

COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE FAMILY COURT DEPARTMENT

NORFOLK COUNTY DIVISION

Docket No.

In Re: Guardianship of Agatha T. Adams

PHYSICIAN'S AFFIDAVIT

I, Vincent Phibes, M.D., state to my best knowledge and belief that:

1. I am a registered physician with a specialty in psychiatry. I am a consulting psychiatrist for the Eveningtide Nursing Home and the Quincy Medical Center.

2. I have supervised and monitored the medication plan for Agatha Adams, since her admission to the hospital in May, 2003. I have had the opportunity to observe Ms. Adams periodically and to consult staff on medication changes.

BACKGROUND

3. Agatha Adams is an 88 year old woman who was admitted to the Quincy Medical Center in Quincy for a fractured shoulder in May, 2003. She no longer needs acute care, and has been evaluated and approved for admission to the Eveningtide Nursing Home in Milton. Prior to her admission, Ms. Adams lived alone in an elderly housing development; her sister, a retired nurse living in the same building, was her primary care giver. The sister died suddenly in May, and a niece, Becky Thatcher, found the patient lying injured in her apartment. Ms. Adams had been displaying symptoms of dementia, notably anxiety, agitation, and delusional thoughts prior to her admission but those symptoms have been elevated since her hospitalization. She has a prior history of congestive heart failure and chronic obstructive pulmonary disease. Ms. Adams has experienced over the past several years a progressive cognitive and functional decline consistent with Alzheimer's dementia. This is an irreversible, progressive brain illness that robs one of memory, orientation, ability to plan, organize and process information or execute tasks, and of the ability to reason.

4. These deficits have severely impaired Ms. Adams' insight and judgment. She has exhibited associated behavioral disturbances marked by anxiety, agitation and delusions. These symptoms have required the use of antipsychotic medication, Risperidone, to ease her agitation and distress. Risperidone continues to be helpful in the treatment of her psychotic symptoms.

5. Unfortunately, there is no chance of recovery, and Ms. Adams' prognosis is universally poor. Nonetheless, she may adjust to life at the nursing home and her family, her two nieces and some former neighbors, will visit her regularly.

#### TREATMENT PLAN

6. A Treatment Plan is attached.

#### RELIGIOUS BELIEFS

7. Ms. Adams has no known religious beliefs whose tenets prohibit the use of antipsychotic medications.

#### FAMILY SUPPORTS

8. Ms. Adams' family is supportive of the treatment plan and medication regimen recommended by the Quincy Medical Center and the Eveningtide Nursing Home.

#### MEDICATION

9. The following medication is recommended:

#### CONCLUSION

10. Ms. Adams is expected to make a good adjustment to the Eveningtide Nursing Home and the Risperidone is controlling the psychotic symptoms. Unfortunately, there is no chance of recovery but she can be cared for in safety and comfort with opportunities for social interaction and continued contact with her family and friends.

Signed under the penalty of perjury.

Date:

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Vincent Phibes, M.D.  
(Address)

COMMONWEALTH OF MASSACHUSETTS

NORFOLK, SS.

Probate and Family Court Dept.  
Docket No.

\_\_\_\_\_  
In Re: \_\_\_\_\_ )  
Guardianship of \_\_\_\_\_ )  
\_\_\_\_\_ )

**AFFIDAVIT OF \_\_\_\_\_, M.D.  
AS TO COMPETENCY AND PROPOSED TREATMENT PLAN FOR**

\_\_\_\_\_

I, \_\_\_\_\_, M.D., do hereby state to my best knowledge and belief:

1. My name is \_\_\_\_\_, M.D. I am a registered physician and psychiatrist employed by \_\_\_\_\_.
2. I supervise/consult on the treatment of \_\_\_\_\_ who is currently residing at \_\_\_\_\_.
3. I have been supervising/consulting on the treatment of said patient since \_\_\_\_\_.
4. Since that date, I have had the opportunity to observe said patient in the following setting:  
\_\_\_\_\_  
\_\_\_\_\_

I have participated in case conferences and professional consultations concerning the patient. I have also reviewed the patient's medical records and am familiar with the patient's case history.

5. I have conferred with the following clinical staff in rendering the opinion expressed in this affidavit: \_\_\_\_\_  
\_\_\_\_\_
6. The patient is a \_\_\_\_\_ year old \_\_\_\_\_ and is diagnosed with \_\_\_\_\_  
\_\_\_\_\_. This disorder is characterized by the following symptoms or behaviors: \_\_\_\_\_

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7. Following is a brief personal history of the patient:

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8. Following is the patient's history of treatment with antipsychotic medication:

- a) The patient has not been previously treated with antipsychotic medication.
- b) The patient was first treated in \_\_\_\_\_.
- c) Medications which have been used include the following: \_\_\_\_\_  
\_\_\_\_\_
- d) The effect on the use of these medications on the patient was as follows:  
\_\_\_\_\_
- e) The effect of the cessation of these medications on the patient was as follows: \_\_\_\_\_  
\_\_\_\_\_.

9. (If applicable) The patient has experienced incidents or threats of dangerousness to self or others. These incidents include the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

It is my opinion that adequate treatment of this patient requires the administration of antipsychotic medication as set forth in this affidavit.

It is my opinion that the patient is incompetent to make treatment decisions involving an antipsychotic medication.

10. The patient does not have the present ability to make informed decisions with respect to his/her personal affairs; specifically, he/she does not have the present capacity to make informed decisions regarding treatment with antipsychotic medication.

11. I based this conclusion on my observations and examinations of the patient and upon the following specific facts noted in the course of those observations and examinations: (Circle applicable grounds for incompetency).

- a) The patient does not understand the nature of his/her condition.
- b) The patient does not understand the risks and benefits of the proposed plan of treatment.
- c) The patient's mental retardation significantly impairs his/her judgment.
- d) Other (state) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**PROGNOSIS WITH TREATMENT**

12. It is my opinion that prognosis with treatment is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**PROGNOSIS WITHOUT TREATMENT**

13. It is my opinion that if the below described treatment is not provided to this patient, then the prognosis is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**PATIENT'S FAMILY**

(Circle applicable statement)

- 14a. The patient has no known family.  
14b. The patient has no family actively involved in the patient's treatment.  
14c. The patient's family has been supportive of the patient's treatment and has cooperated with facility staff.  
14d. Other (state): \_\_\_\_\_  
\_\_\_\_\_.

**PATIENT'S EXPRESSED PREFERENCES REGARDING TREATMENT**

15. The patient is refusing/accepting antipsychotic medication. The patient's stated reasons for refusing/accepting medication are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**RELIGIOUS BELIEFS AND IMPACT ON SUBSTITUTE JUDGMENT**

16. There is, to the best of my knowledge and belief, no evidence that the patient subscribes to any religious beliefs or convictions which would contribute to the patient's decisions regarding treatment as set forth in this affidavit.

**PROBABILITY OF ADVERSE SIDE EFFECTS**

17. The name(s) of the proposed antipsychotic medication(s) is as follows: \_\_\_\_\_  
\_\_\_\_\_.
18. The proposed medication may have the following side effects: sedation, dry mouth, dizziness, constipation, motor restlessness or tremors. These side effects are generally

controllable with the use of anticholinergic medications such as Cogentin or Artane and disappear when antipsychotics are discontinued. A long term side effect of antipsychotics is Tardive Dyskinesia, an involuntary muscle movement disorder which generally affects the face, neck and mouth. The development of Tardive Dyskinesia is usually associated with long term care of high dose of the medications and generally occurs in 20% to 30% of the patients treated with the medications.

19. The patient's history of side effects to the proposed antipsychotic medication, if any:

\_\_\_\_\_.

20. The agents which will be used to counteract side effects, if any: \_\_\_\_\_

\_\_\_\_\_.

### TREATMENT PLAN

21. Treatment of choice:

a) Name of antipsychotic medication, dosage range (PO and IM):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

b) Treatment duration: \_\_\_\_\_

\_\_\_\_\_.

22. Alternative antipsychotic medication(s):

a) Name of antipsychotic medication, dosage range (PO and IM):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

b) Treatment duration: \_\_\_\_\_

\_\_\_\_\_.

23. Medication efficacy will be monitored in the following manner: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

24. Effectiveness of the proposed treatment will be judged by the following criteria: (circle applicable criteria)

- a) increased social activity
- b) decrease in volatile affect and hostility
- c) increased ability to plan
- d) increased participation in work program and occupational therapy
- e) other (state): \_\_\_\_\_

\_\_\_\_\_.

25. Long term planning for this patient includes the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_, 2004.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE

