

MY ADVANCE CARE PLANNING GUIDE

for Virginia



Let's **TALK!**

Tell us your values and beliefs about your healthcare.

Take time to have the conversation with your physician and your family.

Always be open and honest.

Leave no doubt about your values and preferences.

Keep your documents up to date and available.

We want to know your wishes so we can honor them.

To complete an Advance Care Plan:

- Go to www.sentara.com/advancedirectives
- Call the Sentara Center for Healthcare Ethics for assistance at (757) 252-9550 or 1-800-Sentara (736-8272)
- Or contact the Sentara Hospital closest to you
- Ask your physician or healthcare provider



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TALK

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HAVE THE TALK!

PROTECT YOUR RIGHT TO CONTROL YOUR HEALTHCARE DECISIONS

Healthcare is vitally important to everyone. Wherever you are, whatever the situation, you want to be sure you receive excellent medical treatment. But even more importantly, you want your medical choices to be understood and honored.

The law guarantees your rights to make those decisions about your medical care, even when you are too sick or injured to make your wishes known. These “rights” give you control over your choices at a critical time in your life. You can choose to accept or refuse any medical treatment that is offered by your physicians. Your physicians will assist you by informing you of the risks of the medical interventions, the benefits you might expect and possible alternatives. But, how can you be sure that your choices will be honored if you are unable to speak for yourself?

If you plan now, in advance, you can make sure your wishes are known, and that you get the kind of care you want and relieve your family of having to make difficult and stressful choices. You decide, in advance, in writing, what your healthcare choices are if you cannot speak for yourself, and you can specifically direct the kind of medical treatment you do or do not want if you become terminally ill, or have a permanent and severe brain injury with no hope of improvement or recovery. You can let your family, friends, doctors, and healthcare providers know your treatment wishes through your Advance Care Plan (Advance Directive).

“Having Mom’s Advance Care Plan made things so much easier at a difficult time. Now I am doing the same for my own family.”



IMPORTANT CONVERSATIONS ABOUT YOUR HEALTHCARE CHOICES

An Advance Care Plan may shape how you experience a period of disability or the very final stage of your life. You and your family may have to face some critical treatment choices. We respect your right to make individual decisions that are based on the medical information you have been given and your personal beliefs and values. You can help others respect your wishes in these circumstances if you take steps beforehand to **TALK** about your personal beliefs and values.

How do you ensure that your family knows what your beliefs and values are around your medical care? One way to do this is by developing your own “values history” and have a clear understanding of your health. For example, you could discuss your values and wishes with loved ones or advisors or write down your responses to questions such as:

- What do I know and feel about my health situation today?
- What complications might I experience from my current health condition?
- Is it important for me to be independent and self-sufficient in my life?
- What are my thoughts about illness, disability, dying and death?
- How do I feel about donating my organs?
- How do I feel about giving my body as an anatomical gift for research?
- How do my personal relationships affect medical decision-making?
- What role do I wish my physicians and others to play in medical decision-making?
- What kind of living environment is important to me?
- What role do religious, spiritual, ethnic or cultural beliefs play in my life?
- What are my thoughts about life in general, that is, my hopes and fears, enjoyments and sorrows?

An Advance Care Planning form is provided in the center of this book and is also available at www.sentara.com/advancedirectives or by calling 1-800-SENTARA (736-8272).



TERMS YOU MAY NEED TO KNOW

The following terms are referred to in this booklet. We hope this list will help you understand some of the terms and what they may mean for you as you make healthcare choices for your future.

ADVANCE CARE PLANNING:

A process of decision-making done in advance of an illness or injury to plan with your family, physicians, or spiritual leader what choices you would make if you became unable to communicate those choices for yourself. Sometimes the **TALK** is done with a trained Advance Care Planning Facilitator.

ADVANCE CARE PLAN:

An Advance Care Plan is another term for Advance Directive or Living Will. While the content may be the same or similar, the main difference is an Advance Care Plan puts more emphasis on **TALKing** with family, physicians and spiritual advisors about your wishes.

CARDIOPULMONARY RESUSCITATION (CPR):

CPR involves chest compressions, medications, electric shock, and a breathing tube connected to a mechanical ventilator. The risks and benefits of this treatment should be discussed with your physician with any change in your health or when you have a serious or life-limiting illness.

DO NOT RESUSCITATE ORDER (DNR):

In a hospital or other healthcare facility, DNR is a physician's order to withhold CPR from you in the event of cardiac or respiratory arrest. An Advance Care Plan does not automatically become a DNR order. This must be discussed with, and implemented by your physician. In some hospitals this is also known as Allow a Natural Death (AND).

DURABLE DO NOT RESUSCITATE ORDER (DDNR):

A written physician's order to withhold CPR in the event of cardiac or respiratory arrest that can travel with the patient. This document must be on the State approved form, or "other DNR Order" that meets the same statutory requirements, such as POST (Physician Orders for Scope of Treatment), to be honored by Emergency Medical Services.

HEALTHCARE AGENT:

An adult appointed by you to make healthcare decisions for you. This person speaks for you only when you can no longer speak for yourself. If you have made your wishes known through an Advance Care Plan or have personally discussed your wishes with your healthcare agent, he or she is bound by law to make decisions in accordance with your wishes. If they do not know your wishes, they will make decisions they believe are in your best interest and that you would have made for yourself. This agent may also be identified as a Medical Power of Attorney or Healthcare Proxy depending on the source of the document.

LIFE-PROLONGING PROCEDURE:

Any medical procedure, treatment or intervention which: (i) uses mechanical or other artificial means to support and prolong your life if you have no reasonable expectation of recovery from a terminal condition; and (ii) when applied to you in a terminal condition, would serve only to prolong the dying process. The term includes artificially administered hydration and

nutrition. Life-prolonging procedures do not include giving you medication or performing any medical procedure necessary to provide you with comfort care or to alleviate your pain.

LIVING WILL:

Often thought of as medical instructions only for end of life, a Living Will can actually capture health care preferences or your beliefs and values for any healthcare crisis. This "plan" is now incorporated in Advance Care Plans and is part of the larger process. The terms Living Will, Advance Directive and Advance Care Plan are often used in the same way.

ORGAN AND TISSUE DONATION:

Donation of your organs (such as heart, lungs, liver or kidneys) or other parts of the body (such as eyes, skin and bone) after death.

PERSISTENT VEGETATIVE STATE:

A condition, caused by injury, disease or illness, that causes a loss of consciousness with no behavioral evidence of self-awareness or awareness of your surroundings and from which, to a reasonable degree of medical probability, there can be no recovery. Your eyes may open and your body may move, but it is without any self-awareness or conscious thought.

POST (PHYSICIAN ORDER FOR SCOPE OF TREATMENT):

A written physician's order which includes orders to provide or to withhold CPR in the event of cardiac or respiratory arrest, but also may include orders for other treatment options. Like the DDNR, this form travels with the patient. POST forms are classified in the Virginia Statute as an "other DNR Order" and meet the same statutory requirements for Code Status as the DDNR, to be honored by Emergency Medical Services.

SURROGATE DECISION-MAKER:

Individual(s) designated by law to make healthcare decisions on your behalf, when you are unable to make decisions for yourself, if you have not named a Healthcare Agent on an Advance Care Plan. In order of priority, those persons are:

1. A court-appointed guardian
2. The patient's legal spouse except where a divorce action has been filed
3. Adult children of the patient (majority)
4. Parent(s) of the patient
5. Adult brothers/sisters of the patient (majority)
6. Any other relative in descending order of blood relationship (majority in same class)
7. If none of the above relatives are available, and once a good faith effort has been made to find them, someone who is not related to the patient may act as the Surrogate Medical Decision Maker. However, this person cannot

make decisions regarding withholding or withdrawing life sustaining treatments, and there are additional legal requirements that must be met. Hospital staff will provide the necessary guidance in these situations.

TERMINAL CONDITION:

An advanced, irreversible condition caused by injury or illness that has no cure and from which doctors expect the person to die, even with maximum medical treatment. Life-sustaining treatments will not improve the person's condition and will only prolong the dying process.

VIRGINIA HEALTHCARE DECISIONS ACT:

The Virginia law that includes:

- Discussion of Advance Directives
- Information on your right to participate in your medical treatment plan decisions
- A list of family members who may serve as your medical decision maker if you have not appointed someone by signing your Advance Care Plan.

WITNESS:

A person who will verify your signature on an Advance Care Plan. Virginia Advance Directives (Advance Care Plans) may be witnessed by two people over 18 years of age and may include your spouse or blood-related family member, regardless of whether the individual is named on the document or not.

WHAT POWERS AM I GIVING TO MY HEALTHCARE AGENT?

Once it has been determined that you no longer are able to speak for yourself, your Healthcare Agent has the power to:

- Consent, or refuse, or withdraw consent for any type of healthcare 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;
- Request, receive, and review any information, regarding my physical or mental health, and to consent to the disclosure of this information;
- Employ and discharge my healthcare providers;
- Authorize my admission to or discharge from any medical care facility.
- Authorize my participation in healthcare research.
- Take any lawful actions that may be necessary to carry out these decisions, including the granting of releases of liability to medical providers.
- Authorize my admission to a healthcare facility for the treatment of mental illness for no more than 10 calendar days, if a physician states in writing that I have a mental illness and am incapable of making an informed decision about my admission and that I need treatment in the facility, unless I protest the admission; and to authorize my discharge (including transfer to another facility).

If you want your Healthcare Agent to be able to make decisions for you even over your protest, complete a Patient Protest Agreement form at www.sentara.com/advancedirectives and have it signed by your physician.

Your agent does not have the power to make decisions regarding who may visit you; if you wish to grant them this ability, please initial the appropriate section on your Advance Care Plan.

ADVANCE CARE PLANNING WORKSHEET:

HELPING YOU PLAN BEFORE COMPLETING YOUR ADVANCE CARE PLAN

How important are these items to you?

Very Important \longrightarrow Not Important

| | | | | | |
|---|---|---|---|---|---|
| Being independent (able to feed and bathe yourself) | 4 | 3 | 2 | 1 | 0 |
| Being as comfortable and pain free as possible | 4 | 3 | 2 | 1 | 0 |
| Living as long as possible, regardless of quality of life | 4 | 3 | 2 | 1 | 0 |
| Being allowed to die naturally | 4 | 3 | 2 | 1 | 0 |
| Being alert and able to enjoy time with family/friends | 4 | 3 | 2 | 1 | 0 |
| Staying true to your spiritual beliefs and values | 4 | 3 | 2 | 1 | 0 |
| Donating parts (or all) of your body to help others | 4 | 3 | 2 | 1 | 0 |

Other items/experiences you feel are important:

Do you have strong feelings about any of the following medical treatments?

CPR:

Mechanical breathing/ventilator:

Feeding tubes/IV hydration:

Dialysis:

Chemo/radiation therapy:

Adapted from the Values Worksheet published by Group Health Cooperative, Seattle WA

ADVANCE CARE PLANNING WORKSHEET:

HELPING YOU PLAN BEFORE COMPLETING YOUR ADVANCE CARE PLAN, CONT'D

What limitations/changes to your health would change the treatments you want to receive?

What **would be** important to you at the end of your life?

Would you want hospice care, with the goal of keeping you comfortable in your own home during end of life, rather than hospitalization?

Use these questions and answers as a guide for completing your
Advance Care Plan in the next few pages.

If you have questions or need assistance completing the document, help is available!

Charlottesville

Sentara Martha Jefferson Hospital
434-654-7009 or 1-888-652-6663

Hampton Roads & Peninsula

Sentara Center for Healthcare Ethics
757-252-9550

Harrisonburg

Sentara Rockingham Memorial Hospital
540-689-1234; 540-689-1670 or
1-800-543-2201

South Boston

Halifax Regional Hospital
434-517-3995 or 434-517-3100

Woodbridge

Sentara Northern Virginia Medical Center
703-523-0985 x 30985; 703-523-0680 or
703-523-1000

ADVANCE CARE PLANNING WORKSHEET:

KEEPING TRACK OF YOUR ADVANCE CARE PLAN

Once you have completed your Advance Care Plan, you should make copies of it. Keep the original, and send copies to your healthcare agent(s), other family who are likely to come to your bedside at the hospital, your primary care physician, and the US Living Will Registry*. Keep a list of everyone who has a copy of your document below:

1) Primary Healthcare Agent: _____

2) Secondary Healthcare Agent: _____

3) Primary Care Physician: _____

4) Other family/friends: _____

5) Other family/friends: _____

6) Other family/friends: _____

7) Other family/friends: _____

8) Other family/friends: _____

Other places you've stored copies: _____

Remember: Any time you update your document, you should send an updated copy to everyone who had a copy of the old one.

If you have questions or need additional assistance, contact the Sentara Center for Healthcare Ethics:

757-252-9550 or 1-800-SENTARA
TDD/TTY Relay Services 7-1-1

ADVANCE CARE PLANNING WORKSHEET:

KEEPING TRACK OF YOUR ADVANCE CARE PLAN, CONT'D

NOTE: The US Living Will Registry houses the Virginia State registry, making your document available through the State Registry as well.

To put your document in the Registry, mail to:
Sentara Center for Healthcare Ethics
ATTN: US Living Will Registry
4705 Columbus Street, Suite 303
Virginia Beach VA 23462
or fax to 757-995-7337

This will also allow staff to place a copy into your medical record so that it is easily accessible for medical staff.

Tell a Friend!

Now that you've created your own Advance Care Plan, encourage your friends and family to complete theirs!

Additional forms are available on www.sentara.com/advancedirectives, or call 757-252-9550 to have booklets mailed to you.

Optional: Note who you need to talk to about Advance Care Planning here...

QUESTIONS AND ANSWERS ABOUT YOUR HEALTHCARE RIGHTS

Q If I write an Advance Care Plan, will I still receive medical treatment?

A Yes. Your Advance Care Plan includes the kind of medical treatments that you DO or DO NOT want. Even if you choose not to receive life-prolonging treatment when you have a terminal condition, many medical treatments can still be provided to manage your symptoms, relieve pain, and provide support to you and your family.

Q I created an Advance Directive several years ago. Is it still in effect or do I need a new Advance Care Plan?

A Yes. Advance Directives are valid until they are revoked. Keep reading to find out how you make changes or revoke your document. However, it is important to review your document at least once a year or anytime you experience a change in your healthcare.

Q What if I my physicians tell me I have a terminal illness while I am pregnant?

A If you wish to provide additional instructions or modifications to instructions you have already given regarding life-prolonging procedures that will apply if you are pregnant at the time your attending physician determines that you have a terminal condition, you can complete a Life-Prolonging Procedures During Pregnancy form specifying what treatments you would or would not want in that situation. You can download this form at www.sentara.com/advancedirectives.

Q If my physicians have determined that I do not have decisional capacity, do I lose my rights to make my own medical decisions?

A The Healthcare Decisions Act provides that:

- You have the right to protest certain medical decisions as well as the authority of your Healthcare Agent, even if you have been determined by your physician to no longer have decision making capacity.
- You can direct that your Healthcare Agent hold their authority even over your later protest by having your physician sign a Patient Protest Agreement form indicating that you had decision making capacity and knew what you were signing at the time you make your Advance Care Plan. The Patient Protest Agreement form is available at www.sentara.com/advancedirectives.

You may create a new Advance Care Plan to include these provisions at any time. There is a separate form you may attach to your Advance Care Plan document that includes language to address the issues described above. If you need assistance or if you have any questions, contact the Sentara Center for Healthcare Ethics at 757-252-9550, by calling 1-800-SENTARA, or by contacting a facility near you. See back for a listing of participating hospitals.

Q How can I be sure that my wishes will be followed?

A Your Healthcare Agent or surrogate medical decision maker is required by law to follow your stated wishes. If your wishes are not clear, that person must use his/her knowledge of your wishes and values to make the decisions that you would have made for yourself.

Q Who should I choose as my Healthcare Agent?

A This is an important choice since he or she will have the authority to direct your healthcare if you become too sick or injured to make an informed decision. You should TALK to the person you wish to be your Healthcare Agent to explain your intentions, discuss their understanding of your wishes, and confirm their willingness to act on your behalf. Choose someone who understands your values and choices, and who is willing to honor them.

Q What happens if I cannot make my own healthcare decisions?

A First, two physicians must agree that you are incapable of making and communicating your own decisions. If this happens, your healthcare providers will work with the Healthcare Agent that you name in your Advance Care Plan, or a surrogate medical decision maker (see the definitions section), to determine the best treatment that is consistent with your previously expressed wishes. This is why it is important to TALK with your doctors and the people closest to you about your values and your wishes. This will relieve people who care about you of some of the stress they will experience if you become very ill and unable to communicate.

Q Can a doctor override my Advance Care Plan?

A **No.** However, any medical care that is provided must be legal, ethical, and medically appropriate for the situation.

Q What about emergency situations?

A Advance Care Plans are not designed for emergency situations, so Emergency Medical Service (EMS) personnel cannot follow an Advance Care Plan. However, if you wish not to receive CPR, you may get a doctor to sign a Durable Do Not Resuscitate order or “other DNR” order, such as a POST form. EMS personnel will follow this order.

Q Will my desire not to receive CPR be honored?

A You may reflect on your Advance Care Plan that you do not wish to have Cardiopulmonary Resuscitation (CPR), but that wish must be made into a medical order by a physician. If you are at risk for cardiac or respiratory arrest, your physician should TALK with you about the risks and benefits of CPR so that you may agree on what to do if this happens. You and your Healthcare Agent should ask about this if it is not brought up by your doctor. If you wish to have a Do Not Resuscitate order outside of a hospital, you will need a Durable Do Not Resuscitate order or “other DNR,” such as a POST form, which your doctor can also provide.

Q What kinds of medical care are included in my Advance Care Plan?

A You may direct both general healthcare choices, and end-of-life care choices. General healthcare may include such care as dialysis, chemotherapy, blood transfusions, cardiopulmonary resuscitation (CPR), or any other treatment that you do or do not want if you are unable to speak for yourself. Your end-of-life instructions may include the above as well as life prolonging measures such as mechanical ventilation, artificial nutrition, and artificial hydration or withholding or withdrawing treatment.

Q Will my Advance Care Plan be followed in states other than Virginia?

A Most states have laws allowing individuals to make decisions regarding their healthcare agents and medical treatments. However, these laws may be different than Virginia's laws. If you move to another state, you should determine if your Virginia form is valid in that state.

Q Do I have to use the form that is provided by Sentara?

A **No.** There are a variety of forms that are available, and attorneys often include Advance Care Plans in other estate planning documents. The only requirements are that your Advance Care Plan is signed by you, dated, and witnessed by two people.

Q Can I change my mind about my Advance Care Plan?

A **Yes.** You can change all or any portion of your Advance Care Plan at any time. Here's how:

- Change any portion that you desire on the document, initial the change and have two witnesses sign. Make sure these changes can be easily read.
- Revoke the entire document with a signed, dated written statement.
- Write "Revoked" across the document and sign and date where you have written "Revoked."*
- Create a new Advance Care Plan in writing and be sure it is signed, dated and witnessed. Old versions should be destroyed, but they are not valid when a new form is created with a more recent date.
- Tear up or destroy the old Advance Care Plan.
- Tell your physician that you want to change your Advance Care Plan.
- Direct that someone destroy your Advance Care Plan in your presence.

If you have made a new Advance Care Plan, please send a new copy and a new

Registration Agreement to the Registry at the nearest Sentara Hospital. If you need new documents or a Registration Agreement contact the Sentara Center for Healthcare Ethics at (757) 252-9550 or by calling 1-800-SENTARA. You may also download these documents at www.sentara.com.

*While all the above options are provided for in the Virginia Healthcare Decisions Act, we strongly recommend as the best option to writing "Revoked" and signing the document, since copies are as valid as originals in Virginia. This validates your intent should copies later surface.

Q Does my Advance Care Plan allow me to donate my body to medical science or donate my organs after my death?

A **Yes.** There are several things you should do to make this an easier process:

- TALK to your Healthcare Agent about your wishes. Your Healthcare Agent is obligated by law to follow your wishes about these gifts.
- TALK with your family so that they understand your intentions.
- Communicate your wish to be an organ donor on your Advance Care Plan, on your driver's license, or on the internet at www.donatelifevirginia.org.
- If you wish to leave your body to medical science, contact the Virginia State Anatomical Program at 804-786-2479 or online at www.vdh.state.va.us/medexam/donate.htm for further details.

Q What should I do when I have completed my Advance Care Plan?

A Make copies and give them to your doctors and your Healthcare Agents, and keep the original for your own files. Register your document with the online registry. More information about the registry is provided with the Sentara Advance Care Plan form, and further information is at www.sentara.com. Or for users of My Chart, you may also upload your document on My Chart.

If you have any questions about your Advance Care Plan, or if you wish to set an appointment with one of our Certified Advance Care Planning Facilitators, please contact any of the following participating facilities nearest to you:

CHARLOTTESVILLE

Sentara Martha Jefferson Hospital

Health Connection: 434-654-7009 *or*
Main Number: 1-888-652-6663
500 Martha Jefferson Drive
Attn: Health Information Management
Charlottesville, VA 22911

HAMPTON ROADS AND PENINSULA

Sentara Center for Healthcare Ethics

757-252-9550
4705 Columbus Street, Suite 303
Virginia Beach, VA 23462

HARRISONBURG

Sentara RMH Medical Center

Patient Advocate: 540-689-1234;
Chaplain: 540-689-1670 *or*
Main Number: 1-800-543-2201
2010 Health Campus Drive
Attn: Health Information Management
Harrisonburg, VA 22801

SOUTH BOSTON

Sentara Halifax Regional Hospital

Guest Services: 434-517-3995 *or*
Main Number: 434-517-3100
2204 Wilborn Ave.
Attn: Health Information Management
South Boston, VA 24592

WOODBIDGE

Sentara Northern Virginia Medical Center

Patient Relations: 703-523-0985, ext. 30985;
Chaplain: 703-523-0680 *or*
Main Number: 703-523-1000
2300 Opitz Boulevard
Attn: Health Information Management
Woodbridge, VA 22191

Atención: si habla español, tiene a su disposición servicios lingüísticos gratuitos. Llame al 844-809-6648.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-809-6648 번으로 전화해 주십시오.

注意: 如果您讲中文普通话, 则将为您提供免费的语言辅助服务。请致电 844-809-6648。

ATTENTION: Language assistance services are available to you free of charge. Call 844-809-6648.

Sentara complies with applicable Federal Civil Rights Laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Additional copies of
this booklet may be
downloaded on your
computer by visiting:

[www.sentara.com/
advancedirectives](http://www.sentara.com/advancedirectives)

Mail a copy of your completed Advance
Care Plan to the Sentara Center for
Healthcare Ethics (see address above).

This booklet is not intended as legal
advice and you may wish to speak with
an attorney before signing your Advance
Care Plan.