



# Planning For The Future

*My Health Care Choices*

At every age and in every phase of our lives, we establish values about what we want out of life, how we want to relate to others, and how we want to approach serious or difficult health care choices.

These choices about health care are related to other important aspects of our lives such as the answers that we give to questions about the meaning of our lives, the way that we as individuals fit into a world that is larger than ourselves, and the way that we want to be perceived or remembered by our loved ones.

Although there are many different ways to approach these issues, many people never discuss these important topics with their loved ones. It is extremely important that all people, from age 18 onward, think carefully about how they would make certain types of health care decisions and that they communicate this information clearly to their family, friends, and doctors.

By talking about your health care choices with others, you can improve the quality of the health care decisions that others may have to make for you if you ever lose your decision-making capacity.

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The Commonwealth of Virginia has a tool that exists under State law that can help in this regard. In Virginia, every adult citizen who has the capacity to make his or her own health care decisions can fill out an advance directive. An advance directive can be obtained from your doctor, from a hospital or from your attorney. You do not need the assistance of an attorney to fill out an advance directive, and you will be offered the opportunity to create an advance directive if you are ever admitted to a hospital.

An advance directive allows you to do three things. First, you can complete the “living will” portion, a section that allows you to communicate your wishes regarding care if you ever become terminally ill or are in a state of deep, permanent unconsciousness (known as a persistent vegetative state). Most people use this section to communicate their desires to avoid being maintained in such a condition by artificial means. Under Virginia law, the provision of food and fluids by artificial means is considered “life-prolonging care” and you may state your wish to refuse this care in the living will portion of your advance directive.

The second portion of the advance directive is the “Durable Power of Attorney for Health Care.” This

section allows a person to assign a specific individual to make health care decisions in the event that he or she is incapable of doing so. The advantage of having a durable power of attorney is that you do not have to be terminally ill or in a persistent vegetative state for the assignment of a surrogate decision maker to take effect. For example, if you are injured and incapacitated—but not terminally ill—then your living will does no good. If you want a

particular person to make decisions for you in such a circumstance, then you must assign that power through a durable power of attorney for health care.

There are several important things to remember about durable powers of attorney for health care. You may have assigned a power of attorney for legal or financial matters, but you need a special durable power of attorney for health care decision-making. A general power of attorney designee will not be recognized! If you do not have an advance directive, your next-of-kin will have the power to make

decisions for you if you are incapacitated. If you want someone other than your legal next-of-kin to make your health care decisions, then you must make that clear in an advance directive.

It is extremely important that you assign your durable power of attorney for health care to only one individual. You may appoint a secondary agent if your first choice is unable, unwilling or unavailable, but it is not a good idea to appoint multiple people at the same level. When you do this, rather than helping your health care team understand who should be making choices for you, you create an opportunity for disagreement and confusion. Therefore, it is advised that a person appoint only one person as a primary agent for health care decision-making. And, when you appoint an agent in your durable power of attorney for health care, you have the option on the form to specify any limitations that you wish to place on the powers of your agent.

The third portion of the advance directive allows you to make an anatomical gift. If you want to donate your organs upon your death, you can use the advance directive form to make that desire clear.

From an ethical point of view, the advance directive form is important, but it is only the tip of the iceberg. Much more communication is needed if you want to avoid some of the most dangerous pitfalls of our modern medical world. An advance directive is the primary tool used to communicate decisions that you have made regarding health care. This booklet is designed to help you think about the choices that you might have to make and to communicate your wishes and values clearly. By completing this booklet, you will better understand the value of an advance directive—a health care decision making tool that helps you clearly communicate your desires and convey your values to your loved ones.

The Ethics Committee at Halifax Regional Health System has created this booklet to help you in the process of completing an advance directive. Ideally, you should answer the questions in the book, discuss your answers with your loved ones, and use this discussion as an opportunity to share your concerns, feelings and values about health care. When you have completed this exercise, place this booklet with your advance directive in order to insure that your health care choices will be understood by your family, friends and health care providers in the future.



## PRIMARY CONCERNS

1. *When I think about the types of medical interventions that I would want to avoid if I were determined to be terminally ill or in a persistent vegetative state, I include (check all that apply):*

- CPR (cardiopulmonary resuscitation)
- “Chemical Codes” (use of medications to restore a normal heart beat)
- Intubation (placement on a mechanical ventilator)
- Artificial provision of food and fluids
- Dialysis
- Invasive care such as surgery

2. *Life-prolonging care may include any of the types of treatments listed in #1 above. The following statement best describes how I want decisions regarding life-prolonging care to be handled if I am terminally ill:*

- I want life-prolonging care, no matter what.
- I only want life-prolonging care if my doctor believes that there is a reasonable chance that I will benefit from that care. *Examples of the types of benefit that life-prolonging care might provide at the end of life might include prolonging life for a short time, allowing social interaction, maintaining function, increasing comfort or extending life long enough for friends and family to visit.*

*Briefly describe what you would find beneficial about receiving life-prolonging care when terminally ill.*

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- I do not want life-prolonging care under any circumstances. If such care has already been given, I want it withdrawn.

3. *The following statement best describes how I want the treatments listed in number one to be handled if I am in a persistent vegetative state:*

- I want life-prolonging care, no matter what.
- I would only want life-prolonging care for a short time if that would be necessary to allow friends and family a chance to say goodbye.
- I do not want life-prolonging care under any circumstances. If such care has already been given, I want it withdrawn.

4. *The following statement best describes how I want life-prolonging care decisions to be handled if I am not terminally ill and not in a persistent vegetative state, but suffer from an irreversible cognitive impairment such as advanced Alzheimer’s disease.*

- I want life-prolonging care, no matter what.
- I want life-prolonging care if I am not in serious physical discomfort or emotional distress, even if I no longer recognize friends or family.
- I do not want life-prolonging care if I am experiencing serious physical discomfort.
- I do not want life-prolonging care if I am experiencing serious emotional distress.
- I do not want life-prolonging care under any circumstances. If such care has already been given, I want it withdrawn.

*(Primary Concerns cont.)*

*(Primary Concerns cont.)*

5. *How much do the following issues matter to you? Rate the value of these concerns from 1-5, with five being the most valuable and one being the least important.*

- A. \_\_\_\_ Avoidance of physical pain/discomfort
- B. \_\_\_\_ Avoidance of psychological suffering  
(e.g. depression)
- C. \_\_\_\_ Maintaining control over one's environment
- D. \_\_\_\_ Maintaining dignity
- E. \_\_\_\_ Maintaining the ability to engage in  
routine activities
- F. \_\_\_\_ Maintaining the ability to recognize friends  
or family
- G. \_\_\_\_ Maintaining capacity to perform Activities of  
Daily Living (dressing, bathing, toileting, etc...)
- H. \_\_\_\_ Maintaining intellectual ability
- I. \_\_\_\_ Maintaining awareness of surroundings
- J. \_\_\_\_ Avoid engaging in age-inappropriate behaviors
- K. \_\_\_\_ Having the opportunity for physical human contact
- L. \_\_\_\_ Controlling aggression or anger/verbal or physical  
acting-out

Which of the items above are important enough to you that failure to secure them would motivate you to request a DNR (Do Not Resuscitate Order)? \_\_\_\_\_

Which of the items above are important enough to you that failure to secure them would motivate you to refuse artificial provision of nutrition and hydration? \_\_\_\_\_

6. *Check any of the following activities that are so important to you that you would want to engage in them even if they were to become contraindicated or life threatening?*

- Eating certain types of food. Specify \_\_\_\_\_
- Smoking cigarettes
- Drinking alcoholic beverages. Specify \_\_\_\_\_
- Going outside
- Physical intimacy
- Visiting with friends or family
- Access to pets or pet therapy

7. Patients are given the opportunity for continual input into their level of pain control as long as they have the capacity to understand and communicate their health care choices. Sometimes, however, patients can no longer communicate their wishes. If you lose the capacity to make your own choices regarding pain control and someone else would have to make that choice for you, how would you want him or her to choose between keeping you alert and oriented versus keeping you pain-free? Check the option that best describes your desires.

- It is most important to me that I not experience pain. Please make sure that I am comfortable, even if that means I may not be able to visit with friends or family.
- It is most important to me that I be able to socialize with friends and family. Please provide me with the maximum pain relief possible that will still allow me to visit with friends and family.
- There are certain things that I need to say to friends and family before I die. Please adjust my pain medications so that I may interact with my friends and family in order to say what I wish to say, but then increase my pain management so that I can remain comfortable thereafter.

8. Who, in particular, do you think best understands your values and desires regarding health care?

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9. Do you want the person listed in question eight to act as your Durable Power of Attorney for Health Care?

- Yes (If yes, please fill out an advance directive that appoints this person as your Durable Power of Attorney for Health Care)
- No

10. What do you hope people will remember about you?

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11. What experiences do you want to have even while you are dying?

- Discussions about the dying process
- Discussions about important world issues
- Social interactions
- Eating certain foods. Specify \_\_\_\_\_
- Listening to music. Specify \_\_\_\_\_
- Spiritual or religious rituals. Specify \_\_\_\_\_
- Access to pets or pet therapy \_\_\_\_\_
- Other. Specify \_\_\_\_\_

12. Where would you like to be, if possible, at the end of your life?

- Home    Hospital    Nursing home
- Other Specify \_\_\_\_\_

(Primary Concerns cont.)

*(Primary Concerns cont.)*

13. Do you have any concerns that you would like to discuss with your pastor/religious leader? Check all that apply.

- Maintaining contact with congregation/minister
- Exploring my spiritual concerns
- Strengthening my life with prayer and/or meditation
- Feeling a sense of worth and dignity
- Settling some differences within my family
- Assisting a particular member of my family to find help dealing with my illness
- Addressing some of my feelings/emotions (i.e. fear, anger, doubt)
- Other \_\_\_\_\_

14. Please describe any special desires that you have about funeral arrangements.

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15.  Please note that I do have special concerns about the use of blood products during my care.  
(Attach relevant documentation to your original advance directive and to all copies.)

## SPECIAL CONSIDERATIONS FOR EIGHTEEN TO TWENTY EIGHT YEAR-OLDS

*(May Be Completed By People Of All Ages.)*

Many people in this age group have neither considered the fact that they may become disabled or terminally ill nor have asserted that they would never want to receive artificial life-prolonging care under any circumstances. It is important to note that people in this age bracket are likely to be stronger than older adults and are likely to have a greater likelihood of recovery. While this is not true for all young adults, it is important for those in this age group not to make rash statements about the types of health care they would want without considering the range of possible outcomes. Please check the box that best describes your attitude about how long and how hard you are willing to work toward recovery. Please also note that change is common during this phase of life. As you consider marriage and starting a family, your values regarding end-of-life decisions may change. It is important that you re-examine the choices that you communicate in this document routinely.

- The prospect of living on a ventilator or being fed through a feeding tube is so scary to me that I would not want these types of invasive procedures to be used to save my life, no matter what.
- I believe that active function is the most important part of my life, and I would not want to be kept alive by artificial means for even a short period of time unless it is clear that a full recovery is very likely.
- Although active function is important to me, I would be willing to accept invasive life-prolonging care for a short period of time—to be counted in weeks and not months—if doctors thought that time was important in determining whether or not I could recover.
- I believe that I could adjust to changes in my functional capacities, and I would want to be kept alive by artificial means unless it is my physician's belief that it is highly unlikely that I will regain consciousness.
- I believe that life is sacred and that I should be kept alive for as long as possible, by whatever means are necessary, regardless of the functional limitations that I might experience.
- I have completed an advance directive or the portion of my driver's license to indicate that I do want to be an organ donor.

Date Completed \_\_\_\_\_ Dates Reviewed \_\_\_\_\_

## SPECIAL CONSIDERATIONS FOR YOUNGER AND MIDDLE-AGED ADULTS

*(May Be Completed By People Of All Ages.)*

Many persons in this age group have relatively established lives and families. While this is not true for all younger and middle-aged adults, the role of family is often important to consider when making health care decisions at this stage of life. Check all boxes that apply to your concerns.

- If I have children, it is important that they be allowed to visit with me and to know details about my condition.
- I do not want my family to see me in a vulnerable or dependent situation, and I would prefer that my children only be allowed to visit when I can specifically consent.
- It is important to me that the financial status of my family be protected. If I am terminally ill, I would prefer to avoid expensive and invasive procedures in order to preserve fiscal stability for my family.
- Money should not be a factor in care decisions. If my doctors believe that I would benefit in any way from a particular intervention, then I would prefer that the procedure be provided even if that would deplete my financial resources.

Date Completed \_\_\_\_\_ Dates Reviewed \_\_\_\_\_

## SPECIAL CONSIDERATIONS FOR MIDDLE-AGED AND OLDER ADULTS

(May Be Completed By People Of All Ages.)

By the time adults reach this stage in life, they are more likely not to have dependent children. Concerns for those who have passed beyond middle age often begin to center on relationships with adult children and with spouses. Check all boxes that apply.

- Family relationships are extremely important to me. If health care providers could help facilitate my return to home to be with my family, I would be most appreciative.
- I would be embarrassed to have a member of my own family assist me in basic hygiene, toileting and feeding. I do not want my family members to have to provide personal support to me.
- When I am unable to care for myself, I want to go to a nursing home, hospice center or other health care facility where I can receive appropriate care.
- If at all possible, I would prefer not to go to a nursing home or other inpatient facility, even if I am unable to care for myself at home and my death will be hastened by refusing to enter such a health care facility.
- It is important to me that the financial status of my family be protected. If I am terminally ill, I would prefer to avoid expensive and invasive procedures in order to leave fiscal legacy to my family.

Date Completed \_\_\_\_\_ Dates Reviewed \_\_\_\_\_

## IMPORTANT QUESTIONS

### *What is an advance directive?*

An advance directive is a legal document that allows you to state medical directives in advance, should you become terminally ill, enter into a persistent vegetative state or want to make arrangements for organ donation.

### *What is a living will?*

A living will is that portion of your advance directive where you indicate your desires about medical interventions for times when you are unable to communicate your choices and you are either terminally ill or in a persistent vegetative state.

### *What is a durable power of attorney for health care?*

A durable power of attorney for health care is a document in which you designate a specific person to make health care decisions for you if you ever become incapacitated. This is the second part of the standard advance directive in Virginia, and it becomes effective whenever you lose the ability to make your own health care choices even if you are not terminally ill or in a persistent vegetative state. It is extremely important that you appoint only ONE person as your primary agent, although you may also appoint a secondary agent.

### *Will a standard power of attorney do?*

A standard power of attorney will give someone the ability to make financial decisions for you but it is absolutely useless when it comes to health care decisions.

### *Do I need an attorney to create an advance directive? Who may witness an advance directive?*

You do not need an attorney to complete an advance directive. Forms are available from your doctor or from a hospital. All that is required is that you have your advance directive witnessed by two individuals who are not blood relatives to you.

*Where should I keep copies of my advance directive?*

If you complete an advance directive in the hospital, a copy will be kept on your chart. It is also a good idea for you to give your primary care physician a copy and for you to keep a copy in a safe, but accessible place. Make sure your loved ones know where to look for your advance directive if they need it.

*Can I create an advance directive for my incapacitated loved one?*

No. The only person who can create an advance directive for a person is the person him/herself.

*Do these documents only matter if I am terminally ill?*

While the living will portion of your advance directive is only valid if you become terminally ill or are in a persistent vegetative state, your durable power of attorney for health care is valid whenever you lose your capacity to make your own health care decisions.

*Must I always accept CPR?*

No. If you know that you would not want to be resuscitated in the event of a cardiac or pulmonary arrest, you should complete an advance directive and discuss with your physician whether or not you are seriously ill enough to need a Do Not Resuscitate Order.

*Must I always accept nutrition and hydration?*

No. Artificial provision of food and fluids is considered “life-prolonging” care according to Virginia Law. Adults have the right to refuse such care if they desire.

*Can my durable power of attorney for health care direct that care be withdrawn or only withheld?*

There is no legal distinction in Virginia between withholding and withdrawing care. Therefore, any type of care that could have been withheld (e.g. being placed on a mechanical ventilator) can also be withdrawn. Your power of attorney for health care has the right to make these decisions for you if you are unable to do so.

*Is the choice to forego life-prolonging care a form of suicide?*

Absolutely not! The assisted suicide law in Virginia specifically states that choices to withhold or withdraw care in accordance with the Health Care Decisions Act is not an act of suicide or assisted suicide.

*Is my advance directive always binding on health care providers?*

Not necessarily. Although your health care providers are not allowed to simply ignore or destroy your advance directive, they must utilize their clinical judgment when writing medical orders. If your condition changes or the application of your advance directive is unclear, a physician may treat you until the uncertainty can be removed.

*How do I revoke my advance directive?*

You may cancel your advance directive either verbally or in writing or by destroying the actual form itself. It is up to the individual, however, to contact all those persons (or facilities) to whom he or she has distributed an advance directive.

## GLOSSARY

### **Advance Directive**

A legal document prepared by a competent person that indicates how decisions regarding the use of medical interventions should be made if the person becomes unable to make or communicate his or her desires in the future. An advance directive includes traditional “living will” language concerning treatment desires upon diagnosis of a terminal condition or it can include the appointment of an agent as a surrogate decision maker. Advance directives act as releases from liability for physicians who withhold care at the request of patients, but they do not require physicians to provide care that the physician believes to be medically or ethically inappropriate. Treatment decisions expressed in an advance directive become effective when a patient is incapable of making or communicating health care decisions and is terminally ill or in a persistent vegetative state. The appointment of a surrogate decision maker as an agent for health care decisions becomes active whenever a person is unable to make or communicate his or her own health care decisions even if he or she is not terminally ill or in a persistent vegetative state. Individuals may draft their own advance directives. Such unique advance directives routinely deal with life-prolonging care in the event of a terminal illness, but might also indicate a patient’s unwillingness to give informed consent to other procedures that do not involve terminal illness (such as the refusal of blood products by a Jehovah’s Witness).

### **Artificial Provision of Nutrition and Hydration**

Any means by which food and fluids are delivered non-orally, such as 1) IV by peripheral or central line; 2) hyperalimentation by central line; 3) NG tube; 4) gastrostomy tube; 5) small bowel feeding tube.

### **Brain Death**

According to section 54.1-2972 of the Code of Virginia, an individual doctor may declare a person biologically dead when spontaneous respiratory and cardiac function are absent, but two doctors are necessary to declare a person brain dead. In order to do so, two physicians, one of whom is a specialist in neurology, neurosurgery or electroencephalography, must determine that a patient’s brain stem reflexes, spontaneous brain functions and spontaneous respiration has ceased, and that further resuscitative and supportive maintenance will not be successful in restoring these functions.

### **Chemical Code**

The process of using medicines to restore a patient’s breathing or normal heartbeat.

### **Cardiopulmonary Resuscitation (CPR)**

A variety of techniques used to restore cardiac or respiratory function in a person who has experienced a loss of normal heart rhythm or has stopped breathing. The term may include chest compressions, rescue breathing, chemical interventions and advanced airway management such as the introduction of a breathing machine.

### **Diminished Capacity**

A medical determination that a person is not capable of making his own medical decisions. The determination of diminished capacity is sufficient to legally justify reference to a surrogate decision maker and can be made on the opinion of two physicians or one physician and one licensed clinical psychologist. Although it is common practice to interchange the language of incompetence and incapacity, it must be clearly understood that an adjudication of legal incompetence, which is necessary to appoint a legal guardian, can only be made by a judge. If a patient is determined by his/her physician to be incompetent in the sense that he lacks capacity to make medical decisions, that can legally justify reference to a surrogate decision maker for health care decisions. It does not constitute a formal finding of legal incompetence (which could only be done by the court), nor does it result in the appointment of a legal guardian. A person who has been found to have diminished capacity may lose the ability to make certain decisions, but he or she does not lose other rights that can only be revoked by the court.

**Do Not Resuscitate Order (DNR)**

A medical order that prohibits resuscitative measures such as CPR, intubation and pharmaceutical interventions in the event of a cardiac or pulmonary arrest.

**Durable Power of Attorney for Health Care**

A legal mechanism by which a competent individual may appoint a surrogate decision maker who will have the power to make medical decisions for the person in the event that he or she becomes incapable of making or communicating his or her medical wishes. This is similar to, but not identical with, a durable power of attorney for financial affairs.

**Durable Do Not Resuscitate Order (DDNR)**

A DNR order that is written according to Department of Health regulations that authorizes licensed health care providers outside of the hospital to honor the DNR order.

**Do Not Intubate Order**

A medical order to avoid mechanical ventilation. This order is often given if a person is willing to accept less invasive life-prolonging care, but does not want to be placed on a respirator.

**Health Care Decisions Act**

The Virginia statute that governs advance directives and the process by which surrogate decision makers are appointed. This law was created in 1992 by combining and reconciling the Natural Death Act and the Surrogate Decisions Act.

**Life Prolonging care**

Any treatment that is designed to prolong a patient's life when it is recognized that recovery is unlikely and that death is imminent, or that the patient is in a PVS (see "Persistent Vegetative State"). Such treatments might include CPR, intubation, artificial provision of nutrition and hydration, or the provision of drugs or surgery.

**Living Will**

A document prepared by an individual that outlines how he or she wishes to be treated in the event that he or she becomes incapable of making or communicating his or her wishes at a future time and is terminally ill or in a persistent vegetative state. This document often communicates the patient's desires regarding the withholding or withdrawing of life-prolonging care should the patient be terminally ill or in a persistent vegetative state.

**No-Code**

An order to avoid resuscitative interventions. Identical to a DNR

**Patient Self-Determination Act**

A Federal law that requires all hospitals in the United States to ask patients, upon admission, whether or not they have completed an advance directive and whether or not they wish to receive educational materials regarding advance directives.

**Persistent Vegetative State (PVS)**

A state of unconsciousness that involves lack of response to external stimuli. The legal definition describes a patient who has suffered a loss of consciousness with no behavioral evidence of self-awareness or awareness of surroundings in a learned manner, other than reflex activity of muscles and nerves for low level conditioned response, and from which, to a reasonable degree of medical probability, there can be no recovery.

*(Glossary cont.)*

*(Glossary cont.)*

**Physician Assisted Suicide (PAS)**

The provision of euthanasia by a physician at the competent request of a patient. Or, the provision by a physician of the means by which euthanasia may be executed by another party when the physician understands that euthanasia will be the result and when no independent medical indication for the provision of such care exists. Assisted suicide by any individual, including physicians, is illegal in the Commonwealth of Virginia.

**Surrogate Decision Maker**

An individual with legal authority to make medical decisions for a patient who is incapable of making or communicating health care decisions. Under the Health Care Decisions Act, the priority order of surrogacy is as follows: 1) An agent as designated by the patient in an advance directive; 2) A judicially appointed guardian or committee; 3) The patient's spouse unless divorce proceedings have been initiated, whether or not the divorce is final; 4) An adult child of the patient; 5) The patient's parents; 6) Adult siblings of the patient; 7) Descending order of blood-kin. In any event where a surrogate decision is made, the surrogate's choice must not be inconsistent with any basic or religious values of the patient. When it is not possible to establish the values of the patient, the surrogate must make choices that are in the patient's best interest. When multiple individuals within a class of surrogate decision makers disagree, provided that there is no person in a higher class willing, able or available to make decisions for the patient, it is legally permissible for the physician to follow the directive of the majority opinion of the individuals in that class.

**Terminal Condition**

As stipulated in the Health Care Decisions Act, a terminal condition is a situation involving disease, injury or illness in which it has been reasonably determined that no recovery is possible and that death is imminent, or that the patient is in a PVS.



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