

# Your Right To Decide

*Communicating Your Healthcare Choices*

A GUIDE TO UNDERSTANDING ADVANCE DIRECTIVES



SENTARA®  
HEALTHCARE



# *Facing End-of-Life Decisions With a Plan*

An estimated three out of four American adults have not completed a Living Will of any kind. This is partially due to the difficulty involved in thinking about and discussing death and dying issues with family, friends, physicians, and attorneys.

Medical treatment issues involving life-prolonging procedures are not the only concerns surrounding end of life. If you have strong feelings about what constitutes death with dignity and comfort, it is essential that you discuss your wishes and put them in writing.

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

This booklet explains your rights under Virginia laws in effect July 1, 2009, and will answer some of the common questions about making end-of-life decisions.

If you wish to fill out an Advance Directive, we encourage you to take the time you need to discuss your thoughts, values and feelings with your family, friends and ultimately your physician.

If you have spiritual support, you may also wish to discuss this with them.

If you would like further assistance with your Advance Directive, you may also call the Patient Relations Department at (703) 670-1575.

## **Where do I begin?**

To help you begin, you may want to ask yourself these questions and to discuss your answers with your family.

*If there is no hope for my recovery, do I wish to die naturally? Do I wish to be kept alive for an indefinite amount of time? Do I want to be kept comfortable and pain free?*

*If I am no longer capable of making medical decisions, who would I want to make decisions for me?*

*Do I wish to be an organ donor after death?*

## **How do I exercise my healthcare rights?**

Under Virginia law, “[e]very human being of adult years and sound mind has a right to determine what shall be done with his own body.” Your doctor helps you exercise this right by giving you information about healthcare he or she is recommending. If you then agree to the recommended healthcare, you have given your informed consent. You also have the right to refuse the recommended healthcare.

## **What happens if I cannot give my consent?**

Many people worry about what would happen if, due to physical or mental problems, they are unable to understand the possible outcomes of a proposed healthcare decision and cannot tell their doctors whether they want or don’t want recommended healthcare. Under a Virginia law called the “Health Care Decisions Act,” if you are an adult you may sign a document that makes your choices about healthcare known to your doctor and family in advance. In that document, you also may name someone you trust to make these decisions for you if you become unable to express your wishes yourself. This document is known as an “advance directive.”

The Health Care Decisions Act became law in 1992. It has been revised from time to time, most recently in 2009. However, any valid advance directive you have made under the old laws remains valid even after the law changes unless you revoke it.

This brochure describes advance directives and answers some questions about them. It is not intended as legal advice. If you have questions about advance directives that this brochure does not answer, you may ask your doctor or other individuals in charge of your healthcare or call your local hospital for more information. You also may wish to talk about advance directives with your family or a lawyer.

## **What decisions can I make with an advance directive?**

The Health Care Decisions Act permits you to name someone, called your “agent,” to make healthcare decisions – to accept or refuse healthcare – for you if, at some point, you cannot make them yourself. This type of advance directive is often called a “health care power of attorney,” a “durable power of attorney for health care” or a “health care proxy.”

Unless you say otherwise in your advance directive, the person named in this type of advance directive can make all healthcare decisions for you that you could have made for yourself if you were able, whether or not you are terminally ill. This includes decisions about medication, surgery, mental health treatment, health facility admission or any other healthcare.

If you want to limit your agent’s authority, you may direct that your agent make only those decisions you list. The law says that your agent cannot make decisions that he or she knows go against your religious beliefs, basic values and stated preferences. You also may name a person who will see that your organs or body are donated, as you wish, after your death.

Whether you name an agent in your advance directive or not, you also may use your advance directive to give specific instructions about the healthcare you do or do not want. Specifically, your advance directive can address all forms of healthcare for any time that you cannot make decisions yourself. For example, your advance directive can address things such as mental health (psychiatric) care, dialysis and the use of antibiotics or other drugs at any time.

## **What if I have a terminal condition?**

One type of instruction you may give in your advance directive is how to care for you if you ever have a terminal condition and you are unable to make decisions for yourself. This is often called a “living will.” A terminal condition is an incurable condition in which death is imminent. It also means a persistent vegetative state, which some people call a permanent coma, even when death is not imminent. In either case, a doctor has determined that there is no medically reasonable hope for recovery. Signing this type of advance directive permits you to decide in advance whether you want doctors to give you what the law calls “life-prolonging procedures.”

## **What are “life-prolonging procedures”?**

These are treatments that aren’t expected to cure a terminal condition or make you better and that only prolong dying. They include hydration (giving water) and nutrition (giving food) by tubes, machines that breathe for you and other kinds of medical and surgical treatment.

Life-prolonging procedures do not include healthcare needed to make you comfortable or to ease pain. This means that your doctor will give you drugs or other healthcare to ease pain and make you comfortable unless you specifically say in your advance directive that you do not want them. You also can say in this type of advance directive that you want to have particular life-prolonging procedures given to you. For example, if you want to have all life-prolonging procedures except tube feeding withdrawn, you may say that in your advance directive.

## **What do I need to say in my advance directive?**

Whatever your choices are, you can put them in your own words. You do not need to use any specific medical or legal words. You may just describe as best you can what medical care you do and do not want.

## **Will my advance directive be followed in an emergency if I cannot make my wishes known?**

Usually emergency medical personnel, such as rescue squads or ambulance teams, cannot follow your choices in an advance directive if they are called to help you in an emergency. Also, hospital emergency department providers may not know your choices in an emergency.

Some people do not want any aggressive measures taken at the end of life. If you have a terminal or serious condition, under certain circumstances you can make decisions in advance about refusing one type of emergency medical care – resuscitation if your heart stops beating or you stop breathing. Sentara Potomac Hospital calls this Allow Natural Death or AND (formerly known as Do Not Resuscitate or DNR).

It means you wish to be cared for with dignity and receive physical, emotional, psychological, spiritual support and comfort care, but do not want any aggressive measures taken if your heart stops beating and you stop breathing. An Allow Natural Death/AND order is something you can ask your doctor to complete. This is on a form approved by the state; the form is still entitled Durable Do Not Resuscitate (DDNR) order. This state form/order must be presented for CPR to be withheld or withdrawn.

Your doctor may also write an AND order to be followed in a hospital or nursing home. This order is valid unless you revoke it – that is, you change your mind and tell the doctor that you do want to be resuscitated.

## **If I die because I refused life-prolonging procedures under the Health Care Decisions Act, will my death be considered suicide?**

No. The Health Care Decisions Act specifically says that, if it is followed and the patient dies, the death is not suicide. Creating an advance directive that says you do not want life-prolonging procedures will not void a life insurance policy even if the policy says otherwise.

## **Must an advance directive be in writing?**

The Health Care Decisions Act allows people who have a terminal condition and who have not signed an advance directive to make an oral advance directive. They may say what they want, or name a person to make decisions for them, in front of witnesses. However, if you are not in a terminal condition, your advance directive must be in writing, signed by two witnesses.

## **Who can be a witness?**

A husband or wife can be a witness. Other blood relatives also can be witnesses as long as they are adults. A healthcare provider also can be a witness. Finally, even your agent can be a witness, but it may be better to have someone who is not your agent (or your alternate agent) be a witness. In Virginia, you do not need a notary to witness your advance directive in order for it to be a valid advance directive.

## **Must I have an advance directive?**

No. An advance directive is just one way of being sure your doctors and your loved ones know what healthcare you want when you can't tell them yourself. You may have any type or all types of advance directives that are allowed under the Health Care Decisions Act. The law requires that healthcare providers not discriminate against people based on whether they have or do not have an advance directive.

## **What happens if I can't make decisions and I have no advance directive?**

Virginia law lists persons such as guardians or family members who may make decisions about your healthcare if you do not have an advance directive. In this situation, there may be multiple people who can make your healthcare decisions, and this can lead to conflicts. For this reason, naming a single agent in an advance directive may prevent conflicts about your decisions. If no listed person is available to decide for you, a judge can decide what healthcare is best.

## **Do I need a lawyer to help me make an advance directive?**

A lawyer is helpful, but you don't have to have a lawyer prepare any type of advance directive. In fact, the Health Care Decisions Act suggests a form that you may use.

## **What if I change my mind after I sign an advance directive?**

You can revoke it by saying so in writing or orally or by destroying it or having someone else destroy it in front of you. If you want to, you can make a new one. If you are a patient or resident in a healthcare facility, tell your doctor or nurse that you want to revoke or change your advance directive.

## **How will my doctor know I have an advance directive?**

Hospitals and other healthcare facilities must ask patients or residents if they have an advance directive and, if so, must see that a patient's or resident's health record shows that they have one. You should give copies of your advance directive to your family and to your doctor and to anyone else you think needs to know what healthcare you do or don't want. In Virginia, photocopies, faxes and digital scans of advance directives are valid.

## **Is a financial or general power of attorney the same as an advance directive?**

A financial power of attorney gives another person power to make decisions about money for you. If the power of attorney document does not mention healthcare, it is not an advance directive. If you are in doubt, you may wish to consult a lawyer.

## **Where can I go for more information about advance directives?**

There are many sources of additional information on advance directives, including your local hospital and the Virginia State Bar Association website at [vsb.org/selections/hl/index.com](http://vsb.org/selections/hl/index.com). You also may wish to talk this over with your physician and/or lawyer. While at Sentara Potomac Hospital, you may talk to our Patient Relations staff, care coordinators or chaplain during normal business hours.

## **What other resources are offered at Sentara Potomac Hospital?**

You and your family may have to face some critical treatment choices regarding your medical care. There are a number of professionals, such as nurses, physicians, care coordinators, the chaplain and other members of the clergy, and the patient representative who are available to meet with you and your family, upon request, to discuss and help you work through these decisions. The hospital also has a Ethics Committee that can assist patients, families, and staff with the process of thinking through these difficult issues.

As a patient, we encourage you to maintain contact with your religious support group and spiritual beliefs. Sentara Potomac Hospital's Pastoral Care Services is here to provide spiritual and emotional care during your stay. Our chaplains serve as members of the team who cares for you and your family.

Pastoral Care Services offers information about community religious groups and/or resources; prayer and spiritual guidance for you and your family; sacramental and spiritual counseling ministries; devotional materials; an interfaith Worship Room, by the Gift Shop, which is open 24 hours a day; and TV Channel 18, which broadcasts the Worship Room, healing music and live services.

Pastoral Care Services are available to you at all times, day and night. Please call ext. 3003 or (703) 583-3003 or ask a staff member to contact a chaplain for you.

# *Sentara Potomac Hospital*

## *Policy Statement*

### **The Patient Self-Determination Act**

Sentara Potomac Hospital believes in the right of every patient, under the protection of Federal and State law, to make decisions regarding healthcare. This includes the right to accept or refuse treatment, and to formulate Advance Directives (Living Will or Durable Power of Attorney for Health Care).

The hospital will advise all adult patients of these rights at the time of their inpatient admission, and will have policies and procedures in place for assisting patients to implement their rights. However, all patients will have equal access to care and services regardless of whether or not they have Advance Directives. The presence of these documents is not a condition for admission.

Any concerns you may have regarding the hospital's requirement to provide you with information about Advance Directives may be reported to the Patient Relations Department at (703) 670-1575 or (540) 659-1800, ext. 1575 or as a complaint to the Virginia Department of Health's Office of Health Facilities Regulations at (800) 955-1819.

### **How To Reach Us**

<b>Director, Patient Relations:</b>	Call ext. 1575, (703) 670-1575
<b>Chaplain / Pastoral Care Services:</b>	Call ext. 3003, (703) 583-3003
<b>Care Coordination:</b>	Call ext. 1336, (703) 670-1336

### **Share Your Life...Share Your Decision**

Consider leaving a legacy of life as an organ and tissue donor. Be sure to advise your family of your wishes. The Virginia Department of Health and the Virginia Department for the Aging have approved this brochure for distribution under the requirements of Federal laws.



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H E A L T H C A R E

## **We Are Now Sentara Potomac Hospital**

*Potomac Hospital is now part of one of the largest health systems in Virginia...Sentara Healthcare. As Sentara Potomac Hospital, our mission is to improve health every day in the communities we serve.  
Learn more at [Sentara.com](http://Sentara.com).*

Sentara Potomac Hospital  
I-95 at Exit 156  
2300 Opitz Boulevard  
Woodbridge, VA 22191  
(703) 670-1313, (540) 659-1800

[PotomacHospital.com](http://PotomacHospital.com)

# VIRGINIA ADVANCE MEDICAL DIRECTIVE

I, \_\_\_\_\_, intentionally and voluntarily make known my wishes in the event that I am incapable of making an informed decision, as follows:

I understand that my advance directive may include the selection of an agent in addition to setting forth my choices regarding health care. The term "health care" means the furnishing of services to any individual for the purpose of preventing, alleviating, curing or healing human illness, injury or physical disability, including but not limited to medications; surgery; blood transfusions; chemotherapy; radiation therapy; admission to a hospital, nursing home, assisted living facility or other health care facility; psychiatric or other mental health treatment; and life-prolonging procedures and palliative care.

The phrase "incapable of making an informed decision" means: unable to understand the nature, extent and probable consequences of a proposed health care decision; unable to make a rational evaluation of the risks and benefits of a proposed health care decision as compared with the risks and benefits of alternatives to that decision; or unable to communicate such understanding in any way.

The determination that I am incapable of making an informed decision shall be made by my attending physician and a second physician or licensed clinical psychologist after a personal examination of me and shall be certified in writing. The second physician or licensed clinical psychologist shall not be currently involved in my treatment, unless a second physician or licensed clinical psychologist uninvolved in my treatment is not reasonably available. Such certification shall be required before health care is provided, continued, withheld or withdrawn; before any named agent shall be granted authority to make health care decisions on my behalf; and before, or as soon as reasonably practicable after, health care is provided, continued, withheld or withdrawn and every 180 days thereafter while the need for health care continues.

If at any time I am determined to be incapable of making an informed decision, I shall be notified, to the extent I am capable of receiving such notice, that such a determination has been made before health care is provided, continued, withheld or withdrawn. Such notice also shall be provided, as soon as practical, to my named agent or person authorized by §54.1-2986 of the Code of Virginia to make health care decisions on my behalf. If I am later determined to be capable of making an informed decision by a physician, in writing, upon personal examination, then any further health care decisions will require my informed consent.

This advance directive shall not terminate in the event of my disability.

(YOU MAY INCLUDE IN THIS ADVANCE DIRECTIVE ANY OR ALL OF SECTIONS I THROUGH V BELOW.)

## Section I: Appointment Of Agent

(CROSS THROUGH SECTION I AND SECTION II BELOW IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.)

I hereby appoint the following as my primary agent to make health care decisions on my behalf as authorized in this document:

NAME OF PRIMARY AGENT	TELEPHONE	FAX IF ANY
ADDRESS	E-MAIL IF ANY	

If the above-named primary agent is not reasonably available or is unable or unwilling to act as my agent, then I appoint the following as successor agent:

NAME OF SUCCESSOR AGENT	TELEPHONE	FAX IF ANY
ADDRESS	E-MAIL IF ANY	

I hereby grant to my agent named above full power and authority to make health care decisions on my behalf as described below whenever I have been determined to be incapable of making an informed decision. My agent's authority is effective as long as I am incapable of making an informed decision.

In exercising the power to make health care decisions on my behalf, my agent shall follow my desires and preferences as stated in this document or as otherwise known to my agent. My agent shall be guided by my medical diagnosis and prognosis and any information provided by my physicians as to the intrusiveness, pain, risks and side effects associated with treatment or nontreatment. My agent shall not make any decision regarding my health care which he or she knows, or upon reasonable inquiry ought to know, is contrary to my religious beliefs or my basic values, whether expressed orally or in writing. If my agent cannot determine what health care choice I would have made on my own behalf, then my agent shall make a choice for me based upon what he or she believes to be in my best interests.

My agent shall not be liable for the costs of health care that he or she authorizes, based solely on that authorization.

## Section II: Powers Of My Agent

(CROSS THROUGH ANY POWERS IN THIS SECTION II THAT YOU DO NOT WANT TO GIVE YOUR AGENT AND ADD ANY POWERS OR INSTRUCTIONS THAT YOU DO WANT TO GIVE YOUR AGENT.)

The powers of my agent shall include the following:

A. To consent to or refuse or withdraw consent to any type of health 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, artificially administered nutrition and hydration, and cardiopulmonary resuscitation. This authorization specifically includes the power to consent to the administration of dosages of pain-relieving medication in excess of recommended dosages in an amount sufficient to relieve pain, even if such medication carries the risk of addiction or of inadvertently hastening my death.

My agent's authority under this Subsection A shall be limited by any specific instructions I give in Section IV below regarding my health care if I have a terminal condition.

B. To request, receive and review any oral or written information regarding my physical or mental health, including but not limited to medical and hospital records, and to consent to the disclosure of this information.

C. To employ and discharge my health care providers.

D. To authorize my admission to or discharge (including transfer to another facility) from any hospital, hospice, nursing home, assisted living facility or other medical care facility. If I have authorized admission to a health care facility for treatment of mental illness, that authority is stated in Subsections E and/or F below.

E. To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days provided that I do not protest the admission and provided that a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness, that I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility.

F. To authorize my admission to a health care facility for the treatment of mental illness for no more than 10 calendar days, even if I protest, if a physician on the staff of or designated by the proposed admitting facility examines me and states in writing that I have a mental illness, that I am incapable of making an informed decision about my admission, and that I need treatment in the facility; and to authorize my discharge (including transfer to another facility) from the facility.

*(If you give your agent the powers described in this Subsection F, your physician must complete the following attestation.)*

**Physician attestation: I am the physician or licensed clinical psychologist of the declarant of this advance directive. I hereby attest that I believe the declarant to be presently capable of making an informed decision and that the declarant understands the consequences of this provision of this advance directive.**

PHYSICIAN SIGNATURE

DATE

PHYSICIAN NAME PRINTED

G. To authorize the following specific types of health care identified in this advance directive even if I protest. *(Specifically cross-reference any applicable sections of this advance directive.)*

*(If you give your agent the powers described in this Subsection G, your physician must complete the following attestation.)*

**Physician attestation: I am the physician or licensed clinical psychologist of the declarant of this advance directive. I hereby attest that I believe the declarant to be presently capable of making an informed decision and that the declarant understands the consequences of this provision of this advance directive.**

PHYSICIAN SIGNATURE

DATE

PHYSICIAN NAME PRINTED

H. To continue to serve as my agent even if I protest the agent's authority after I have been determined to be incapable of making an informed decision.

I. To authorize my participation in any health care study approved by an institutional review board or research review committee according to applicable federal or state law if the study offers the prospect of direct therapeutic benefit to me.

# VIRGINIA ADVANCE MEDICAL DIRECTIVE

J. To authorize my participation in any health care study approved by an institutional review board or research review committee pursuant to applicable federal or state law that aims to increase scientific understanding of any condition that I may have or otherwise to promote human well-being, even though the study offers no prospect of direct benefit to me.

K. To make decisions regarding visitation during any time that I am admitted to any health care facility, consistent with the following directions:

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L. To take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.

*(Add below any additional powers you give your agent, limits you impose on your agent or other information to guide your agent.)*

I further instruct my agent as follows:

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## Section III: Health Care Instructions

*(CROSS THROUGH SUBSECTIONS A AND/OR B BELOW IF YOU DO NOT WANT TO GIVE ADDITIONAL SPECIFIC INSTRUCTIONS ABOUT YOUR HEALTH CARE.)*

A. I specifically direct that I receive the following health care if it is medically appropriate under the circumstances as determined by my attending physician:

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B. I specifically direct that the following health care not be provided to me under the following circumstances:

*(You also may specify that certain health care not be provided under any circumstances.)*

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## Section IV: Instructions About End-of-life Care (“Living Will”)

*(CROSS THROUGH THIS SECTION IV IF YOU DO NOT WANT TO GIVE SPECIFIC INSTRUCTIONS ABOUT YOUR HEALTH CARE IF YOU HAVE A TERMINAL CONDITION.)*

If at any time my attending physician should determine that I have a terminal condition where the application of life-prolonging procedures – including artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition and artificially administered hydration – would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this advance directive shall be honored by my family and physician as the final expression of my legal right to refuse health care and my acceptance of the consequences of such refusal.

*(CROSS THROUGH SUBSECTIONS A AND/OR B BELOW IF YOU DO NOT WANT TO GIVE ADDITIONAL INSTRUCTIONS ABOUT CARE AT THE END OF YOUR LIFE.)*

### A. OTHER DIRECTIONS ABOUT LIFE-PROLONGING PROCEDURES

*(If you wish to provide your own directions about life-prolonging procedures, or if you wish to add to the directions you have given above, you may do so in this Subsection A. If you wish to give specific instructions regarding certain life-prolonging procedures, such as artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition and artificially administered hydration, this is where you should write them. If you give specific instructions in this Subsection A, cross through any of the language above in this Section IV if your specific instructions that follow are different.)*

