriate;

• Physician's recommendation re: the use of other life-sustaining treatments that might reasonably be considered for a person with this condition, which might include the use of mechanical ventilatory support (ventilator, BiPap), hospitalization, placement and/or use of a feeding tube, dialysis, and others; description of what the effects of a particular intervention may be on **this specific person** and why intervention would be appropriate or inappropriate.

Patient name:

Guardian name: \_\_\_\_\_

Guardian phone numbers: