An Advance Directive is a gift to the people who care about you. This guide will help you think about your own values and choices for medical treatment, and to talk about it with the people who are close to you.
Planning for future medical choices is important for everyone, from healthy adults to people with serious illnesses. Follow these five steps to get started.

**Step 1. Talk about it.**

Even in families that are very close, it can be hard to start the conversation. Here are some ideas.

**News stories**
Have you ever seen a movie, television show or news story about someone who was seriously hurt and on life support? What was your reaction? What do the people who are closest to you think?

**Experiences**
Has anyone close to you become very ill, so that others had to make decisions about their medical treatment? How did that affect what you might want for yourself and your family?

**My thoughts about other people’s experiences:**
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__________________________________________________________________
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**Step 2. Choose someone to speak for you.**

If you cannot speak for yourself, doctors will depend on one person that you trust to speak for you. This person will authorize medical treatments if you cannot, and they are responsible for making decisions the way you would have done for yourself. When you name this person on an Advance Directive, they have legal authority and are called a Healthcare Agent.

If you do not name your own Healthcare Agent on an Advance Directive, Virginia law directs physicians to work with your next of kin. If the person that you trust most is not your next of kin, it is especially important to name that person on an Advance Directive.

When you choose a Healthcare Agent, they should be able to:

- Understand the choices that you would make for yourself
- Honor your choices, even if they disagree
- Be available to talk with doctors and others on the health care team about your medical care

Naming a Healthcare Agent on an Advance Directive is important for every adult, even when they are healthy. Unfortunately, accidents or sudden illnesses can happen to anyone, so it is never too soon to have these conversations.
People that could be my Healthcare Agent:

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Once you have decided who you trust as your Healthcare Agent, schedule some time to talk with them about the topics in this guide.

**Step 3. Decide what kind of medical treatment you would want if you were not expected to recover.**

Some people want their care to be focused on comfort and face the end of life naturally and as comfortable as possible. Others want life-prolonging treatments\* to continue so that they can live as long as possible. Sometimes, the decision depends on the circumstances.

\* Life-prolonging treatments are defined at the back of this booklet

**If you are healthy,** chances are that your Advance Directive will only be needed if you had an unexpected illness (like a stroke) or injury (like a brain injury). In these situations, doctors do everything possible to save your life and treat you in the hospital in hopes of a full recovery. If recovery does not seem likely after the initial treatments and you remain unable to interact with people, your Healthcare Agent will need to know how you would want them to proceed.

**My thoughts about being kept alive if I am not able to interact with anyone and there is little or no chance of recovery:**

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**For people who have serious illnesses,** your doctor can be a guide for what complications could arise, and what medical treatments could be offered. With your doctor’s guidance, you may be able to give some specific instructions to your Healthcare Agent about your wishes. Some good questions for your doctor are:

- How serious might this illness get?
- What symptoms can I expect if I get worse?
- How can these symptoms be controlled?
- What kind of help will I possibly need in the future?
Other questions for my doctor:

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At the end of a terminal illness, medical treatments will not change the outcome. However, some people wish to stay alive as long as possible, and some people only want treatments that will make them as comfortable as possible for the duration of the illness.

My thoughts about being kept alive at the end of a terminal illness:

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__________________________________________________________________

Other concerns I have about medical treatments:

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Step 4. Write it down.

You can use an Advance Directive to tell people about the treatments you do want, as well as anything that you do not want. An Advance Directive can include your wishes about health care any time that you are unable to make and communicate your own decisions. You can change your Advance Directive any time, as long as you can make and understand your own decisions.

If you specifically do not want Cardiopulmonary Resuscitation (CPR) right now, this wish cannot be honored unless it is in the form of a doctor’s order. Be sure to talk with your doctor if this is important to you.

In Virginia, you have the right to protest medical treatments that you previously authorized, even if you lose the ability to understand the consequences of that decision. You can give your Healthcare Agent the authority to override your protest and act as you originally directed on your Advance Directive. Your doctor must sign a statement saying that you were capable of making an informed decision at the time you gave your Healthcare Agent this authority. This is done on the Protest Addendum*, available at www.riversideonline.com or by calling (757) 856-7030 or toll free at 1-877-287-6061.

*Some versions of Advance Directives contain this optional authority rather than on a separate addendum.
**Step 5. Share it.**

Give a copy of your Advance Directive to your Healthcare Agent, close family members and anyone else that needs to understand your wishes. Keep the original for yourself. Be sure to give a copy to your doctor so that it can be documented in your medical record.

Any time you are admitted to the hospital, someone will need to bring the most recent version of your Advance Directive, even if you have brought it to the hospital before. This is the best way to be sure your wishes are recognized and honored wherever you receive medical care.

If you make changes, be sure to replace all of the copies. Remember to review it often and discuss it with your doctor at least every year and when there are changes in your health.

**People who should get a copy of my Advance Directive:**

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__________________________________________________________________

You are taking the first steps toward helping others to understand and honor your wishes. Let us know how we can help.

At Riverside, we are proud to honor your health care choices.

For an Advance Directive form or for additional guidance, call (757) 856-7030 or toll free at 1-877-287-6061, or visit www.riversideonline.com.
Frequently Asked Questions

What is an Advance Directive?  
This is any declaration that a person makes about their wishes for medical treatment in advance of their inability to speak for themselves. A written Advance Directive form in Virginia usually includes naming a Healthcare Agent, wishes for general healthcare and for end-of-life care, and instructions for organ and tissue donation. In order to be legally valid, a written Advance Directive must be signed and two witnesses must also sign.

What is the Health Care Decisions Act?  
The law in Virginia states that all adults of sound mind “have a right to determine what shall be done with his [or her] own body.” The Health Care Decisions Act provides specific directions on how Advance Directives are to be created and honored. You can read the Health Care Decisions Act by going to www.virginia.gov and searching for Health Care Decisions Act.

Do I need an attorney to write an Advance Directive?  
No. You can write your own Advance Directive, but some attorneys are able to provide guidance. If you are managing a chronic illness, it is best to talk with your doctor so that you can include the kinds of decisions that might apply to you.

Does the form have to be notarized?  
No. In Virginia, two witnesses over the age of 18 are required; if it is notarized, there must also be another witness’ signature.

How can I revoke or change my Advance Directive?  
It is best to destroy old copies and create a new Advance Directive. You can revoke an Advance Directive by destroying it or crossing through all pages and writing “Revoked” with your signature and date.

How can I be sure that my Advance Directive will be honored?  
Advance Directives are only used if you are not able to speak for yourself. Your Healthcare Agent will become your advocate if this happens. In an emergency situation, it is usually not clear to doctors if you might be able to recover, so they may begin treatments until your prognosis is clearer.

If I don’t want CPR, will this be honored?  
Only a physician can order that CPR not be performed. This is called a “Do Not Resuscitate” (DNR) order. If your Advance Directive says that you do not want CPR in the event that you have a terminal illness, a doctor in the hospital can write this order. If you are at home, your doctor can write this order on a special form that is recognized and honored by emergency responders and other doctors. If you want to have such an order in place now, discuss it with your doctor.

What is a Living Will?  
People often use this term interchangeably with Advance Directive, but it means the portion of your Advance Directive that specifies your wishes for end-of-life medical care.
**What are “life-prolonging treatments?”**

In Virginia, this term includes artificial nutrition, IVs for hydration, ventilation (breathing machine) and cardiopulmonary resuscitation (CPR). You can use your Advance Directive to make specific wishes about each of these treatments, but it is important to tell your Healthcare Agent what results you would want if they were provided.

**What is CPR?**

This is cardio (heart) pulmonary (lungs) resuscitation (starting something that has already stopped). Chest compressions are used to stimulate the heart, and air is forced into the lungs. In the hospital and when 911 is called, drugs are injected, electric shock may be used and a tube is inserted into the throat so that a machine can breathe for the person.

**How can I decide if I want CPR or not?**

This is different for everyone, and it depends on your personal values combined with your medical condition. When it is used in people who are in the late stages of an illness or who are frail with chronic illnesses, the success rate is much lower. Even when successful in these people, recovery may not be complete and they could require 24-hour nursing care or could be dependent on a breathing machine. If you are considering this question, it is best to talk with your doctor about the likely outcomes in your own situation.

**What is a “terminal condition?”**

Most Advance Directives state that certain treatments should or should not be provided if two doctors certify that you are in a terminal condition. As defined in Virginia, this means a condition from which you are unlikely to recover and death is imminent, or you are in a persistent vegetative state (PVS). Your own wishes for treatment may be different if you are either terminally ill or in a persistent vegetative state. You can use your Advance Directive to be specific about these choices.

**What is a “persistent vegetative” state?**

Someone who is in a persistent vegetative state is not aware of themselves or their surroundings, has no movements other than reflexes, and recovery is not expected.

**This is overwhelming. How can I decide?**

No one can foresee exactly what is going to happen to them at the end of life. The best you can do is talk with the people who are close to you about what makes life worth living, and what conditions you think make it too burdensome to continue. Chances are you will change your opinions over time, and as you see others’ experiences. Take any opportunity to talk about these issues. These are hard but important things to talk about. Enlist the help of your doctor or call us if you are struggling.

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