

# *Advance Directive*

**Your Right  
To Decide**

**Communicating Your  
*Healthcare Choices***



**SENTARA<sup>™</sup>**  
HEALTHCARE

## **Table of Contents**

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### Tear-out Document in Front of Booklet:

**Virginia Advance Medical Directive for Healthcare Decisions**

**Living Will**

**Appointment of Healthcare Agent**

**Anatomical Gift Designation**

**U.S. Living Will Registry – Registration Agreement**

Protect Your Right to Control Your Health Care	1
Terms You May Need to Know	1
Questions and Answers	
About Your Health Care Rights	4
Advance Directives	4
The Living Will	5
Health Care Agent	7
Anatomical Gift Designation & Organ Donation	9
Sentara Advance Directive Registry	11
Considerations Regarding Advance Directives	12
Virginia Health Care Decisions Act	13

## Virginia Advance Medical Directive for Health Care Decisions

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Sentara Healthcare Advance Directive**  
**U.S. Living Will Registry Source Code: 36901001**

This form contains both a “Living Will” and the name of your “Healthcare Agent,” and your choices about organ donation or giving your body as a gift to medical science after your death. You may complete any one or all sections of this form. **You must sign this form**, in the presence of two witnesses who are 18 years or older. It is up to you, under Virginia law, to give a copy of your Advance Directive to your physicians. You should also give copies of your Advance Directive to close relatives, friends and your hospital of choice.

**Advance Medical Directive**, made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

I, \_\_\_\_\_, want the person I have chosen as my **Healthcare Agent**, my physicians, my family and others to follow my wishes as stated below:

### **Part 1 - Section A: MY LIVING WILL**

**(Cross through this box if you do not wish to use this section of Living Will)**

**As long as I am able to make my wishes known, my physicians will talk with me and I will make my own decisions about my medical care.** If I am unable to speak for myself and if at any time my attending physician should determine that I have a terminal condition where providing life-prolonging procedures would only artificially prolong my dying, I wish that such procedures be withheld or withdrawn. I direct that I be allowed to die naturally with only the administration of medication or the performance of any medical procedure believed necessary to provide me with comfort care or to ease my pain.

**OPTION:** I specifically wish that the following procedures or treatments be provided to me:

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If I am not able to give directions regarding the use of such life-prolonging procedures it is my wish that this statement 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.

## Part 1 - Section B: MY LIVING WILL

(Cross through this box if you do not wish to use this section of Living Will)

Use this section to describe your wishes regarding treatments that may be offered **if you are in an end-stage or terminal condition or if you have a permanent and severe brain injury with no hope of improvement or recovery.** Your wishes will help the person you have named in Part 2 make decisions for you. This information may also be helpful to your physicians and others who will care for you.

Put your initials next to your choices.

### Treatment Choices:

- 1 A. \_\_\_\_ I do not want life-sustaining treatments, such as cardiopulmonary resuscitation (CPR) started. If these treatments are started I want them stopped.
- 1 B. \_\_\_\_ I want life-sustaining treatments started on a temporary basis. If I do not show signs of recovery, then I want them stopped.

### Artificial Nutrition and Hydration

- 2 A. \_\_\_\_ I do not want a feeding tube started if it would be the main treatment keeping me alive. If a feeding tube is started I want it stopped.
- 2 B. \_\_\_\_ I want a feeding tube started on a temporary basis. If I do not show signs of recovery, then I want it stopped.
- 2 C. \_\_\_\_ I want artificial nutrition and hydration, even if it is the main treatment keeping me alive.

### Other Directions

You have the right to be involved in all decisions about your health care, even those not dealing with an end-stage condition, terminal condition, or a permanent and severe brain injury. If you have wishes regarding life-sustaining treatments, including dialysis or other major medical treatments not covered in other parts of this document, please write them here:

## Part 2: MY HEALTHCARE AGENT

**As long as I am able to make my wishes known, my physicians will talk to me and I will make my own health care decisions.** If there ever comes a time when I can not make health care decisions about myself, I name the following as my primary Healthcare Agent to make health care decisions for me as authorized in this document, not to contradict any of my wishes specifically set forth in Part 1:

I give to my Healthcare Agent, named on the next page, full power and authority to make health care decisions for me as described in the Virginia Healthcare Decisions Act, Statute §54.1-2984, whenever I have been determined incapable of making an informed decision about providing, withholding or withdrawing medical treatment.

- I further grant to my Agent the power to limit visitation and expressly request they deny visitation especially from:**

(Cross through this section if you do not want to appoint a Healthcare Agent)

**Appointment of Primary Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

If my primary Healthcare Agent is not reasonably available or is unable or unwilling to act as my Healthcare Agent, I then name the following person as **successor agent** to serve in that capacity:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Part 3: MY WISHES REGARDING ANATOMICAL GIFT OR ORGAN DONATION**

(Cross through this section if you do not want to make an anatomical gift or organ donation)

The following option allows you to give your body to medical science **after your death** or to make a gift of your organs, tissue, or eyes after your death. You may appoint someone to speak for you after your death. Upon my death, I direct that an anatomical gift of all of my body or certain organ, tissue or eye donations be made according to my directions, if any, and according to Virginia Law Statute §32.1-290.

**OPTION:** Appointment of an agent to make an anatomical gift or organ, tissue, or eye donation.

I appoint (name) \_\_\_\_\_ as my agent to speak for me,  
(address) \_\_\_\_\_  
(phone) \_\_\_\_\_, and to make any such anatomical gift or organ, tissue or eye donation after my death. I further direct that: \_\_\_\_\_

**Part 4: SIGNATURES**

**A. Your Signature:**

This Advance Directive shall not stop in the event of my mental or physical disability. By signing below, I state that I am emotionally and mentally capable to make this Advance Directive and that I understand the purpose of this document and require the health care professionals and my family to honor my wishes.

\_\_\_\_\_ Date

\_\_\_\_\_ Your Signature (Required)

**B. Your Two Witnesses' Signature**

I believe the person who has signed this Advance Directive to be of sound mind, that he/she signed or acknowledged this Advance Directive in my presence, and that he/she appears not to be acting under pressure, duress, fraud, or undue influence. I am 18 years old or older.

\_\_\_\_\_ PRINT Name : \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
(Signature of Witness - Required)

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ PRINT Name : \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
(Signature of Witness - Required)

Address \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. Living Will Registry Registration Agreement**



Source Code  
**36901001**



**Identifying Information** (Please type or print clearly)

**Name:**  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Address:** Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

**Emergency Contact (use an additional page for additional contacts):**

Name: \_\_\_\_\_ Relationship to Registrant: \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

I, \_\_\_\_\_ ("Registrant" or "I"), request that the U.S. Living Will Registry, with offices at **523 Westfield Ave., PO Box 2789, Westfield, New Jersey 07091-2789** ("Registry"), electronically store a copy of my attached advance directive (living will and/or health care proxy), and provide a copy of the stored advance directive to any health care provider who requests it in conjunction with providing care to me. A "health care provider" is any hospital, doctor, skilled nursing facility, nursing facility, home health care agency/provider, ambulatory surgery facility, hospice, or any authorized employee of any of the foregoing. My registration is not effective until I receive written confirmation from the Registry, at the address I have provided above. I understand that I can only register through a Registry member Health Care Provider or a Registry Community Partner. The Registry's member Health Care Providers and Community Partners are not owned or operated by the Registry, and they cannot change any terms of this Registration Agreement; any oral changes are not effective.

**I. Registration and Certification:** I submit the information herein to confirm my identity if a health care provider requests a copy of my advance directive. I certify that this information is correct, and that the attached advance directive is my currently effective advance directive, which was properly executed in accordance with the laws of the state where it was executed. If the attached advance directive is a copy, I certify that it is a true and correct copy of the original document. I agree to immediately notify the Registry, in writing, at the Registry's address listed above, in the event of my revocation of this Registration, or if the attached advance directive or the identifying information herein are changed in any way. I agree immediately to provide the Registry with a copy of new/changed documents. I will indemnify and hold the Registry harmless for any damages resulting from the Registry's reliance on these certifications, or on any inaccurate information I supplied. If I don't notify the Registry in writing and in a timely manner of any changes, the Registry will not be liable for any damages resulting from the transmission of the documents on file to any health care provider.

**II. Authorization:** I authorize the Registry to send a copy of my advance directive to any health care provider that requests a copy of it, provided the request conforms to the Registry's policies and procedures. The Registry is not authorized to share my personal information with parties other than health care providers (as defined herein). A copy of this Agreement may be used in place of the original document.

**III. Limitations on Liability:** Registration is free of charge. Registry shall not be liable for the improper transmission/disclosure of my advance directive.

**IV. Term:** This Agreement shall remain in effect until Registry receives reliable information that the Registrant is deceased, the Registrant requests, in writing, that the Agreement be terminated, or until registration is cancelled pursuant to the Registry's policies and procedures. When the Agreement is terminated, Registry will use best efforts to remove Registrant's advance directive from its files.

I hereby agree to the above terms and certify to the accuracy of the information provided. I am legally capable of executing this registration.

\_\_\_\_\_ X \_\_\_\_\_  
Date Signature of Registrant or Legal Guardian Required (Guardian must provide proof of authority)

**WITNESS STATEMENT**

I declare that the Registrant who signed this document is personally known to me, that he/she signed or acknowledged this document in my presence, and that he/she appears to be of sound mind and under no duress or undue influence.

X \_\_\_\_\_  
(Signature of Witness - Required) Print Name of Witness #1

Date

X \_\_\_\_\_  
(Signature of Witness - Required) Print Name of Witness #2

Date

# Protect Your Right to Control Your Health Care Decisions

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**H**ealth care 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?

Every American faces this question at some point in their life. If you plan now, **in advance**, you can make sure your wishes are known, and that you get the kind of care you want at the end of your life, and relieve your family of having to make difficult and stressful choices. It is your life, your health and your wishes . . . **your choices about your medical care**, whether you are at home receiving home care or hospice services, in a nursing home or long-term care facility, or in a hospital.

**You decide, in advance, in writing, what your health care choices are if you are terminally ill, or have a permanent and severe brain injury with no hope of improvement or recovery and you let your family, friends, doctors, and health care providers know your wishes through your Advance Directive.**

## Terms You May Need to Know

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**T**he 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 health care choices for your future.

**Advance Care Planning:** A process of decision-making done in advance of a life-threatening illness or injury to plan with your family, physicians, spiritual leader, what choices you would you make if you became unable to communicate those choices for yourself.

**Advance Directive:** It is (i) a witnessed written document which states your choices about medical treatment, voluntarily signed by you, or (ii) a witnessed oral statement, made by you after you have been diagnosed as suffering from a terminal condition. Virginia law recognizes 3 types of advance directives.

1. A **Living Will**
2. An Appointment of a **Health Care Agent**
3. Your choices about making an **Anatomical Gift of your body or organs**. You also may appoint an **Agent for Anatomical Gifts**.

**Anatomical Gift:** Giving your body to medical science or donating of your organs, tissue, or eyes, after your death.

**Anatomical Gift Agent:** Person appointed by you, prior to your death, to speak your wishes regarding anatomical gift or organ donation following your death.

**Artificial Hydration and Nutrition:** If you can not eat normal food through your mouth, food and water may be given to you through a tube placed into your stomach or given to you through your blood vessels.

**Attending Physician:** The primary physician who has responsibility for your treatment and care. You and your physician decide what is best for you in your treatment plan and care.

**Durable Do Not Resuscitate Order:** A written physician's order to withhold cardiopulmonary resuscitation from you in the event of cardiac or respiratory arrest. This document is the only document recognized by Emergency Medical Services. The Durable Do Not Resuscitate Order is not considered an Advance Directive, however, it is based on your previous stated wishes to your physician through your written or oral Advance Directive.

**Health Care Agent:** An adult appointed by you to make health care 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 health care 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 is your voice to direct your medical team and your **Health Care Agent** in health care decisions that you would make if you were able to speak for yourself. The **Living Will** ONLY applies when your physician determines that you are terminally ill and you are unable to speak for yourself regarding your medical care choices. The **Living Will** is your opportunity to express your wish to not have artificially provided food, water, dialysis, chemotherapy, or ventilator (breathing machine), or other medical treatments that would only serve to prolong your dying.

**Advance Directive Registry:** A computer database system for storing your Advance Directive. The **Registry** allows health care professionals to obtain your Advance Directive and place it in your medical record upon admission to the hospital or other health care facility.

**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.



**Patient Self-Determination Act of 1990:** A Federal law which requires health care institutions to let you know of your right to make decisions about your medical care, including the right to create an Advance Directive.


**Persistent Vegetative State:** A condition, caused by injury, disease or illness, that causes a loss of consciousness with no behavioral evidence to self-awareness or awareness of your surroundings and 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 your brain telling it to do so.

**Surrogate Decision-Maker:** Individual(s) designated by law to make health care decisions on your behalf, in the absence of an appointed **Health Care Agent**, when you are unable to make decisions for yourself.

**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 Health Care Decisions Act:** The Virginia law that discusses Advance Directives, your right to participate in your medical treatment plan decisions, and provides a list of your 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. As of July 1, 2005, the Virginia law changed and Virginia Advance Directives may be witnessed by any person 18 years of age and older and may include your spouse or blood-related family member. Although not prohibited by Virginia law, it is not recommended you allow your Health Care Agent to serve as a witness.



*“I did this for my family  
as well as myself.”*

## Questions and Answers about Your Health Care Rights

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### **Q. What happens if I cannot exercise my right to make health care decisions?**

**A.** Unfortunately, situations may arise in which you cannot exercise your right to make health care decisions for yourself. For example, decisions about medical treatment may arise when you are unconscious. If you have not made an Advance Directive, Virginia law permits family members to speak for you if you can not speak for yourself.

Virginia law allows individuals to make health care decisions **in advance**. Advance planning papers called **Advance Directives** include **Living Wills**, decisions about organ donation, and the appointment of **Health Care Agents**. These papers instruct your family and health care providers what to do regarding your medical treatment in the event you are unable to make medical decisions for yourself.

## Advance Directives

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### **Q. What kind of Advance Directives can I make in Virginia?**

**A.** An Advance Directive is a legal document, signed by you, giving your attending physicians and family instructions regarding your wishes if you are unable to communicate for yourself. In Virginia the Advance Directive has three parts: **Living Will**; the appointment of a **Health Care Agent**; and your wishes regarding making an **Anatomical Gift** of your organs, tissue, or eyes, or your body after your death. You also have the option of appointing an agent to make an Anatomical Gift of your body or organ donation after your death.

### **Q. Do I need to talk with a physician to prepare an Advance Directive?**

**A.** Although it is not necessary to talk with your physician to prepare your Advance Directive, your physician can explain to you some of the situations where Advance Directives apply. A conversation with your physician may help you to understand the kinds of health care decisions that you may need to make.

**Q. Do I need to talk with an attorney to prepare my Advance Directive?**

**A. No.** It is not necessary to hire an Attorney to prepare your Advance Directive. For your convenience we have included a completely acceptable form in this booklet for your use. If you have legal questions, you may wish to consult your Attorney before preparing any legal document.

## **Living Wills**

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**Q. What is a Living Will?**

**A.** A **Living Will** speaks for you when you are unable to make informed decisions for yourself about life-prolonging procedures if you are in a terminal condition. It is your voice to your physicians, your family and friends about your wishes and choices regarding medical treatment.

**Q. What kinds of life-prolonging procedures are covered by my Living Will?**

**A.** A life-prolonging procedure is any procedure or treatment that could keep you alive when your own body can no longer do that work alone. Such procedures only prolong dying; they do not make you better. Your **Living Will** tells your physicians whether or not to use these procedures or treatments when you have a terminal condition and there is no reason to believe that you will get better.

Life-prolonging procedures include **artificial** hydration and nutrition (food and water) and mechanical ventilation (breathing machines). Life-prolonging procedures do not include treatments for pain and other comfort care. However, if you create a **Living Will**, you can direct that you be given treatments to ease your pain and keep you comfortable.

**Q. What if I have special wishes or instructions about life prolonging procedures?**

**A.** Your **Living Will** can have instructions about the kind of care you do or do not want when you are dying.

**Q. How do I make a Living Will?**

**A.** You can make a written **Living Will** at any time. You can write your health care wishes in your own words or use the form provided in this booklet. You and two witnesses over the age of 18, must sign and date this document.

You can make a spoken **Living Will**. To make a spoken (oral) **Living Will**, you must tell your physician about your wishes with two witnesses present after being diagnosed with a terminal illness. Your physicians will then document your wishes in your medical record.

**Q. Whom do I tell about my Living Will?**

**A.** A Federal law called the **Patient Self-Determination Act of 1990** requires health care facilities, agencies, and physician offices to document in a patient's medical record whether or not the patient has an Advance Directives. Therefore, if you are admitted at a Sentara facility (home care, hospice, nursing facility, or a hospital) a representative will ask if you have an **Advance Directive**.

If you have an **Advance Directive**, it is wise to tell your family, friends, spiritual leader, and physicians about it. Keep the original document of your **Advance Directive in a safe place** and tell others where copies are kept or tell them if it is registered with the Sentara Advance Directive Registry.

**Q. Do my physicians have to follow my Living Will?**

**A. Yes.** Your physicians have an obligation to honor your right to refuse treatments. If there is a moral or ethical conflict between your wishes and the physician, they must transfer your care to another physician of your choice.

**Q. Is my Living Will legally recognized in states other than Virginia?**

**A.** Most states have laws allowing individuals to make decisions regarding their medical treatment. However, these laws may be different than Virginia's laws. If you move to another state, you should ask to determine if your **Living Will** from Virginia is legal and valid in that state.

**Q. Will my Advance Directive be followed in an emergency if I cannot make my wishes known?**

**A.** Emergency medical personnel, such as rescue squads or ambulance teams, **cannot** follow your Advance Directive if they are called to help you in an emergency. But, if you have a terminal illness, you can make decisions in advance about refusing cardiopulmonary resuscitation if your heart stops beating or you stop breathing. You do this by having your doctor fill out a Virginia Department of Health physician's order form called an "Durable Do Not Resuscitate Order (DDNR)" for you.

**Q. Can I change my mind about my Living Will?**

**A.** You can change your mind at any time in several ways. You may:

- Revoke a **Living Will** by a signed, dated written statement.
- Write "Revoked" across your **Living Will** and sign and date where you have written "Revoked."
- Create a new **Living Will** in writing, signed, dated and witnessed. The **Living Will** with the most recent date is the valid one.
- Tear up or destroy your **Living Will**.
- Tell your physician that you want to change your **Living Will**.
- If you have made a new Advance Directive, please send a new copy of your Advance Directive and a new Registration Agreement to the Registry, if your papers have been registered. If you need new documents or Registration Agreement, contact the Sentara Center for Healthcare Ethics, (757) 388-4263 or download at [www.sentara.com](http://www.sentara.com).

## **Health Care Agent**

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**Q. What is a Health Care Agent?**

**A.** A **Health Care Agent** is the person you choose to make **your** health care decisions when you are unable to speak for yourself. The most important part of naming a **Health Care Agent** is choosing a person you trust to honor your wishes. In naming a **Health Care Agent** (HCA) you should:

- Define their scope of authority or any limitations on that authority.
- Provide guidelines for them to follow.
- Name a successor HCA, should your first choice be unable to act for you.
- Include other directives aimed at ensuring the effectiveness of the document.

**Q. If I choose to create a Health Care Agent, whom should I select?**

**A.** The choice is most important since he or she will have the power to direct your health care **if** you become too sick or injured to make an informed decision. You should consider speaking to the person (and any successor person) you wish to be your **Health Care Agent** to explain your intentions, discuss their understanding of your wishes, and confirm their willingness to act on your behalf.

**Q. Do my physicians have to follow the instructions by my Health Care Agent?**

**A. Yes.** Your physicians have an obligation to honor your right to refuse treatments as expressed through your Health Care Agent. If there is a moral or ethical conflict between your wishes and the physician, they must transfer your care to another physician of your choice.

**Q. How useful is a Health Care Agent?**

**A.** If you ever lose your capacity to make or communicate health care decisions because of a temporary or permanent illness or injury, the appointment of a **Health Care Agent** lets you have control over your own medical decisions by choosing a person to make and communicate these decisions for you. Your **Health Care Agent** can also include your wishes and preferences about specific medical decisions. The existence of the document may relieve some of the stress or conflict that otherwise might arise if family or friends have to decide on their own what you would want done when you cannot speak for yourself.

**Q. How do I appoint a Health Care Agent?**

**A.** You can make a written **Appointment of a Health Care Agent** at any time. You can write your choice in your own words or use the form provided in this booklet. You and two witnesses must sign and date this document. Witnesses can not be your spouse, a blood relative, and should not be the person you appoint as your health care agent.

You can make a spoken **Appointment of a Health Care Agent**. To make a spoken (oral) **Appointment of a Health Care Agent**, you must tell your physician about your wishes with two witnesses present after being diagnosed with a terminal illness. Your physicians will then document your wishes in your medical record.

A lawyer does not have to prepare this document but if you have any legal questions about it, you should talk with a lawyer.

**Q. Will my Health Care Agent be recognized in other states besides Virginia?**

**A.** All states have laws allowing individuals to make decisions regarding their medical treatment. However, these laws vary from state to state. If you move to another state, you should ask if the **Health Care Agent** you prepared in Virginia is acceptable in that state.

## **Anatomical Gift & Organ Donation**

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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? Do I need to give someone permission to give consent for the gift of my body or any body organs?**

**A. Yes.** The Advance Directive has a section that gives you an opportunity to donate your body to medical science or to donate any part of your body for organ, tissue, or eye donation after your death. You are not required to donate your body or organs, but if you choose to do so, you may also name a person as your **Agent** to speak your wishes after your death. Your wishes regarding organ donation or the gift of your body to medical science will be honored. You may also make your wishes known by designating your choice on your driver's license or by pre-registering with the Virginia State Anatomical Board. Your **Anatomical Gift Agent** must comply with your wishes about organ donation and the anatomical gift of your body.

**Q. Should I let my family and friends know if I plan to make an anatomical gift of my organs, tissue, eyes or of my body after I die?**

**A. Yes.** It is very important to discuss with your family, friends, and physicians, your wishes when filling out your Advance Directive, including the Anatomical Gift section. Discussing this before your death greatly relieves your family of much of the stress when they are faced with the decision regarding the **Anatomical Gift of Your Body or Organ, Tissue, and Eye Donation**. If you are in the hospital and would like to talk with someone about this decision, you may want to discuss this with your physician, your pastor, the hospital chaplain or a member of the Ethics Committee. The nurse caring for you will help you contact the appropriate individual to answer your questions.

**Q** What if I change my mind about my **Anatomical Gift** or **Organ, Tissue, Eye Donation** decision and decide not to donate my body or any organs?

**How do I change my Advance Directive?**

**A.** You have the right to change your mind at any time. To change your **Anatomical Gift** decision, you would need to make a written, signed and dated statement of your intentions to revoke your donation, or talk with your physician, explaining to them exactly your wishes about donation. If you have designated your wishes on your driver's license or registered with the Virginia State Anatomical Board, you would need to notify the respective agency about the change in your decision. You would need to send a new copy of your Advance Directive and a new Registration Agreement to the Registry, if your papers have been registered. If you need new documents or Registration Agreement, contact the Sentara Center for Healthcare Ethics, (757) 388-4263 or download a copy at [www.sentara.com](http://www.sentara.com).



## **Sentara Advance Directive Registry & the U.S. Living Will Registry**

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**S**entara Healthcare has partnered with the **U.S. Living Will Registry** to provide our community with a nation-wide service that stores your advance directive electronically and makes it available 24 hours a day to health care facilities across the country.

The **U.S. Living Will Registry**, founded by Joseph T. Barmakian, M.D., a Board Certified Orthopaedic Surgeon, provides medical personnel and patients' families with advance directives whenever and wherever they are needed, while maintaining the patient's privacy and confidentiality.

In response to the Sentara Healthcare commitment to Patient Rights, the Sentara Ethics Advisory Council, the Sentara Center for Healthcare Ethics and the **U.S. Living Will Registry** are offering the **Sentara Advance Directive Registry** as a community service. For more information on the **U.S. Living Will Registry**, visit [www.uslivingwillregistry.com](http://www.uslivingwillregistry.com).

**You can mail your Advance Directive and Registration Agreement to the Sentara Center for Healthcare Ethics, 600 Gresham Drive, Norfolk, VA 23507.**

### **Q. How does the Registry work?**

**A.** Register your Advance Directive with the **Sentara Advance Directive Registry** by filling out a **Registration Agreement**, included in this booklet. This agreement gives the **U. S. Living Will Registry** permission to provide copies of your Advance Directive to health care facilities caring for you in the future. You must agree to notify the **Registry** if you change your Advance Directive. A copy of your new Advance Directive would need to be sent to the **Registry**.

The **Registry** stores your Advance Directive in its computer database. Health care facilities anywhere in America may contact the registry and request a copy of your Advance Directive if needed for your medical care. The registry electronically sends a copy to the hospital, nursing facility or home care / hospice where you are located and it will be kept as part of your confidential medical record.

The **Registry** does not share registrant information with outside parties and complies with HIPAA privacy and confidentiality guidelines.

### **Q. Is my Advance Directive confidential and can be it accessed only by health care facilities if needed for my medical decisions?**

**A.** You will have peace of mind knowing that your Advance Directive is safe, secure and available to your family and physicians whenever and wherever it is needed. Health care facilities can contact the **Registry** to see if any patient has an Advance Directive. It is important to let your family know your Advance Directive is registered through the **Sentara Advance Directive Registry**. Stickers for your driver's license and insurance card are provided for you along with your confirmation letter from the **U.S. Living Will Registry**.

## Q. How much does it cost?

A. Registration and retrieval of your Advance Directive is **free**. Sentara Healthcare and the Sentara Center for Healthcare Ethics provide this service without charge so that **everyone** can participate.

## Q. What are the benefits to me?

A. The benefits include:

- **Peace of mind**, knowing that your choices are secure and will be available to your family and physicians even if you become ill away from home.
- **The serenity of knowing** that you will be able to “speak” to your family and physicians through your Advance Directive about your personal wishes, and help your family and physicians make the decisions you want without feeling guilt or regret.
- The **security** of confidential, 24-hours every day, access to your choices by hospitals across the country.

## Considerations Regarding Advance Directives

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**B**efore making a **Living Will** or assigning a **Health Care Agent**, you may want to think about the following: An Advance Directive may shape how you experience a period of disability or the very final stage of your life. 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 and/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?

## Virginia Healthcare Decisions Act

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**T**he Virginia Health Care Decisions Act allows you to make an Advance Directive, which includes a **Living Will**, a **Health Care Agent** assignment, or provide you the opportunity to make an **Anatomical Gift** of your organs, tissue, eye after your death, or to will your body to medical science after your death. Each of these has been described in this booklet. If you have not made an advance directive appointing an **Agent**, the **Act** stipulates the individuals who may make health care decisions for you when you can not speak for yourself. Those persons, in order of priority, are described as follows:

1. A guardian or committee for the patient;
2. The patient's legal spouse;
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 of the patient in the descending order of blood relationship.

In order for any of the above to make decisions on your behalf in the absence of an Advance Directive, the **Virginia Health Care Decisions Act** states that your attending physician must determine that you cannot make informed decisions regarding providing, withholding or withdrawing of medical or surgical care or treatment. The *Act* further states that a second physician or licensed clinical psychologist must confirm this determination.

When a surrogate decision-maker is called upon to make a health care decision for you, the **Act** instructs that person to make their decision based on your religious beliefs, basic values and any wishes you had talked about as far as they know. If the decision-maker does not know your religious beliefs, basic values and wishes, the **Act** states that the decision-maker has to base their decision on what is in your best interests.

The Virginia Healthcare Decisions Act may be seen online via the Internet at the following web-site:  
<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+54.1-2981>

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If you have further questions regarding your Advance Directives, please contact:

**Sentara Center for Healthcare Ethics**

600 Gresham Drive, Mail Box 456

Norfolk, Virginia 23507

757-388-4263

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

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

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THIS BOOKLET IS NOT INTENDED AS LEGAL ADVICE AND  
YOU MAY WISH TO SPEAK TO AN ATTORNEY BEFORE  
SIGNING YOUR ADVANCE DIRECTIVE.

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