

Introduction to Your Virginia Advance Medical Directive

This packet contains the *Advance Directive for Healthcare* which protects your right to refuse medical treatment you do not want or to request treatment you do want in the event you lose the ability to make decisions yourself.

The Virginia Advance Medical Directive lets you state your wishes about medical care in the event you develop a terminal condition, meaning it is probable that you will not recover from the condition and either your death is imminent or you are in a persistent vegetative state. This document also lets you name someone to make healthcare decisions on your behalf any time you are unable to make your own medical decisions, not only at the end of life.

Note: This document will be legally binding only if the person completing it is a competent adult (at least 18 years old).

Completing Your Virginia Advance Medical Directive

How do I make my Virginia Advance Medical Directive legal?

State law requires that you sign your Advance Medical Directive in the presence of two adult witnesses. Employees of healthcare facilities and physician's offices who act in good faith may serve as witnesses.

It is your responsibility to notify your attending physician that you have made an Advance Medical Directive. If you are comatose, incapacitated or otherwise mentally or physically incapable of communication, any other person may notify the physician of your advance directive.

Whom should I appoint as my agent?

Your agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent may be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent must be an adult who clearly understands your wishes and is willing to accept the responsibility of making medical decisions for you. (An agent may also be called an "attorney-in-fact" or "proxy.")

You can appoint a second person as your alternate agent. The alternate will step in if the first person you name as agent is unable, unwilling or unavailable to act for you.

Should I add personal instructions to my Virginia Advance Medical Directive?

Yes. You can add additional instructions under the section "Other directions" on page 1. *This is important because it is unclear when you would be considered "terminal" under Virginia law.*

If you have appointed an agent, it is a good idea to write a statement such as, "Any questions about how to interpret or when to apply my Advance Medical Directive are to be decided by my agent." We also urge you to talk with your agent about your future medical care and describe what you consider to be an acceptable "quality of life."

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor for more information.

What if I change my mind?

You may revoke your Virginia Advance Medical Directive at any time by:

- signing and dating a written revocation,
- physically cancelling or destroying the document, or directing another to do so in your presence, or
- orally expressing your intent to revoke document. Your revocation becomes effective when you notify your attending physician.

VIRGINIA ADVANCE MEDICAL DIRECTIVE

I, _____, willfully and voluntarily make known my desire and do hereby declare:

Section 1. Appointment of Agent to Make Health Care Decisions

(Cross through this section 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:

Primary Agent	Telephone Number	Fax Number
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Address	E-mail Address
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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 to serve in that capacity:

Successor Agent	Telephone Number	Fax Number
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Address	E-mail Address
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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 about providing, withholding or withdrawing medical treatment. The phrase "incapable of making an informed decision" means unable to understand the nature, extent and probable consequences of a proposed medical decision or unable to make a rational evaluation of the risks and benefits of a proposed medical decision as compared with the risks and benefits of alternatives to that decision, or unable to communicate such understanding in any way. My agent's authority hereunder is effective as long as I am incapable of making an informed decision.

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. Such certification shall be required before treatment is withheld or withdrawn, and before, or as soon as reasonably practicable after, treatment is provided, and every 180 days thereafter while the treatment continues.

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 authorize a course of treatment which he 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 treatment choice I would have made on my own behalf, then my agent shall make a choice for me based upon what he believes to be in my best interests. My agent shall not be liable for the costs of treatment that he/she authorizes, based solely on that authorization.

The powers of my agent shall include the following: *(Cross through any powers below you do not want to give your agent.)*

- A. To consent to, or refuse or withdraw consent to, any type of medical care, treatment, surgical procedure, diagnostic procedure, medication and the use of mechanical or other procedures that affect any bodily function, including but not limited to artificial respiration, 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 inadvertently hastens my death;
- B. To request, receive and review any information (whether verbal, written, printed or electronically recorded) regarding my physical or mental health, including but not limited to medical, hospital and other records; and to consent to or authorize the use and disclosure of such information; and to otherwise serve as my personal representative for such purposes;
- 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 for services other than those for treatment of mental illness requiring admission procedures provided in Article 1 (§37.1-63 et seq.) of Chapter 2 of Title 37.1;
- E. To make decisions about who may visit me, subject to physician orders and policies of any institution to which I am admitted;
- F. To take any lawful actions 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:

Section 2. "Living Will"

(Cross through this section if you do not want to make a "living will" in this form.)

If at any time my attending physician should determine that I have a terminal condition where the application of life-prolonging procedures 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. **OPTION:** I specifically direct that the following procedures or treatments be provided to me:

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this declaration shall be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal.

Section 3. Appointment of Agent to Make Anatomical Gift

(Cross through this section if you do not want to appoint an agent to make an anatomical gift or organ, tissue or eye donation for you.)

Upon my death, I direct that an anatomical gift of all of my body, or certain organ, tissue or eye donation may be made pursuant to applicable Virginia law governing anatomical gifts and in accordance with my directions, if any. I hereby appoint as my agent

Same agent named in Section 1 **OR**

Primary Agent

Telephone Number

Fax Number

Address

E-mail Address

to make any such anatomical gift or organ, tissue or eye donation following my death. I further direct that:

(Declarant's directions, if any, concerning anatomical gift or organ, tissue or eye donation)

You must complete the following portions of this form:

This advance directive shall not terminate in the event of my disability. By signing below, I indicate that I am emotionally and mentally competent to make this advance directive and that I understand the purpose and effect of this document.

Date

Signature of declarant

The declarant signed the foregoing advance directive in my presence.

Witness

Witness

This form, with slight variations, is suggested for use by the Virginia General Assembly in the Health Care Decisions Act and satisfies the requirements of Virginia law. You may complete any or all of the three numbered sections of the form. If you have legal questions about this form, or would like to develop a different form to meet your particular needs, you are urged to talk with an attorney. It is your responsibility under Virginia law to provide a copy of your advance medical directive to your attending physician. You also should provide copies to your agent, close relatives and/or friends.