





## Introduction to Your Virginia Advance Directive

This packet contains a Virginia Advance Directive, which protects your right to refuse medical treatment you do not want or to request treatment you do want in the event you lose the ability to make decisions yourself. You may complete Part I, Part II, Part III, or all parts, depending on your advance-planning needs. You must complete Part IV.

Part I, Appointment and Powers of My Agent, lets you name an adult, your “agent,” to make decisions about your health care—including decisions about life-prolonging procedures—if you can no longer speak for yourself. This is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.

Part I goes into effect when your doctor and one other qualified doctor or clinical psychologist certify in writing that you are incapable of making an informed decision regarding health care.

Part II, My Health Care Instructions, lets you state your wishes about health care in the event you cannot speak for yourself, including if you develop a terminal condition or you are in a persistent vegetative state. If you are an organ, eye or tissue donor, your instructions will be applied so as to ensure the medical suitability of your organs, eyes and tissues for donation.

Part II goes into effect when your doctor and one other qualified doctor or clinical psychologist certify in writing that you are incapable of making an informed decision regarding health care and a condition you have given instructions for arises.

Part III allows you to record your organ and tissue donation wishes.

Part IV contains the signature and witnessing provisions so that your document will be effective.

This form does not expressly address mental illness. If you would like to make advance care plans regarding mental illness, you should talk to your physician and an attorney about an advance directive tailored to your needs.

Note: This document will be legally binding only if the person completing it is a competent adult (at least 18 years old).

## Completing Your Virginia Advance Directive

How do I make my Virginia Advance Directive legal?

You must sign your advance directive in the presence of two adult witnesses. Any person over the age of 18—including a spouse, other relative, or health care provider—can witness your Virginia Advance Directive.

Whom should I appoint as my agent?

Your agent is the person you appoint to make decisions about your health care if you become unable to make those decisions yourself. Your agent may be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept the responsibility of making health care decisions for you.

You can appoint a second person as your alternate agent. The alternate will step in if the first person you name as an agent is unable, unwilling, or unavailable to act for you.

Should I add personal instructions to my Virginia Advance Directive?

One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your health care situation changes and deal with situations that you did not foresee. If you add instructions to this document it may help your agent carry out your wishes, but be careful that you do not unintentionally restrict your agent's power to act in your best interest. In any event, be sure to talk with your agent about your future medical care and describe what you consider to be an acceptable "quality of life."

What if I change my mind?

You may revoke your Virginia Advance Directive at any time by:

- signing and dating a written revocation,
- physically cancelling or destroying your document, or directing another to do so in your presence, or
- orally expressing your intent to revoke the document.

Your revocation becomes effective when you notify your attending physician.

Also, make certain that you file any updates or changes to your Virginia Advance Directive with the Virginia registry.

What other important facts should I know?

You may expressly provide in your Advance Directive that, in the event you are incapable of making an informed health care decision, your agent may authorize or withhold health care over your objection. In order for this provision to be effective, the following must occur:

1. You must name an agent in your Advance Directive;
2. You must specify the treatments to which this provision applies;
3. Your physician or licensed clinical psychologist must attest in writing at the time your Advance Directive is made that you are capable of making an informed decision and understand the consequences of the provision;
4. The health care decision does not involve withholding or withdrawing life-prolonging procedures; and
5. The health care that is to be provided, continued, withheld or withdrawn is determined and documented by your attending physician to be medically appropriate and is otherwise permitted by law.

If you decide to include language regarding care given over your objection, you may wish to speak with your health care provider or an attorney with experience in drafting advance directives regarding this language. Any such language may be included in Part I, No. 11 of your Virginia Advance Directive.

Your agent does not have the authority to consent to nontherapeutic sterilization, abortion, or psychosurgery.









PART II: HEALTH CARE INSTRUCTIONS

[YOU MAY USE ANY OR ALL OF PARTS A, B, OR C IN THIS SECTION TO DIRECT YOUR HEALTH CARE EVEN IF YOU DO NOT HAVE AN AGENT. IF YOU CHOOSE NOT TO PROVIDE WRITTEN INSTRUCTIONS, DECISIONS WILL BE BASED ON YOUR VALUES AND WISHES, IF KNOWN, AND OTHERWISE ON YOUR BEST INTERESTS. IF YOU ARE AN ORGAN, EYE OR TISSUE DONOR, YOUR INSTRUCTIONS WILL BE APPLIED SO AS TO ENSURE THE MEDICAL SUITABILITY OF YOUR ORGANS, EYES AND TISSUES FOR DONATION.]

A. Instructions If I have a Terminal Condition

I provide the following instructions in the event my attending physician determines that my death is imminent (very close) and medical treatment will not help me recover:

\_\_\_\_\_ I do not want any treatments to prolong my life. This includes tube feeding, IV fluids, cardiopulmonary resuscitation (CPR), ventilator/respirator (breathing machine), kidney dialysis or antibiotics. I understand that I still will receive treatment to relieve pain and make me comfortable.

OR

\_\_\_\_\_ I want all treatments to prolong my life as long as possible within the limits of generally accepted health care standards. I understand that I will receive treatment to relieve pain and make me comfortable.

OR

\_\_\_\_\_ I direct the following regarding health care when I am dying:

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(attach additional pages if needed)

INITIAL ONLY ONE  
  
YOU MAY WRITE  
HERE YOUR OWN  
INSTRUCTIONS  
ABOUT YOUR CARE  
WHEN YOU ARE  
DYING, INCLUDING  
SPECIFIC  
INSTRUCTIONS  
ABOUT  
TREATMENTS THAT  
YOU DO WANT, IF  
MEDICALLY  
APPROPRIATE, OR  
DON'T WANT.  
  
IT IS IMPORTANT  
THAT YOUR  
INSTRUCTIONS  
HERE DO NOT  
CONFLICT WITH  
OTHER  
INSTRUCTIONS YOU  
HAVE GIVEN IN  
THIS ADVANCE  
DIRECTIVE  
  
ATTACH  
ADDITIONAL PAGES  
IF NEEDED  
  
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Hospice and  
Palliative Care  
Organization.  
2022 Revised.







PART IV: EXECUTION

Affirmation and Right to Revoke: By signing below, I indicate that I am emotionally and mentally capable of making this advance directive and that I understand the purpose and effect of this document. I understand I may revoke all or any part of this document at any time.

SIGN, DATE, AND  
PRINT YOUR NAME  
HERE

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(signature of declarant)

(date)

---

(printed name)

The declarant signed the foregoing advance directive in my presence.

YOUR TWO  
WITNESSES MUST  
SIGN, DATE, AND  
PRINT THEIR  
NAMES HERE

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

## You Have Filled Out Your Health Care Directive, Now What?

1. Your Virginia Advance Directive is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your agent and alternate agent, doctor(s), family, close friends, clergy, and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
3. Be sure to talk to your agent(s), doctor(s), clergy, family, and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. Virginia maintains an Advance Directive Registry. By filing your advance directive with the registry, your health care provider and loved ones may be able to find a copy of your directive in the event you are unable to provide one. You can read more about the registry, including instructions on how to file your advance directive, at <http://www.connectvirginia.org/adr/>.
5. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.
6. If you want to make changes to your documents after they have been signed and witnessed, you must complete a new document.
7. Remember, you can always revoke your Virginia document.
8. Be aware that your Virginia document will not be effective in the event of a medical emergency. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate directive that states otherwise. These directives called "prehospital medical care directives," "do not resuscitate orders," or "physician orders for scope of treatment (POST)" are designed for people whose poor health gives them little chance of benefiting from CPR. These directives instruct ambulance and hospital emergency personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing these orders. We suggest you speak to your physician if you are interested in obtaining one. Caringinfo does not distribute these forms.

## Congratulations!

You've downloaded your free, state specific advance directive.

You are taking important steps to make sure your wishes are known. Please consider helping us keep this resource free.

Your generous support to the National Hospice Foundation allows us to continue to provide FREE resources, tools, and information to educate and empower individuals to access advance care planning, caregiving, hospice and grief services.

Please show your support for our mission and consider making a tax-deductible gift to the National Hospice Foundation today.


Since 1992, the National Hospice Foundation has been dedicated to creating FREE resources for individuals and families facing a life-limiting illness, raising awareness for the need for hospice and palliative care, and providing ongoing professional education and skills development to hospice and palliative care professionals across the nation. To learn more, please visit [www.NationalHospiceFoundation.org](http://www.NationalHospiceFoundation.org)

You may wonder if a gift of \$35, \$50 or \$100 to the National Hospice Foundation would make a difference, but it is only because of the generosity of others like you that these FREE resources are made available.

Please consider supporting our mission by returning a generous tax-deductible donation. Every gift makes a difference! Your gift strengthens the Foundation's ability to provide FREE caregiver and family resources.

Cut along the dotted line and use the coupon below to return a check contribution of the most generous amount you can send. Thank you.

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YES! I want to support the important work of the National Hospice Foundation.

\$35	helps us provide webinars to hospice professionals
\$50	helps us provide free advance directives
\$100	helps us maintain our free InfoLine
\$_____	to support the mission of the National Hospice Foundation.

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National Hospice Foundation  
PO Box 824401  
Philadelphia, PA 19182-4401

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OR donate online today: [www.NationalHospiceFoundation.org/donate](http://www.NationalHospiceFoundation.org/donate)