Communicating Your Health Care Choices
In 1990, Congress passed the Patient Self-Determination Act. It requires health-care institutions to tell patients and the people in their communities about their rights under Virginia law to make decisions about their medical care. These rights include the right to accept or refuse care and the right to make advance directives about their care.

We never know when an accident or serious illness will leave us incapable of making our own health-care decisions. For peace of mind it is important to think and talk about your values and wishes for medical care and put those wishes into writing.

**Advance Directive:** A legal document for all persons 18 years or older written to provide instructions related to future medical care. The advance directive form contains sections to complete a Living Will and name an Agent for Health Care Decisions (Medical Power of Attorney.) The Advance Directive becomes effective only when you are incapable of expressing your own wishes.

**Agent for Health Care Decisions (Medical Power of Attorney):** Names an adult person to make health-care decisions for you if you are unable to make them for yourself. This takes effect any time you are unable to make decisions for yourself. The person named is not liable for your medical bills.

**Living Will:** Explains your wishes regarding medical care if you have a terminal condition or are in a persistent vegetative state. In the document you can specify life-prolonging procedures you do or do not want to receive in a hospital. A living will is related to medical care and has nothing to do with the distribution of your property.

**Questions & Answers**

**What are “life-prolonging” procedures?**
They include cardiopulmonary resuscitation (CPR) used to restore stopped breathing and/or heartbeat; hydration (water) and nutrition (food) by tube; use of respirators (machines that breathe for you); IV antibiotics, kidney dialysis and other medical and surgical treatments. These treatments are not expected to cure a terminal condition or make you better and may prolong dying. They do not include treatments needed to make you comfortable or to ease pain.

**When is my Advance Medical Directive used?**
An Advance Medical Directive is used when you are incapable of making an informed decision. It is used if you are unable to understand the likely results of a medical decision, to weigh the risks and benefits of that decision, or to communicate in any way. Your doctor and another physician or psychologist will decide if this is the case. As long as you are capable, you will be asked about your decisions and your advanced medical directive will not be used.

**How should I choose a person to name as Agent to make health care decisions?**
The law says that the person you choose can not make decisions that he or she knows go against your religious beliefs, basic values and stated wishes. You should name two people so if the first is not available the second can serve. Communicate your instructions and preferences to your family and agent so that everyone understands your wishes. This can be done through general discussion, specific written instructions or through a letter outlining personal values, thoughts, and feelings.

**Will my Advance Directive be followed in an emergency if I cannot make my wishes known?**
Usually emergency medical personnel, including rescue squads, cannot follow your wishes in an Advance Directive if they are called to help you in an emergency. In Virginia a physician can issue a specific order regarding resuscitation (emergency help if your heart or breathing stop) by completing a State “Durable Do Not Resusitate” form.
If I die because I refused life-prolonging treatment will my death be considered a suicide?
The Health Care Decisions Act specifically says that, if an Advance Directive is followed and the patient dies, the death is not suicide and will not void a life insurance policy.

Must I have an Advance Directive?
You can provide your wishes orally in front of witnesses if you have a terminal condition. An Advance Directive is one way of being sure your doctors and loved ones know what health care you want when you cannot tell them yourself. You may have one or both of the two sections of advance directives. The law requires that health-care providers not discriminate against people based on whether they have or do not have an Advance Directive.

What happens if I cannot make decisions and I have no Advance Directive?
Virginia law lists persons who make decisions about your medical care in the absence of an Advance Directive. The order of the person to make these decisions (surrogate) is: court appointed guardian; spouse, if divorce is not filed; adult children; parents; adult siblings; other relatives. If no listed person is available to decide for you, a judge can decide what treatment is best. Virginia law does not recognize common law marriage.

Do I need a lawyer to help me make an Advance Directive?
You do not need a lawyer to prepare either section of the Advance Directive but you may find it helpful as this brochure is not intended to provide legal advice. The approved Virginia form is attached to this booklet. Guidelines for completing Advance Directives are on the back cover. Laws differ somewhat from state to state and so you may be need to learn about the laws in the state you primarily live. In Virginia the Advance Directive form does not need to be notarized.

Copies can be made and will be honored. There is a wallet card attached to this booklet that you can complete and carry with you to make your wishes known in the absence of the actual Advance Directive.

What if I change my mind after I sign an Advance Directive?
You can revoke an Advance Directive at any time by completing a new one, by verbally stating your desire to revoke, or by destruction of your Advance Directive by you or at your direction. You should review your Advance Directive periodically to make sure it still reflects your wishes.

How will my doctor know I have an Advance Directive?
All hospitals and health care facilities must ask patients if they have an Advance Directive and provide documentation of the form and/or its contents. It is your responsibility to give a copy to your doctor, hospital and anyone else you choose.

What else should I know?
Completing an Advance Directive is part of a process called Advance Care Planning. This includes understanding your medical condition and your choices for care; thinking about your beliefs, values, and goals for treatment, discussing these thoughts with family, friends, clergy, physician(s), agent and then making a plan and providing copies as explained in this booklet.

Where can I go for more information about Advance Directives?
For more information or assistance speak with your physician or lawyer. For assistance at UVA, please call the Department of Patient Representatives at 924-8315. To voice concerns about the hospital, contact the Virginia Department of Health, Center for Quality Health Care Services and Customer Protection at 1-800-955-1819. For information about organ, tissue, eye donation call LifeNet at 1-800-847-7831. For more information about Durable DNR orders, call Virginia Office of EMS, 1-800-523-6019.

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**Notice to Health Care Providers:**

I, ________________________________ have executed an Advance Medical Directive dated ________________.

I have designated the following agent for health care decisions:

- Primary Name: __________________________ Phone: __________________________
- Secondary Name: __________________________ Phone: __________________________

Comments:

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**Being an Agent for health care decisions**

To: ________________________________

You have been chosen by ________________________________ to be an agent for health care decisions. You may be asked to make medical decisions if the person becomes incapable of making his/her own decisions. It is important to take the time to talk openly to understand the preferences for future medical care. The decisions you may be asked to make according to the person’s religious beliefs, basic values and stated preferences include:

- To stop or start medical care or services, like tests, medicine and surgery;
- To review and release medical records if needed and to move the person to another facility;
- Which health professions and organizations should provide care and who may visit;
- To consent to any participation in human research or organ donation.
I want to make my wishes known in advance in case I become unable to make an informed decision about my medical care. I, _________________________________ willfully and voluntarily make known my desire and do hereby declare as clear and convincing evidence of my wishes:

(Cross through this box and initial if you do not want to appoint an agent to make health-care decisions)

“Appointment of an Agent for Health Care Decisions” Portion of Advance Medical Directive
(Medical Power of Attorney)

I hereby appoint the following as my primary agent to make health care decisions for me if I become incapable of making decisions for myself:

Primary agent name ____________________________ Day phone ______________________
Address _____________________________________ Evening phone __________________

If my primary agent is unavailable or is unable or unwilling to make decisions for me, I appoint the following person as my substitute agent:

Substitute agent name _________________________ Day phone ______________________
Address ______________________________________Evening phone __________________

Under Virginia law, the powers of my agent include: (You may cross through and initial any statement)
A. To consent to or refuse or withdraw consent to any type of medical care, treatment, surgical procedure, diagnostic procedure, medication, and the use of mechanical or other procedures that affect any bodily function; including, but not limited to artificial respiration (being put on a respirator), artificially administered nutrition and hydration using an IV or feeding tube, and cardiopulmonary resuscitation (CPR). This includes the power to consent to amounts of pain-relieving medication in excess of recommended dosages in order to relieve pain, even if such doses may make me addicted or unintentionally hasten my death.
B. To request, receive, and review any information, verbal or written, regarding my physical or mental health and to consent to the use or disclosure of this information;
C. To employ and discharge any health-care providers;
D. To make decisions regarding visitation;
E. To consent to any participation in human research (clinical research) consisting of (1) therapeutic research and (2) nontherapeutic research that creates no more than a minor increase over minimal risk to me.
F. To agree to my admission to or discharge from any hospital, hospice, nursing home, adult home or other medical care facility, other than for treatment of mental illness requiring admission procedures provided in Va. Code Section 37.1-63 et seq; and
G. To take any lawful actions to carry out these decisions including granting releases of liability to those who provide my medical care.
GUIDELINES FOR MY AGENT ABOUT MY TREATMENT CHOICES

You are not required to provide any written instructions or make any selections. If you choose not to provide any instructions, your agent for health care decisions will make decisions based on his/her understanding of your oral instructions or what is considered in your best interest.

My instructions about life-prolonging treatment: (Initial only ONE item in this section.)

___ If it is reasonably certain that I will not recover my ability to be aware of and communicate with others, I want to stop or withhold all treatments that might prolong my existence. Treatments I would not want to include tube feedings, IV fluids, respirator/ventilator (breathing machine), cardiopulmonary respiration (CPR), kidney dialysis, antibiotics OR

___ I choose to continue treatment. I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. (If you choose this option, please cross through the Living Will Section below to avoid confusion about your instructions.) OR

___ I choose to provide no written guidelines, directing my agent to make decisions based on my known values and wishes.

My instructions about pain and symptom control: (Initial only ONE item in this section.)

___ I want medical treatments and nursing care that will make me comfortable, even if it means I am unable to interact with others. I want treatment for such things as shortness of breath, agitation, and/or seizures. OR

___ I choose to forego pain control measures. OR

___ I choose to provide no written guidelines, directing my agent to make decisions based on my known values and wishes.

Other instructions or limitations I wish to provide:
(You may include any other instructions, such as withdrawing treatments after a certain amount of time if you are not getting better, or about any medical treatment or about comfort care. You may also include information about organ, tissue or eye donation, autopsy, religious or cultural considerations, etc.)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

(Cross through and initial this box if you do not want to make a living will in this form)

“Living Will” portion of advance medical directive

If at any time my physician should determine that I have a terminal* condition, where life-prolonging treatment would serve only to artificially prolong my death, I direct that all life-prolonging treatments be withheld or withdrawn, and that I be allowed to die naturally. I will continue to receive pain medication and any operation or other care needed to reduce pain or make me more comfortable. [*Terminal means either (1) it is reasonably probable that I cannot recover and my death will occur very soon or (2) I am in a “persistent vegetative state” or permanently unconscious.]

OPTION: I specifically direct that the following procedures or treatments be provided to me.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

This advance directive shall not terminate in the event of my disability. A copy of this document may be provided to any physician or institution providing care for me. By signing below, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand the purpose and effect of this document.

Date __________________________________ Signature_________________________________________
Witness __________________________________  Witness_________________________________________

(Witnesses must be adults and may not be your blood relative, spouse, or agent)
GUIDELINES FOR COMPLETING THE ADVANCE DIRECTIVE

1. Read this booklet carefully. Think about your health, values, beliefs, and goals for treatment.

2. Ask questions. Doctors, nurses and social workers can provide answers or assistance with completing the form. The Patient Representatives are available at 924-8315 M-F, 8:30am-5pm. The Nursing Supervisors at PIC 1523 are available evenings and weekends. The Chaplains at PIC 1391 can help with situations regarding spiritual, ethical and emotional concerns. The Ethics Consult Service at PIC 1712 is available to help resolve ethical dilemmas.

3. Consider choosing an agent for health care decisions. Your agent must be over 18 years old. Your agent will be asked to speak for you and be your advocate. You should choose someone who can ask questions to get the information needed to make decisions and who can cope in stressful situations. When you choose an agent:
   • Ask this person if he/she is willing to accept this responsibility.
   • Talk to him or her about your wishes regarding medical treatments and care. Talking clarifies your wishes and keeps your agent from struggling to decide if he or she is “doing the right thing” regarding your health care decisions even if they do not agree with previously stated wishes.
   • Give your agent the information card attached to this booklet – “Being an agent for health care decisions” and any other written information to help them if they need to make decisions.

4. Complete any or all of the three boxes on the form and cross out any box that you do not wish to complete.

5. Sign and date the form where indicated. Your signature must be witnessed by two adults who are not related to you by blood or marriage.

6. Keep the original in a safe place and tell those you live with where it is. Give a copy to your hospital, doctor(s), agent, family, friends. Keep a list of who has a copy. Bring a copy with you to the hospital when admitted.

7. Complete the card attached and keep it in your wallet.

8. Review the Advance Directive from time to time, especially when there is a change in your health or family status. If you wish to change it, fill out a new form, distribute it and destroy all old copies.

Information adapted from Virginia Hospital and HealthCare Association (804) 747-8600
(AS APPROVED UNDER FEDERAL LAW)

NOTES:

I have given a copy of such document to:

Name_________________________________________Phone______________________________

Address__________________________________________________________________________

I desire to make an anatomical gift of the following organs and tissues.

________________________________________________________________________________

Signature_________________________________________Date______________________________

In case of emergency, my physician is _______________________________