

# The person of trust

The support person has a determining role in medical decision-making.



**Droits et Devoirs du patient**  
ce que vous devez savoir

**Vous pouvez désigner une personne de confiance**

**Personne** (conjoint, médecin traitant)  
**que vous pouvez désigner pour vous accompagner lors de votre séjour à l'hôpital**

- Si vous le souhaitez **elle pourra vous accompagner** aux entretiens médicaux et vous aidera à prendre vos décisions.
- Elle sera consultée pour **exprimer votre volonté** si vous n'êtes plus en état de le faire.
- Elle ne pourra pas obtenir **communication** de votre dossier médical.

**Où trouver l'info ?**

Les documents d'information et les formulaires sont à votre disposition dans les services ou téléchargeables sur le site du CHU [www.chu-montpellier.fr](http://www.chu-montpellier.fr)

Rubrique : Patients et Visiteurs / Mon Hôpital et moi / Droits et devoirs des patients / Personne de confiance

You may choose a person of trust (Article L1111-6 of the Public Health Code by the law of 2 February 2016 on the end of life). Its role is decisive in medical decision-making. The testimony of the trusted person prevails over any other testimony, in particular that of the family and close relations (article L. 1111-12 of the Public Health Code).

## The role of the person of trust

- › **You can express your will: the trusted person has a mission of accompaniment.** She can assist you during your medical procedures and interviews, as well as advise you when making decisions regarding your health. It may have access to health information about you, if you accept it. It is bound by the duty of confidentiality regarding the medical information of which it is aware.
- › **You are no longer able to express your will: the trusted person becomes the referent with the medical team.** She will be appointed, before this state of incapacity, and becomes your "Spokesperson". It can be consulted by the medical and nursing team to report your wishes.

## The appointment of the person of trust

- › **You are of legal age**, you can appoint a trusted person.
- › **You are subject to a guardianship measure**, you can appoint a trusted person with the authorization of the judge or the family council.

The trusted person must be of **age and capable**; he or she is freely chosen from among the family, relatives or the attending physician. This person must accept and understand the terms of his or her commitment. You should choose only one person you trust, whose qualities you know are necessary to help you and express your will.

The designation must be made in writing, **signed by you and the trusted person**, using the detachable form provided by the nurse at the time of your hospitalization or on plain paper. It is kept in your medical file throughout your hospital stay.

The trusted person thus expresses his or her agreement and full consent to the office entrusted to him or her.

The appointment of the trusted person may be **reviewed or revoked** at any time. It is valid for the entire duration of your stay in hospital, unless you have otherwise agreed.

If you have already declared a trusted person before your hospitalization, it is important that the health care team be informed so that it can be recorded in your medical file.

## How to designate the person of trust ?

You should choose only one person you trust. Trust is not created in the moment but is built over time. **You should choose a person whose qualities you know are necessary to**

help you and, possibly, to express your will.

## Your choice can be made on :

- > a parent: your spouse, the person with whom you are living in a common-law relationship or in a civil union, an ascendant or descendant, a brother or sister or an ally,
- > a friend, a relative,
- > Your attending doctor (private or hospital).

We ask you to **fill in the form "Designation of the trusted person" and to specify whether or not you want the trusted person to be regularly informed of the diagnoses and treatments concerning you** (in accordance with your possible wish to withhold certain information concerning your health or previous illnesses). This form will be kept in your file.

**We also ask you to inform the trusted person of his or her appointment and ask him or her to contact us to express his or her agreement by completing the form.**

### UNIVERSITY HOSPITAL OF MONTPELLIER

191 avenue du Doyen Gaston Giraud  
34295 MONTPELLIER cedex 5