

Advance Care Planning Guide for Virginia



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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. Your physicians will talk to you about the risks and benefits of the medical interventions and possible alternatives.

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 ask for 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).

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 [sentara.com/AdvanceDirectives](https://www.sentara.com/AdvanceDirectives)
- Call the Sentara Center for Healthcare Ethics for assistance at (757) 252-9550 or 1-800-Sentara (736-8272)
- Contact the Sentara hospital closest to you or ask your physician or healthcare provider

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 Plan form is provided in the center of this booklet and is also available at 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 when you have a change in your health or a serious or life-limiting illness.

Do Not Resuscitate order (DNR)

In a hospital or other healthcare facility, DNR is a provider's order to withhold CPR from you in the event your heart or breathing stops (cardiac or respiratory arrest). An Advance Care Plan does not automatically become a DNR order. This must be discussed with and implemented by your provider.

Terms you may need to know (continued)

Durable Do Not Resuscitate order (DDNR)

A written provider's order to withhold CPR in the event of cardiac or respiratory arrest that can travel with the patient. To be honored by Emergency Medical Services, the DNR order must be on a State-approved form, such as DDNR, POLST, POST, or "other DNR Order" that meets the same legal requirements.

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, that individual 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 healthcare 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/POLST

A written provider'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/POLST forms are classified in the Virginia Statute as an "other DNR orders" and meet the same statutory requirements for Code Status as the DDNR, to be honored by Emergency Medical Services.

Terms you may need to know (continued)

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. In Virginia, these documents must 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, 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 an amount sufficient to relieve pain, even if such medication carries the risk of addiction or of inadvertently hastening your death.
- Request, receive, and review any information, regarding your physical or mental health and to consent to the disclosure of this information.
- Employ and discharge your healthcare providers.

- Authorize your admission to or discharge from any medical care facility.
- Authorize 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 your 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 you have a mental illness and are incapable of making an informed decision about your admission and that you need treatment in the facility, unless you protest the admission; and to authorize your 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 sentara.com/AdvanceDirectives and have it signed by your provider.

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.

“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.”



My Advance Care Plan

Have a conversation – leave no doubt with your family about your healthcare wishes.

- Use the attached form to document your healthcare wishes.
- Remember that the most important part of making medical choices is to talk about them.
- Talk about your Advance Care Plan with your family and your healthcare agents.
- Talk about it with your doctor.

If you have questions about making medical choices or completing your Advance Care Plan, call the Sentara Center for Healthcare Ethics at 757-252-9550 for assistance.

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 exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, culture, color, religion, marital status, age, sex, sexual orientation, gender identity, gender expression, national origin, disability, or source of payment.

U.S. Advance Care Plan Registry® (formerly U.S. Living Will Registry)

This service is provided by Sentara FREE of charge to our community. You can store your Advance Care Plan on the Registry so it will be available to any healthcare provider in Virginia and North Carolina as well as any providers across the U.S. Once registered, you will receive an acknowledgement along with a wallet card and stickers for your ID cards that will alert medical professionals that you have an Advanced Care Plan on file with the registry and the 800 number so they can retrieve it.

If you want to have your document registered, you must complete the U.S. Advance Care Plan Registry® (formerly U.S. Living Will Registry), giving the Registry permissions to store your Advance Care Plan and provide it to any healthcare facility that requests a copy, and attach your Advance Care Plan.

What do I do with my ACP?

1. Make enough copies* and provide one each to:
 - Your appointed healthcare agents
 - Family members
 - Doctor
 - The US Living Will Registry through the Sentara Center for Healthcare Ethics**

2. Keep the original yourself in a safe and accessible place.

3. **Mail a copy of your document to:

The Sentara Center for Healthcare Ethics
1330 Sentara Park
Virginia Beach, VA 23464

or fax to our secure line at 757-965-2804

**Copies are the same as original in Virginia*



U.S. Advance Care Plan Registry® Registration Agreement

Registrant's Identifying Information (Please print clearly)

SOURCE CODE: 36901001

Name: First _____ Middle _____ Last _____ Suffix _____

Date of birth: Month ____ Day ____ Year _____ (4 digits)

Street Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: (_____) _____ - _____ Alternate Phone #: (_____) _____ - _____

Email Address: _____ (If registrant does not have an email address, please insert the email address of the emergency contact person instead)

Annual update reminders will be sent via email – email addresses will never be shared or sold

Emergency Contact Name: _____

Phone #: (_____) _____ - _____

I, _____ ("Registrant" or "I"), authorize U.S. Advance Care Plan Registry®, with a mailing address of P.O. Box 2789 Westfield, NJ 07091-2789 ("Registry"), to electronically store a copy of my advance care planning document(s) provided to Registry with this registration form or submitted subsequently, including but not limited to an advance directive, living will, health care proxy, durable power of attorney for health care and/or financial matters, Medical or Physician Orders for Life-Sustaining Treatment (MOLST or POLST), Do Not Resuscitate (DNR) order, organ donation wishes and emergency contact information (hereinafter "document(s)"). I further authorize the Registry to make available a copy of the stored document(s) to any health care provider or other person believed charged with giving effect to my document(s) or assisting in same, who requests it in conjunction with my care, provided such a request is consistent with the Registry's policies and procedures, or as deemed advisable by the Registry in an emergency situation, or as required by law. The document(s) that I am providing is my current, effective document(s), and was signed and witnessed in accordance with the law of the state of my residence.

I hereby authorize Registry to make available a copy of my document(s) to hospitals, physicians, or other health care providers involved with my care, or to anyone who has access to the wallet identification card provided to me by Registry. I understand this authorization is voluntary. I agree to notify Registry immediately if I decide to revoke or change my document(s) that is stored with Registry, and to provide Registry with a copy of any additional document(s) that I sign. I understand that unless I terminate this authorization or inform Registry of revocation or changes to my document(s), the document(s) stored with Registry will be provided to health care providers in accord with Registry's policies and practices.

I understand that Registry makes no representations about the validity of my document(s) under federal or state law and that Registry bears no responsibility for the actions taken by health care providers in relation to my document(s). I hereby waive any and all legal claims against Registry for the actions and omissions by any health care providers who receive a copy of my document(s) from Registry and for any damages arising from the transmission or disclosure of the document(s) I provide to Registry. Registry shall not be liable for the loss, destruction or unavailability of all or part of my document(s).

I understand that I may revoke this authorization at any time by giving written notice of my revocation to Registry. This Agreement will remain in force until revoked by me or until terminated in accordance with the agreement between me and Registry or until registration is cancelled pursuant to the Registry's policies and procedures. When the Agreement is terminated, I understand that Registry will remove my document(s) from its files.

I understand that anyone who gains access to my wallet ID card provided by Registry can use it to gain access to my document(s) and personal information stored with Registry, and I will not hold the Registry liable for such authorized or unauthorized access.

I hereby agree to the terms set forth herein.

X _____ Dated ____/____/____
Signature of Registrant

My Advance Care Plan—Virginia

Communicating my healthcare wishes

Name _____ Social security number XXX - XX - _____
 Address _____ City _____ State _____ Zip _____
 Phone: (_____) _____ Date of birth _____ - _____ - _____

(Cross out any section(s) you do not wish to include in your document.)

Section 1: Healthcare agent

If I am unable to make decisions for myself, or unable to communicate my healthcare wishes about treatment, I appoint the person(s) listed below to be my designated healthcare agent(s), who will make my wishes known to my healthcare providers. I direct my healthcare providers and family to respect and honor my wishes.

Primary healthcare agent

Name _____ Phone: (_____) _____
 Address _____ City _____ State _____ Zip _____

Secondary healthcare agent

Name _____ Phone: (_____) _____
 Address _____ City _____ State _____ Zip _____

Additional healthcare agents can be named on an attached piece of paper and listed in decision-making order. My healthcare agent(s) shall make healthcare decisions based on my previously expressed wishes, my personal beliefs and values and shall be granted the power to make healthcare decisions as outlined in the Virginia Healthcare Decisions Act, 54.1-2984.

_____ If I initial this line, my agent WILL have the authority to restrict visitors in a healthcare facility.
(Initials)

Section 2: Living will

The below information will guide the decisions of your healthcare agent and providers if you can no longer make decisions for yourself. You may choose to complete all, some, or none of this section.

Values statements

"What is important to you?" Answer these statements by circling a number, 1 thru 5, where 1 is not important and 5 is very important to you.*

	Not important — Very important				
To live as long as possible (no matter the quality of life)	1	2	3	4	5
To die naturally, without the use of life-sustaining medical treatments (CPR, breathing machine, dialysis, feeding tube, etc.)	1	2	3	4	5
To be independent (able to care for myself, feed/bathe)	1	2	3	4	5
To be alert with family/friends (even if it means my pain is less controlled)	1	2	3	4	5
To receive care focused on relieving pain and controlling symptoms (even if it means I am less alert with family/friends)	1	2	3	4	5
To receive end of life care at home	1	2	3	4	5
To follow specific spiritual beliefs and cultural traditions (please explain below)	1	2	3	4	5

Other items you feel are important: _____



End of life

Consider the following question: If medical treatment is highly unlikely to change or improve your condition, would you want to receive life-sustaining treatments, OR would you want to allow a natural death?

Examples of life-sustaining treatments are Cardiopulmonary Resuscitation (CPR), breathing machine, kidney dialysis, feeding tube, etc.

Note: Providers are not required to follow or recommend medical treatment preferences that are medically or ethically inappropriate.

Place your initials in only one box for each statement. Note: The following examples are situations where medical treatment is highly unlikely to change or improve your condition.	I do not want life-sustaining treatments; stop them if started; allow me to die naturally.	I am unsure. It would depend on the circumstances. Discuss with my healthcare agent.	I do want life-sustaining treatments.
If I am unable to wake up (unconscious/in a coma), and my healthcare providers determine that medical treatments will not help, then:	(Initials)	(Initials)	(Initials)
If I am not aware of myself or others, unable to care for myself (severe brain damage/dementia), and my providers determine that medical treatments will not help, then:	(Initials)	(Initials)	(Initials)
If I am close to dying, and my providers determine that medical treatment would only delay the moment of my death, then:	(Initials)	(Initials)	(Initials)

Other statements and preferences (additional sheets can be attached):

Additional information

If you have attached additional pages, please initial beside any of the following as applicable:

- _____ Patient Protest (must be signed by physician) (see pg. 13 of ACP booklet or www.sentara.com/advancedirectives)
(Initials)
- _____ Life-Sustaining Treatment During Pregnancy (see pg. 15 of ACP booklet or www.sentara.com/advancedirectives)
(Initials)
- _____ Other attached pages
(Initials)

Section 3: Anatomical gift (whole body) or organ donation

_____ I wish to be an organ donor OR _____ I wish to be an anatomical gift (whole body) donor
(Initials) (Initials)

For more information and to complete the registration to be an Organ Donor or Anatomical Gift (whole body) Donor, please visit your local/state organ or anatomical donation programs.

Section 4: Signatures (required)

By signing below, I indicate that I understand this document, and I am willingly and voluntarily executing it. I also understand that I may revoke all or any part of it at any time as provided by law.

My signature _____ **Date** _____

Witness #1 (print) _____ **Signature** _____

Witness #2 (print) _____ **Signature** _____

Patient label

Patient protest attachment—Virginia

If you wish to include the below in your Advance Care Plan (Advance Directive), a practitioner's signature is required by law, agreeing that you can make an informed decision at the time you signed the below form.

Name _____ Social security number XXX - XX - _____
Address _____ City _____ State _____ Zip _____
Phone: (_____) _____ Date of birth _____ - _____ - _____

My healthcare agent's authority in the event of my protest

When I am unable to make informed decisions about my health care, I may not agree to the care I need. In this situation, my healthcare agent, as allowed by law:

- Can agree to my admission to a mental healthcare facility, if my physician feels that care is medically necessary, **even if I do not agree.**
- Can agree to other healthcare treatment, **even if I do not agree.**
- CANNOT** agree to the following healthcare:
- _____
- _____

Signatures (required)

By signing below, I show that I understand this document, and I am willingly and voluntarily executing it. I also understand that I may revoke all or any part of it at any time as provided by law.

My signature _____ **Date** _____

Licensed Practitioner Signature

I am a licensed: physician, clinical psychologist, physician assistant, nurse practitioner, professional counselor, or clinical social worker and am familiar with the person who has made this Advance Care Plan (Advance Directive). I agree this person is currently able to make an informed decision and understands the possible results of this decision.

Practitioner's signature _____ **Date** _____

Practitioner's name (print) _____ **Phone number** _____

Witness signatures

Witness #1 (print) _____ **Signature** _____

Witness #2 (print) _____ **Signature** _____

Note:

On your Sentara Advance Care Plan (Advance Directive), please initial the box on the second page under "additional information" to show you want this form included in your Sentara Virginia Advance Care Plan (Advance Directive).

Patient label

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Life-sustaining treatment during pregnancy attachment—Virginia

If you are pregnant when your attending physician says you have a terminal condition, and you want to update your wishes for life-prolonging procedures in your Advance Care Plan (Advance Directive), please complete this form.

Name _____ Social security number XXX - XX - _____
Address _____ City _____ State _____ Zip _____
Phone: (_____) _____ Date of birth _____ - _____ - _____

Instructions

If I am pregnant when my attending physician finds I have a terminal condition, my wishes concerning life-prolonging procedures in my Advance Care Plan (Advance Directive) should change as follows:

Signatures (required)

By signing below, I show that I understand this document, and I am willingly and voluntarily executing it. I also understand that I may revoke all or any part of it at any time as provided by law.

My signature _____ **Date** _____

Witness signatures

Witness #1 (print) _____ **Signature** _____

Witness #2 (print) _____ **Signature** _____

Note:

On your Sentara Advance Care Plan (Advance Directive), please initial the box on the second page under "additional information" to show you want this form included in your Sentara Virginia Advance Care Plan (Advance Directive).

Patient label

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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 U.S. Advance Care Plan 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.

For reference only, not a part of the medical record.

Advance Care Planning worksheet (continued)

Note: The U.S. Advance Care Plan Registry® (Formerly U.S. Living Will Registry) allows your document to be available to other practitioners.

To put your document in the Registry, mail to:

Sentara Center for Healthcare Ethics
ATTN: U.S. Advance Care Plan Registry®
1330 Sentara Park
Virginia Beach, VA 23464
or fax to 757-965-2804

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 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.

For reference only, not a part of the medical record.

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

A **Yes.** Advance Care Plans 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 my physician tells 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-Sustaining Treatment During Pregnancy form specifying what treatments you would or would not want in that situation. The form is contained in this booklet or you can download the form at 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 Virginia 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 in this guide and at 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 personal 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 your healthcare agent 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, your attending physician and a capacity reviewer 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 named 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. If your physician disagrees with your wishes, your care can be transferred to another physician as long as continuity of medical care is assured.

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/POLST form. EMS personnel will follow this order.

Q Will my desire not to receive CPR be honored?

A You may indicate in 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 provider. If you are at risk for cardiac or respiratory arrest, your provider 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/POLST 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, sign and date the change and have two witnesses sign and date. 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.” *
- 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.
- Create a new Advance Care Plan in writing and be sure it is signed, dated and witnessed.

**We strongly recommend writing “Revoked” and signing the document. While all above options are valid and legal, signing will ensure your wishes are known if copies are found later.*

If you have made a new Advance Care Plan, please send a new copy and a new Registry 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 sentara.com/AdvanceDirectives.

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.virginia.gov/medical-examiner/vsap/ 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, (see page 12 or sentara.com/AdvanceDirectives.) upload your document on MyChart.

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

Service locations

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
1330 Sentara Park
Virginia Beach, VA 23464

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

Woodbridge

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 exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, culture, color, religion, marital status, age, sex, sexual orientation, gender identity, gender expression, national origin, disability, or source of payment.

Additional copies of this booklet may be downloaded on your computer by visiting:
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. You may wish to speak with an attorney before signing your Advance Care Plan.