<table>
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<th>Caregiver Type</th>
<th>Characteristics</th>
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| **Manager**    | Caregiver dominates care planning  
Serves as self-appointed family spokesperson  
Dominated decision-making  
Other family members recognize high medical credibility in the manager  
Focus is on action in place of process  
- Does not generally include family discussions about care plans and treatment choices |
| **Carrier**    | Heavily reliant, trusting, and dependent on others  
Pposes high frequency of questions, rarely challenging answers  
Follows patient directions for care/ can be bullied by patient  
Prefers to communicate with provider rather than own family members  
Avoids discussions about dying and death  
Shelters other family members from caregiver burden  
- Family members provide little caregiver relief and relief is not requested from them |


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| Partner        | Awareness and focus of care is on whole patient  
Caregiver-Patient-Family discussions include differing perspectives  
Evidence of family division of labor  
Patient/family highly involved in care decisions  
Dying is openly discussed among patient and family  
Caregiver accepts assistance, delegates tasks  
Caregiver burden is discussed freely with the patient and family |
| Lone           | Caregiver does not accept disease process or prognosis  
Fixation on one care aspect:  
- Only see their role in terms of physical restoration  
- Focus on diet and medicine administration  
- Rely on healthcare team’s instructions  
Little self-identity outside of caregiving role; no sharing of caregiver burden  
Dying, the disease process, plans/place of care, or quality of life are not discussed  
Least likely to receive end-of-life care for patient and least likely to be identified in healthcare system |