

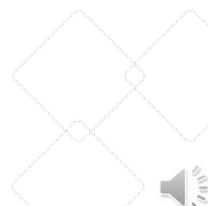


The health law solution.

## National Healthcare Decisions Day

Advance Health Care Planning and the  
Virginia Health Care Decisions Act

April 2017



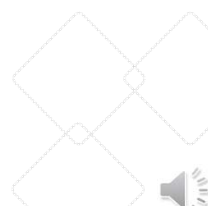
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***This presentation is offered for  
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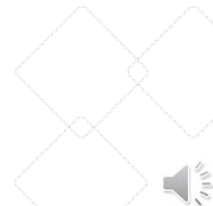


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## ALTERNATIVE DECISION- MAKING OPTIONS



- Default Family Decision Makers as Listed in Virginia Statute
- Advance Directives
  - Living Wills
  - Health Care Power of Attorney
- Do Not Resuscitate Orders
- Court Authorization for Treatment
- Appointment of Guardian



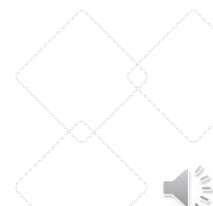
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## WHY CREATE AN ADVANCE DIRECTIVE?



- Make your health care decisions known
- Ensure your health care choices are honored by your family and your physician
- Appoint someone to make decisions for you in the event that you cannot
- Reduce burden on family and potential conflicts.



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## IN THE NEWS



- A pregnant woman in Texas suffered an embolism and was declared brain dead in November 2013.
  - She had informed others that she never wanted to be on life support, but she failed to create an advance directive.
  - The hospital kept her on a ventilator despite her family's wishes due to its interpretation of Texas law.
  - After two months, her husband was able to obtain a court order to cease life support.
  - Virginia law likely would not have required a court order for this, but this situation shows the importance of documenting medical decisions.

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## 2015 LEGISLATION



### HB1657

- Adds an optional section to the suggested advance directive form for the declarant to provide specific instructions or modifications to instructions regarding life-prolonging procedures if the declarant is pregnant and has a terminal condition.
  - Effective July 1, 2015

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## VIRGINIA HEALTH CARE DECISIONS ACT



- Enacted in 1983 in response to ethical debate over end-of-life decisions (e.g. Terri Schiavo, Hugh Finn)
- Originally addressed appointment of a health care agent and acceptance or rejection of life-prolonging treatment for patient's suffering from a terminal condition
- Substantial comprehensive revisions were made to the Virginia Health Care Decisions Act in 2009 and clarified in 2010
- Advance directives in VA are not limited to patients suffering from a terminal condition or life prolonging procedures
- Advance directives may address any and all forms of healthcare treatment at any stage of life

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## REVIEW OF 2009/2010 COMPREHENSIVE CHANGES



- Expanded scope of an Advance Directive (AD)
- Provided for advanced authorization of mental health treatment (PAD)
- Added patient protest provision "Ulysses clause"
- Strengthened capacity determinations by revising two-examiner requirement and adding 180-day recertification
- Clarified revocation provisions of Advance Directives and DDNRs
- Clarified anatomical gifts (body/organ)
- Authorized research participation
- Revised template advance directive form

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## ADVANCE DIRECTIVES



### Generally

- Made by an adult capable of making an informed decision
- Effective when incapable of making an informed decision
- May provide specific instructions regarding treatment (“Living Will”)
- May appoint an agent to make health care decisions (“Health Care Power of Attorney”)
- May specify an anatomical gift
- May authorize participation in health care research



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## MENTAL HEALTH TREATMENT



### Mental Health Care

- An advance directive can be used for mental health care, and
- A patient’s agent can consent to the patient’s admission to a mental health facility for up to 10 days provided:
  - patient’s advance directive expressly permits admission to a mental health facility
  - admitting facility certifies patient has a mental illness, is incapable of making an informed decision and needs treatment; AND
  - admitting facility is willing to admit.



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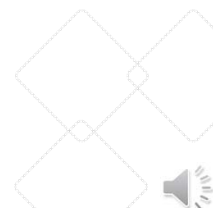
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## WHEN DOES AN ADVANCE DIRECTIVE BECOME EFFECTIVE?



When the patient is “Incapable of Making an Informed Decision”

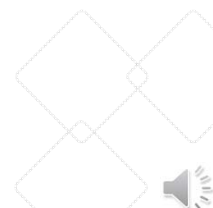
- Unable to understand the nature, extent and probable consequences of a proposed health care decision; or
- Unable to make a rational evaluation of the risks and benefits of a proposed health care decision as compared with the risks and benefits of alternatives to that decision; or
- Unable to communicate such understanding in any way.



## DETERMINATION OF INCAPACITY



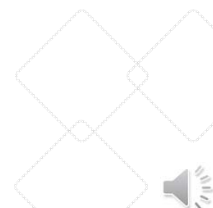
- Certified in writing by patient’s attending physician and a second physician or psychologist after personal exam of the patient
  - Second Physician/Psychologist may not be involved in the patient’s care (unless not reasonably available)
  - Exception: Second examiner not required if patient is “unconscious or experiencing a profound impairment of consciousness due to trauma, stroke, or other acute physiological condition”
- Recertification is required every 180 days



## DETERMINATION OF INCAPACITY



- The patient must be notified that such determination has been made before providing, continuing, withholding, or withdrawing health care
- Notice must also be provided to the patient's agent
- Only one physician is required to make a determination that a patient is again capable of making an informed decision

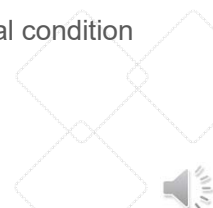


## ADVANCE DIRECTIVE



### Requirements

- Written
  - signed by declarant (when competent)
  - attested to by 2 witnesses (any person over 18, including a spouse or blood relative)
  - Notary not required
  - Copies are valid
- Oral
  - only permitted when physician diagnosed a terminal condition
  - in presence of attending physician
  - and 2 witnesses



# ADVANCE DIRECTIVE



## Form

- Using the sample form is not required, but helpful in that it contains all the requested elements, clear language, and it is easily recognized by health care providers.
- Various versions of the advance directive form are available on the Virginia State Bar website at: [www.vsb.org/site/public/health-care-decisions-day](http://www.vsb.org/site/public/health-care-decisions-day)

**VIRGINIA ADVANCE MEDICAL DIRECTIVE**

I, \_\_\_\_\_, am capable of making an informed decision, as follows: \_\_\_\_\_, intentionally and voluntarily make known my wishes in the event that I am incapable of making an informed decision, as follows: \_\_\_\_\_.

I understand that my advance directives may include the selection of an agent in addition to setting forth my choices regarding health care. The term "health care" means the furnishing of services to any individual for the purpose of preventing, diagnosing, curing or relieving human illness, injury or physical disability, including but not limited to medications, surgery, blood transfusions, chemotherapy, radiation therapy, admission to a hospital, nursing home, assisted living facility or other health care facility; psychiatric or other mental health treatment; and life-prolonging procedures and palliative care.

The phrase "incapable of making an informed decision" means unable to understand the nature, extent and probable consequences of a proposed health care decision, unable to make a rational evaluation of the risks and benefits of a proposed health care decision as compared with the risks and benefits of alternatives to that decision, or unable to communicate such understanding in any way.

The determination that I am incapable of making an informed decision shall be made by one attending physician and a second physician or licensed clinical psychologist after a personal examination of me and shall be certified in writing. The second physician or licensed clinical psychologist shall not be currently involved in my treatment, unless a second physician or licensed clinical psychologist unavailable at my treatment is not reasonably available. Such certification shall be required before health care is provided, continued, withheld or withdrawn, unless my attending physician shall be granted authority to make health care decisions on my behalf, and before, or as soon as reasonably practicable after, health care is provided, continued, withheld or withdrawn and every 180 days thereafter while the need for health care continues.

If an agent is not determined to be incapable of making an informed decision, I shall be notified, to the extent I am capable of receiving such notice, that such a determination has been made before health care is provided, continued, withheld or withdrawn. Such notice also shall be provided, as soon as practical, to my named agent or person authorized by § 64.2-296 of the Code of Virginia to make health care decisions on my behalf. If I am later determined to be incapable of making an informed decision by a physician, in writing, upon personal examination, then my further health care decisions will require my informed consent.

This advance directive shall not terminate on the state of my disability.

**(YOU MAY INCLUDE IN THIS ADVANCE DIRECTIVE ANY OR ALL OF SECTIONS THROUGH F BELOW)**

**SECTION I. APPOINTMENT OF AGENT**

**CHOOSE THROUGH SECTION I AND SECTION F BELOW IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU:**

I hereby appoint the following as my primary agent to make health care decisions on my behalf as authorized in this document:

Name of Primary Agent	Signature	Full Name
Address	E-mail (if any)	

If the above-named primary agent is not reasonably available or is unable or unwilling to act as my agent, then I appoint the following as successive agent:

Name of Successor Agent	Signature	Full Name
Address	E-mail (if any)	

I hereby grant to my agent named above full power and authority to make health care decisions on my behalf as described below whenever I have been determined to be incapable of making an informed decision. My agent's authority is effective as long as I am incapable of making an informed decision.

In exercising the power to make health care decisions on my behalf, my agent shall follow my direct and predominant intent stated in this document or an otherwise known to my agent. My agent shall be guided by my medical diagnosis and prognosis and any information provided by my physician or to the extent known, past, risks and side effects associated with treatment or non-treatment. My agent shall not make any decision regarding my health care which he or she knows, or upon reasonable inquiry ought to know, is contrary to my religious beliefs or my basic values, whether expressed orally or in writing. If my agent cannot determine what health care choice I would have made on my own behalf, then my agent shall make a choice for me based upon what he or she believes to be in my best interests. My agent shall not be liable for the costs of health care that he or she authorizes, based solely on that authorization.

\_\_\_\_\_  
(agent's name)

# CHOOSING A DECISION MAKER



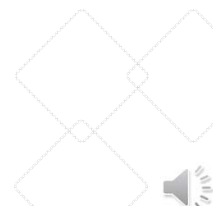
- Adult (18 or older).
- Accessible, but not required to live in Virginia.
- Willing and able to serve, and aware of your wishes.
- Best to pick one person - selecting several people can lead to conflict or delay.
- Can require decision maker to consult with others.
- Choose an alternate for backup.



## WHO MAKES THE DECISIONS IF AN AGENT IS NOT APPOINTED?



- Statutorily authorized substitute decision makers:
  - Guardian
  - Patient's spouse (unless divorce action is pending)
  - Adult child of the patient
  - Parent of the patient
  - Adult brother or sister
  - Any other relative in descending order of blood relationship
  - Friend (with exceptions)
- Listed in the order of priority
- Majority rules if conflict within the same class



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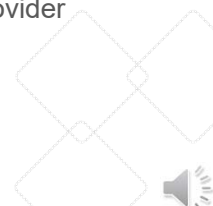
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## WHO MAKES THE DECISIONS IF AN AGENT IS NOT APPOINTED?



### 2010 Legislation

- Broadened list of possible substitute decision-makers to include:
  - A friend who:
    - Has exhibited special care and concern; AND
    - Is familiar with the patient's preferences and values
  - A friend may not make decisions involving withholding or withdrawing life-prolonging procedures
  - Friend may not be employed by the health care provider



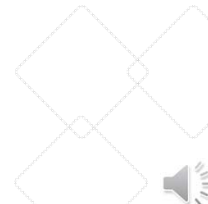
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## SUBSTITUTE DECISION MAKER DECISIONS



- Health care agents and substitute decision makers shall make decisions as follows:
  - Undertake a good faith effort to ascertain the risks and benefits of and alternatives to any proposed health care;
  - Make a good faith effort to ascertain the religious values, basic beliefs and previously expressed preferences of the patient;
  - To the extent possible, base decisions on the beliefs, values and preferences of the patient, or if unknown, on the patient's best interests.

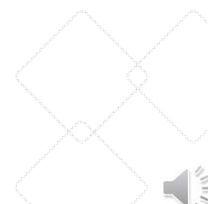


## ADVANCE DIRECTIVE



### Revocation

- Written revocation
  - Signed / Dated
- Physical revocation
  - Destruction
  - Cancellation
  - Instructing another to destroy
- Oral revocation
  - An expression of the intent to revoke is effective



## PATIENT PROTEST



- Health care may be administered over a patient's protest if:
  - that care is specifically authorized in the patient's advance directive even over later protest;
  - provider certified patient had capacity at the time the advance directive was made (typically documented in the Advance Directive);
  - the decision does not involve life-prolonging treatment; AND
  - the health care at issue has been documented as medically appropriate by the attending physician.

## PATIENT PROTEST



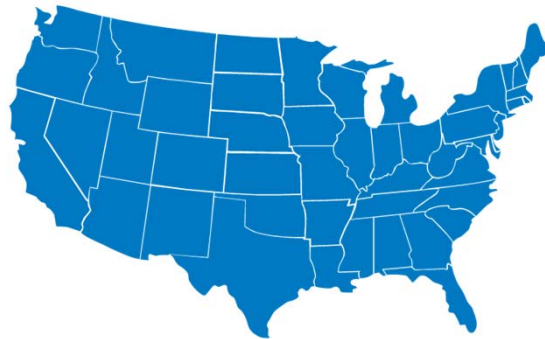
- If the decision is not addressed in the patient's advance directive, the patient's agent or substitute decision maker may make a decision over his protest if the decision:
  - does not involve life-prolonging treatment;
  - does not involve admission to a mental health facility or mental health treatment;
  - is based on the patient's beliefs, values, and expressed preferences, or, if unknown, his best interests; AND
  - has been affirmed and documented as ethically acceptable by the hospital's patient care consulting committee or, if none, by two physicians not involved in the patient's care.

## ADVANCE DIRECTIVE



### Reciprocity

- An advance directive executed in another state shall be deemed valid in Virginia if:
  - it meets Virginia's standards; OR
  - it meets the standards of the state in which it was executed.



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## HOW OFTEN SHOULD I REVIEW MY ADVANCE DIRECTIVE?



- Annually
- Before each annual physical exam,
- At the start of each decade of your life,
- After any major life change,
- After any major medical change,
- After losing your ability to live independently, or
- Anytime your wishes regarding your medical care change.

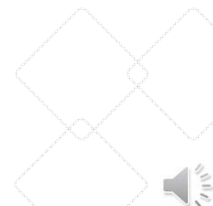
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## WHERE SHOULD I KEEP MY ADVANCE DIRECTIVE?



- Give a copy or the original to your agent (decision maker).
- Give a copy to your physician.
- Give a copy to family and friends.
- File it with the Virginia Advance Directive Registry.
- Bring it to the hospital with you.
- Keep a copy in a safe place.
- Don't put your only copy in a lock box or safe.



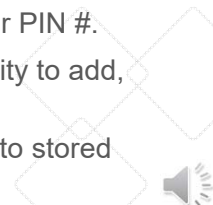
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## ADVANCE DIRECTIVE REGISTRY



- Virginia's online Advance Health Care Directive Registry, available at [www.connectvirginia.org/adr/](http://www.connectvirginia.org/adr/)
- The registry allows Virginia residents to securely store an Advance Directive for free.
- Online links are available to help users create their Advance Directive. Must be renewed annually.
- Users may upload scanned documents that have already been executed or send them to the registry via fax.
- Information is only accessible to those who have your PIN #.
- People given (read-only) access do not have the ability to add, update or delete documents.
- Health care providers do not have automatic access to stored documents.



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## ADVANCE DIRECTIVE REGISTRY

- Users must renew documents on the registry on a yearly basis.
- Notification about renewal will be sent prior to expiration.
- If the user does not reply within 6 months the account will become inactive
- Inactive documents are archived for 5 years.

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## DURABLE DO NOT RESUSCITATE ORDERS

- Durable DNR requires special approved form (although new regulations allow providers to rely on copies of this form), advance directive do not require special form;
- Durable DNR requires physician order, advance directive does not;
- Durable DNR is limited to withholding CPR, advance directive is applicable to all forms of health care treatment;
- Durable DNR does not have reciprocity, advance directives do.

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STOP Do Not Resuscitate

  
**Durable Do Not Resuscitate Order**  
Virginia Department of Health

Patient's Full Legal Name \_\_\_\_\_ Date \_\_\_\_\_

**Physician's Order**

I, the undersigned, state that I have a true and lawful professional relationship with the patient named above. I have verified in the patient's medical record that the patient or a person authorized to consent on the patient's behalf has directed that life-sustaining procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I have carefully read and checked 1 or 2:

1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required.)
2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because the patient is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

**If you checked 2 above, check A, B, or C below:**

- A. While capable of making an informed decision, the patient has executed a written advance directive which directs that life-sustaining procedures be withheld or withdrawn.
- B. While capable of making an informed decision, the patient has executed a written advance directive which appoints a "Person Authorized to Consent on the Patient's Behalf" and authorizes to direct that life-sustaining procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required.)
- C. The patient has executed a written advance directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf" is required.)

I hereby declare any and all qualified health care personnel, commencing on the effective date noted above, to withhold and discontinue resuscitative cardiac, respiratory, and circulatory interventions and other advanced cardiac life support, mechanical ventilation, dialysis, and related procedures from the patient in the event of the patient's cardiac or respiratory arrest. I further declare that procedures to provide the patient with medical interventions, such as intravenous fluids, oxygen, or other therapeutic devices necessary to provide comfort care or otherwise pain.

Physician's Printed Name \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Signature of Person Authorized to Consent on the Patient's Behalf \_\_\_\_\_

Copy 1 - To be kept by patient

## PHYSICIAN ORDERS FOR SCOPE OF TREATMENT (POST)



- Physician order (special form)
  - Communicates patient's preferences for end-of-life treatment
- Similar to a DDNR, but not limited to CPR
  - Includes instructions re: medical interventions, antibiotics, artificially administered hydration and nutrition
  - Intended to be transferable across treatment settings (legislation has not been passed to support)
- Gaining support throughout Virginia:
  - Virginia POST Collaborative leading POST in VA
  - Pilot projects underway throughout VA
  - Currently, recognized as an "other DNR" (not transferable)
  - Endorsed by the Medical Society of Virginia
  - No proposed legislation to date

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## RESOURCES



- [www.vsb.org/site/public/healthcare-decisions-day](http://www.vsb.org/site/public/healthcare-decisions-day)
- [www.vhha.com/healthcaredecisionmaking.html](http://www.vhha.com/healthcaredecisionmaking.html)
- [www.connectvirginia.org/adr/](http://www.connectvirginia.org/adr/)
- [www.vda.virginia.gov/advmedir.asp](http://www.vda.virginia.gov/advmedir.asp)
- [www.nhdd.org](http://www.nhdd.org)
- [www.nytimes.com/2017/04/10/health/wrongful-life-lawsuit-dnr.html?\\_r=0](http://www.nytimes.com/2017/04/10/health/wrongful-life-lawsuit-dnr.html?_r=0)

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