

MY ADVANCE CARE PLANNING GUIDE



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.

Know that advance care planning is a quality of life choice.

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

To complete an Advance Directive:

- Go to www.sentara.com/advancedirectives
- Call the Sentara Center for Healthcare Ethics for assistance at (757)388-4263
- Ask your physician or healthcare provider

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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 right to make those choices, 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. In order to make these choices, your physicians will assist you by informing you of the risks of the medical treatment, the benefits you might expect and alternatives of medical treatment they recommend. 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 Directive.

“Having Mom’s Advance Directive 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 Directive 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 values and attitudes.

One way to do this is by developing your own “values history” for medical decisions. For example, you could discuss your values and attitudes with loved ones or advisors or write down your responses to questions such as:

- How do I feel about my health situation today?
- 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 Directive form is provided in the center of this book and is also available at www.sentara.com/advancedirectives or by calling 1-800-SENTARA

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.

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 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 Directive 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:

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 form, or "other DNR Order" that meets the same statutory requirements, such as POST (Physician Orders for Scope of Treatment), in order to be recognized 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 not speak for yourself. If you have made your wishes known through a Living Will 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.

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:

This term has been used interchangeably with "Advance Directive," but it specifically refers to your healthcare instructions. This is your written preferences to direct your medical team and your Healthcare Agent in healthcare decisions that you would make if you were able to speak for yourself.

Organ and Tissue Donation:

Your 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.

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 Directive. 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 of the group)
4. Parent(s) of the patient
5. Adult brothers/sisters of the patient (majority)
6. Any other relative in descending order of blood relationship
7. If none of the above relatives is available, someone who is not related to the patient may act as the Surrogate Decision Maker. However, this person cannot make decisions regarding withholding or withdrawing life sustaining treatments, and there are additional legal requirements. 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 Directive

Witness:

A person who will verify your signature on an Advance Directive. Virginia Advance Directives must be witnessed by two people over 18 years of age and older and may include your spouse or blood-related family member.

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What Powers am I Giving to my Healthcare Agent?

Once it has been determined that you no longer have decision capacity, 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 to or from any medical care facility.
- Authorize my participation in healthcare research.
- Make decisions regarding who may visit me, (unless I remove this authority on my Advance Directive document).
- 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 provided I do not protest the admission, and 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 and 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.
- Continue to serve as my agent even over my protest.

Questions and Answers about Your Healthcare Rights

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

A Yes. The Living Will portion of your Advance Directive states 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?

A Yes. Advance Directives are valid until they are revoked. Keep reading to find out how you make changes or revoke your document.

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 the Advance Directive and/or your healthcare agent hold their authority even over your later protest, by having your physician or a clinical psychologist sign your Advance Directive indicating that you had decision making capacity and knew what you were signing at the time you made your Advance Directive.

You may create a new Advance Directive to include these provisions at any time. There is a separate form you may attach to your Advance Directive document that includes language to address the issues above. If you need assistance or if you have any questions, contact the Sentara Center for Healthcare Ethics by calling 1-800-SENTARA, or directly at 757-388-4263.

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 Directive, or a surrogate 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 Whom 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 How can I be sure that my wishes will be followed?

A Your Healthcare Agent or surrogate 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 What about emergency situations?

A Advance Directives are not designed for emergency situations, so Emergency Medical Service (EMS) personnel can not follow an Advance Directive. 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 Can a doctor override my Advance Directive?

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

Q Will my desire not to receive CPR be honored?

A You may reflect on your Advance Directive 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 Directive?

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 Directive 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 Directives in other estate planning documents. The only requirements are that your Advance Directive is signed by you, dated, and witnessed by two people.

Q Can I change my mind about my Advance Directive?

A **Yes.** You can change all or any portion of your Advance Directive 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 Directive 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 Directive.
- Tell your physician that you want to change your Advance Directive.

- Direct that someone destroy your Advance Directive in your presence.
 - If you have made a new Advance Directive, please send a new copy and a new Registration Agreement to the Registry. If you need new documents or a Registration Agreement contact the Sentara Center for Healthcare Ethics at 1-800-SENTARA or directly at (757) 388-4263. You may also download these documents at www.sentara.com
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Q Does my Advance Directive 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 Directive, on your driver's license, or through www.save7lives.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

Q What should I do when I have completed my Advance Directive?

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 Directive form, and further information is at www.sentara.com

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If you have any questions about your Advance Care Plan please contact:

The Sentara Center for Healthcare Ethics
600 Gresham Drive
Norfolk, VA 23507
(757) 388-4263

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

www.sentara.com

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