## Decision Makers for MEDICAL TREATMENT OF ADULTS

(Special rules apply to mental health commitment, convulsive therapy, psychosurgery, sterilization, abortion and experimental treatment)

Person who can consent to treatment	Definition	
The following hierarchy must be followed:		
1. Adult patient with capacity	Able to understand the nature and consequences of the decision; adult is a person age 18 or older	
2. Surrogate decision maker	Oral or written appointment by the patient, for duration of stay or illness; maximum 60 days	
3. Agent	Appointed in an Advance Health Care Directive or Power of Attorney for Health Care	
4. Conservator	Appointed by a court	
5. Court-appointed surrogate decision maker	Court appoints a surrogate to make health care decisions	
6. Closest available relative	See "Closest Available Relative" table, below	
7. Interdisciplinary team	See "Adults Lacking Capacity and Not Under a Conservatorship" in CHA's Consent Manual for important information	

**Emergency Exception** When a patient lacks capacity to make a health care decision and treatment is immediately necessary to prevent death or permanent disability, or to alleviate severe pain, and a surrogate decision maker cannot be contacted, treatment may proceed because it is an emergency. The treatment is limited to that which is necessary to treat the emergency and cannot include treatment that has previously been validly refused.

## **Closest Available Relative**

Health Care Decisions	Autopsy	Anatomical Gifts	Disposition of Remains
No statutory hierarchy <sup>1</sup>	No statutory hierarchy	In the order listed	In the order listed
Spouse/domestic partner	Spouse/domestic partner	1. An agent who could have made an anatomical gift	1. An agent named in an advance directive
• Adult child	• Adult child or parent	immediately before decedent's death	2. Spouse/domestic partner
• Either parent	• Adult sibling	2. Spouse/domestic partner	3. Adult child or majority of children
Adult sibling	• Any other kin or person who has the right	3. Adult child	4. Parent
• Grandparent	to control disposition of remains	4. Either parent	5. Adult sibling or majority of siblings
• Adult aunt/uncle	Public administrator	5. Adult sibling	6. Surviving adults in degree of kinship or a
• Adult niece/nephew	• Coroner or other official, such as the	6. Adult grandchildren	majority of the same degree
*	California Curator of the Unclaimed Dead	7. Grandparent	7. Conservator of person
		8. An adult who exhibited special care and concern for the	8. Conservator of estate
		decedent during the decedent's lifetime	9. Public administrator, if the patient has assets
		9. Guardian or conservator of the decedent at the time of death	
		10. Any other person authorized to dispose of the remains of the unclaimed dead provided that reasonable effort has been made to locate and inform persons listed above	
	Reference: Health and Safety Code Section 7113	Reference: Health and Safety Code Section 7150.40	Reference: Health and Safety Code Section 7100

<sup>1</sup>For general medical decisions, case law (not a statute) authorizes decisions by the "closest available relative" and there is no specific hierarchy/order given. It is wise to select the person who seems most familiar with the patient's values, demonstrates concern for the patient, had regular contact prior to the illness, is available to visit and make decisions, and is able to understand the information and engage in meaningful contact. Agreement with the doctor's recommendations is not a proper criterion for selection.



See chapter 3, "Who May Consent for Adults Lacking Capacity," of CHA's Consent Manual for additional information. See chapter 14, "Deaths, Autopsies and Anatomical Gifts" of CHA's Consent Manual for additional information regarding autopsies, anatomical gifts, and disposition of remains.

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