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Family role in medical decision making (moral&legal aspect)

BASIS OF BIOETHICS AND BIOSAFETY.

After determining that the patient will never be able to communicate or care for himself, his doctor will talk with the family about the patient’s wishes. Rather than ending the conversation when the family says that there was neither an advance directive nor any discussion about dying or death, the doctor will ask what the family believes the patient would have wanted.

A surrogate will then be selected and empowered “to make health care decisions for [the] patient who lack[s] capacity to make their own health care decisions and who have not otherwise appointed an agent to make health care decisions…or provided clear and convincing evidence of their treatment wishes.” The surrogate will be selected based on the following list:

1. guardian authorized to decide about health care
2. the spouse, if not legally separated from the patient, or the domestic partner
3. a son or daughter 18 years of age or older
4. a parent
5. a brother or sister 18 years of age or older
6. a close friend

The surrogate will make decisions, “in accordance with the patient’s wishes, including the patient’s religious and moral beliefs or, if the patient’s wishes are not reasonably known and cannot with reasonable diligence be ascertained, in accordance with the patient’s best interest. An assessment of the patient’s best interests shall include: consideration of the dignity and uniqueness of every person; the possibility and extent of preserving the patient’s life; the preservation, improvement or restoration of the patient’s health or functioning; the relief of the patient’s suffering; and any medical condition and such other concern and values as a reasonable person in the patient’s circumstances would wish to consider.