

# Martha Jefferson Hospital

Charlottesville, Virginia  
(434) 654-7000

## TALKING ABOUT YOUR HEALTH CARE CHOICES ADVANCE DIRECTIVE INFORMATION, FORM AND GUIDELINES

Adults have a right to accept or refuse medical care. You have the legal right to make an advance directive. In the advance directive you can:

- name someone to make decisions for you
- tell others about your wishes for care you might need in the future
- help others make decisions the way you would if you could speak

### *What is an Advance Directive?*

As long as you can make health care decisions for yourself, doctors must talk with you about what you want. But if you are injured or have a serious illness, you may become unable to make decisions. An advance directive is a document that lets your doctors, family and others know the health care you want and do not want.

If two physicians (or a physician and licensed clinical psychologist) determine you are incapable of making an informed decision, this document speaks for you. Your advance directive guides your loved ones and doctors in making decisions that you would want. You are not required to do this. All health care organizations must tell patients about these rights. This brochure provides information and a form you may wish to use.

### *Agent for Health Care Decisions*

Section 1 of the advance directive names a person to speak for you if you can't speak for yourself. If you choose to name someone, this person is called an agent for health care decisions. It goes into effect any time you can't make treatment decisions for yourself. For example, you might have an accident or need medicine that makes you unconscious. Your agent speaks for you when you are expected to recover and can also speak for you at the end of life. Your agent's powers are listed in the advance directive form. The agent must make decisions based on your values to the degree they can be known. Naming an agent does not make that person liable for your hospital bills.

Section 2 gives details of the *Powers of My Agent*. You are not required to give your agent all of these powers. Read each one carefully. New in 2009 are powers about overriding your protest of decisions and about clinical research. If there were any concerns or disagreements related to decisions while you were a patient at Martha Jefferson Hospital, we would involve our Ethics Consult Service to protect your rights. In Section 3 you can provide guidelines for your agent and your doctor about your treatment choices.

### ***Living Will (End of Life Instructions)***

Section 4 of the advance directive, called the living will, tells about care you do or do not want at the end of your life. It is used only if you have a terminal condition and are unable to speak for yourself. Terminal condition means you are expected to die soon. This may be because of an incurable condition in which death is expected within six months. It might also be a persistent vegetative state where you have no awareness of yourself or your surroundings. This is sometimes called a permanent coma. The living will provides instructions to allow death to occur naturally while having pain and comfort managed.

In this section you may provide specific instructions if death is imminent or if you are in a persistent vegetative state. This part of the advance directive is about health care, not about how your property is distributed after your death (that document is called a legal will). If you have a terminal condition you can legally tell your wishes orally instead of writing them down in an advance directive. Having the information in writing can prevent confusion or disagreements.

No one knows what may happen in the future. At some point, nearly everyone may need someone to make medical decisions for them. It is best to think ahead about your values, goals, and wishes. While you are not required to make an advance directive, choosing someone you trust and talking to them about your choices will help them direct your care. It is more likely that the decisions that are made about your health care will be what you would choose. Legally, no one can override decisions you have made known in an advance directive before you become unable to speak for yourself.

### ***What happens if I do not have an Advance Directive?***

Virginia law tells who will make decisions if you do not have an advance directive or a guardian appointed by the court. The order of who would make these decisions (surrogate) is: spouse, if divorce is not filed; majority of adult children; parents; adult siblings; other relatives. If no listed person is available to decide for you a judge might decide what treatment is best. Virginia law does not recognize common law marriage or life partnerships. Your partner would only be able to make decisions for you if named in an advance directive.

You may let your agent make decisions for you. You may also write a letter about your values and beliefs. This letter could help loved ones and doctors make decisions on your behalf.

### *What are some kinds of decisions I should consider?*

Your doctor can talk with you about your medical condition and treatment choices. Use of life-prolonging procedures is the most common decision to be made. These procedures include: cardiopulmonary resuscitation (CPR) to try to restart breathing and/or heartbeat; hydration (water) and nutrition by tube; use of respirators (machines that breathe for you); IV antibiotics, and kidney dialysis. Thinking about how long you would want these treatments continued if you were not getting better is also important. How long do you think it's reasonable to continue? It is very helpful to doctors and your family if you put these thoughts in your advance directive.

Another decision to think about is what treatments you would want for pain and other symptoms. Palliative care at any time and hospice care at the end of life are two methods of focusing on comfort. You may request these in your advance directive if you want that kind of care.

You may also think about options after your death. In Section Five you can provide information about your wishes to donate your eyes or organs or other tissue for transplant. You might want to donate your body for research or study. You might want an autopsy to help your doctor and family understand what happened to you.

Health insurance and life insurance will not be affected by an advance directive. Refusing life-prolonging treatment will not void a life insurance policy. If an advance directive is followed and a patient dies, the death is not considered suicide. Emergency medical personnel such as rescue squads are required to provide emergency efforts to save your life. An advance directive cannot change this. If you do not want resuscitation attempted, talk to your doctor about a DDNR ( *durable do not resuscitate* ) order. This is a special doctor's order that says you will not get CPR if your heart or breathing stop. You may get other treatments but no efforts will be made to restart your heart.

### *How do I complete an Advance Directive?*

A suggested form and instructions are included with this booklet. You do not need a lawyer but you might find one helpful. In Virginia the advance directive form does not need to be notarized. In Section 6 you must sign and date the form. Your signature must be witnessed by two adults (age 18 or older). Copies can be made and would be honored by health care providers. There is a wallet card for you to carry with you. Your Virginia advance directive will be honored in other states.

You may cancel (revoke) or change your advance directive at any time. You should let everyone know your new wishes and destroy any old forms.

Our hospital staff must ask patients if they have an advance directive. If you give your advance directive to hospital staff, a copy is put in your medical record. The wallet card would let emergency providers know that you have an advance directive. When you complete an advance directive you should give copies to your agent, your family, and your doctor. You may give a copy to any hospital where you might receive care to put on file even if you have not been a patient there before.

***What else should I know?***

Filling out an advance directive is part of *advance care planning*. This process helps you:

- get information to understand your medical condition and choices for care;
- think about your beliefs, values, and goals for treatment;
- discuss these thoughts with family, friends, clergy, physicians, and agents;
- write down your plan as described in this booklet; and
- review your plan every year to be sure it still reflects your wishes.

***Where can I go for more information?***

For more information you may speak to your physician, hospital staff, or lawyer. If you have questions and want help in completing an advance directive, please call our Case Management Department at 434-654-8475 or our Chaplain at 434-654-8407. The please hospitalp in your your physician at C l have in

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## STEPS FOR COMPLETING THE ADVANCE MEDICAL DIRECTIVE FORM

1. Read this booklet carefully. Think about your personal values, beliefs, health, and goals.
2. Ask questions. Hospital staff can help. See the preceding page for contact information. Read and consider each section. **Complete or cross off statements and provide information according to your wishes.**
3. **SECTION 1** – Agent for health care decision - Choose someone over 18 who will speak for you if you are unable and will be your advocate or surrogate.
  - Ask this person if he or she is willing to accept this responsibility and if he or she will:
    - ask questions of your doctors to get the information needed to make decisions
    - make decisions according to your wishes even if he or she does not agree with your wishes
  - Talk to this person about your wishes for future medical treatment. Talking clarifies your wishes and keeps your agent from struggling about your

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**If you have questions about the  
Advance Medical Directive, call:  
Case Management - (434) 654-8475  
Chaplain - (434) 654-8407**





**WISHES ABOUT SPECIFIC TREATMENTS**

G. To authorize the following specific types of health care identified in this advance directive **even if I protest.** \_\_\_\_\_

*(If you give your agent the power described in this subsection G, your physician must sign the box at the end of this section.)*

**RESEARCH**

H. To authorize my participation in any health care study approved by an institutional review board or research review committee if the study **offers the prospect of direct therapeutic benefit to me.**

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

**VISITATION**

J. To make decisions about **who may visit me,** subject to physician orders and policies of any institution to which I am admitted. Specific requests: \_\_\_\_\_

**OTHER POWERS**

K. **To continue to serve as my agent even if I protest** the agent’s authority after I have been determined to be incapable of making an informed decision; (If incapacitated patients at Martha Jefferson Hospital protest their agent’s authority, we will involve the Ethics Consult Service to protect patient rights.)

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

*Add here any additional powers you give your agent, limits you impose on your agent or other information to guide your agent.* \_\_\_\_\_

*If you wish to provide the powers listed in subsection F and/or G above, check these boxes and have your doctor sign this. If incapacitated patients at Martha Jefferson Hospital protest their agent or treatment decisions, we will involve our Ethics Consult Service.  F  G*

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

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name Printed \_\_\_\_\_

### Section 3. GUIDELINES FOR MY AGENT ABOUT MY TREATMENT CHOICES

If you choose not to provide any instructions, your health care agent will be obligated to make decisions based on his/her understanding of your wishes or what he/she considers to be in your best interest.

#### MY INSTRUCTIONS ABOUT CARE IF I HAVE A SERIOUS ILLNESS OR INJURY.

Initial **ONLY ONE** box in this section.

If my illness or injury is life threatening:

- I choose to provide no written guidelines. My agent should make decisions based on my known values and wishes. **OR**
- I choose to continue treatment. I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. I understand that my physician has the responsibility to inform my agent when he/she judges that these limits have been reached. At that time, any instructions in Section 4 would be followed. **OR**
- If it is reasonably certain that I will not recover my ability to be aware of myself or to interact with others, I want to stop or withhold all treatments that might prolong my existence. I would not want tube feedings, IV fluids, CPR, respirator (breathing machine), kidney dialysis, or antibiotics. Only treatment for relief of distressing symptoms (palliative treatment) may be continued.

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I consider \_\_\_\_\_ to be a suggested time after which such care should be stopped. The exact time period is at the discretion of my agent in consultation with my physician. **You do not have to suggest a time. If you do not wish to suggest a time, you may cross through this paragraph.**

**Other health care instructions:** *You may add statements about care that you want to receive, if medically appropriate, or list care that you do not want under any circumstances.*

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### Section 4. INSTRUCTIONS ABOUT END OF LIFE CARE ( LIVING WILL)

(death is imminent or you are in a persistent vegetative state).

If at any time my attending physician should determine that I have a terminal condition where using life- prolonging procedures (including artificial respiration, cardio-pulmonary resuscitation, artificially administered nutrition, and artificially administered hydration) would serve only to 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. Other instructions: You may include wishes about certain medical treatments, hospice care, and/or statements about moral and religious beliefs that affect your care.

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VIRGINIA ADVANCE  
MEDICAL DIRECTIVE

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