MY ADVANCE CARE PLANNING GUIDE

for North Carolina

Let's TALK!

Tell us your values and beliefs about your healthcare.

Take time to have the conversation with your physician and your family.

Always be open and honest.

Leave no doubt about your values and preferences.

Keep your documents up to date and available.

We want to know your wishes so we can honor them.

To complete an Advance Care Plan:

- Go to www.sentara.com/advancedirectives
- Call Sentara Albemarle Medical Center at (252) 384-4125 or the Sentara Center for Healthcare Ethics for assistance at (757) 252-9550 or 1-800-Sentara (736-8272)
- Or contact the Sentara Hospital closest to you
- Ask your physician or healthcare provider

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TALK

HAVE THE TALK!

PROTECT YOUR RIGHT TO CONTROL YOUR HEALTHCARE DECISIONS

Healthcare 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 rights to make those decisions about your medical care, 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. Your physicians will assist you by informing you of the risks of the medical interventions, the benefits you might expect and possible alternatives. But, how can you be sure that your choices will be honored if you are unable to speak for yourself?

If you plan now, in advance, you can make sure your wishes are known, and that you get the kind of care you want and relieve your family of having to make difficult and stressful choices. You decide, in advance, in writing, what your healthcare choices are if you cannot speak for yourself, and you can specifically direct the kind of medical treatment you do or do not want if you become terminally ill, or have a permanent and severe brain injury with no hope of improvement or recovery. You can let your family, friends, doctors, and healthcare providers know your treatment wishes through your Advance Care Plan (Advance Directive).

"Having Mom's Advance Care Plan made things so much easier at a difficult time. Now I am doing the same for my own family."

IMPORTANT CONVERSATIONS ABOUT YOUR HEALTHCARE CHOICES

An Advance Care Plan may shape how you experience a period of disability or the very final stage of your life. You and your family may have to face some critical treatment choices. We respect your right to make individual decisions that are based on the medical information you have been given and your personal beliefs and values. You can help others respect your wishes in these circumstances if you take steps beforehand to **TALK** about your personal beliefs and values.

How do you ensure that your family knows what your beliefs and values are around your medical care? One way to do this is by developing your own "values history" and have a clear understanding of your health. For example, you could discuss your values and wishes with loved ones or advisors or write down your responses to questions such as:

- What do I know and feel about my health situation today?
- What complications might I experience from my current health condition?
- 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?

An Advance Care Plans (North Carolina - Advance for a Natural Death and Healthcare Power of Attorney) can be downloaded at www.sentara.com/advancedirectives or by calling 1-800-SENTARA (736-8272).

TERMS YOU MAY NEED TO KNOW

The 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 healthcare choices for your future.

ADVANCE CARE PLANNING:

A process of decision-making done in advance of an illness or injury to plan with your family, physicians, or spiritual leader what choices you would make if you became unable to communicate those choices for yourself. Sometimes the **TALK** is done with a trained Advance Care Planning Facilitator.

ADVANCE CARE PLAN:

An Advance Care Plan is another term for Advance Directive or Living Will. While the content may be the same or similar, the main difference is an Advance Care Plan puts more emphasis on **TALK**ing with family, physicians and spiritual advisors about your wishes.

CARDIOPULMONARY RESUSCITATION (CPR):

CPR involves chest compressions, medications, electric shock, and a breathing tube connected to a mechanical ventilator. The risks and benefits of this treatment should be discussed with your physician with any change in your health or when you have a serious or life-limiting illness.

DECLARANT/PRINCIPAL

A declarant is another word for the individual signing an Advance Directive for a Natural Death. A principal is another word for the individual appointing healthcare agent(s) pursuant to a Healthcare Power of Attorney. Because the declarant and principal are the same person, these terms are often used interchangeably.

FACILITY DO NOT RESUSCITATE ORDER (DNR):

In a hospital or other healthcare facility, DNR is a physician's order to withhold CPR from you in the event of cardiac or respiratory arrest. An Advance Care Plan does not automatically become a DNR order. This must be discussed with, and implemented by your physician. In some hospitals this is also known as Allow a Natural Death (AND).

PORTABLE DO NOT RESUSCITATE ORDER (DDNR):

A written physician's order to withhold CPR in the event of cardiac or respiratory arrest that can travel with the patient. This document must be on the State approved form, or MOST (Medical) Orders for Scope of Treatment), to be honored by Emergency Medical Services.

HEALTHCARE AGENT:

An adult appointed by you to make healthcare decisions for you. This person speaks for you only when you can no longer speak for yourself. If you have made your wishes known through an Advance Care Plan or have personally discussed your wishes with your healthcare 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. This agent may also be identified as a Medical Power of Attorney or Healthcare Proxy depending on the source of the document.

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:

Often thought of as medical instructions only for end of life, a Living Will can actually capture health care preferences or your beliefs and values for any healthcare crisis. This "plan" is now incorporated in Advance Care Plans and is part of the larger process. The terms Living Will, Advance Directive and Advance Care Plan are often used in the same way.

MOST (MEDICAL ORDERS FOR SCOPE OF TREATMENT):

A written physician's order which includes orders to provide or to withhold CPR in the event of cardiac or respiratory arrest, but also may include orders for other treatment options. Like the DNR, this form travels with the patient.

ORGAN AND TISSUE DONATION:

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.

PERSISTENT VEGETATIVE STATE:

A condition, caused by injury, disease or illness, that causes a loss of consciousness with no behavioral evidence of self-awareness or awareness of your surroundings and from which, 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 any self-awareness or conscious thought.

SURROGATE DECISION-MAKER:

Individual(s) designated by law to make healthcare decisions on your behalf, when you are unable to make decisions for yourself, if you have not named a Healthcare Agent or Medical Power of Attorney. In order of priority, pursuant to North Carolina Code 90-322 those persons are:

1. A guardian of the patient's person, or a general guardian with powers over the patient's person, appointed by court, provided that, if a person has a healthcare agent appointed pursuant to a valid healthcare power of attorney, the healthcare agent shall have the right to exercise the authority to the extent granted in the healthcare power of attorney.
2. A healthcare agent appointed pursuant to a valid healthcare power of attorney.
3. Attorney-in-fact appointed by the patient.
4. The patient's legal spouse.
5. Majority of reasonably available parents and adult children of the patient.
6. Majority of reasonably available adult brothers/sisters of the patient.
7. An individual who has an established relationship with the patient, who is acting in good faith on behalf of the patient, and who can reliably convey the patient's wishes.

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.

WITNESS/NOTARY:

A person who will verify your signature on an Advance Care Plan. Virginia Advance Directives (Advance Care Plans) may be witnessed by two people over 18 years of age and may include your spouse or blood-related family member, regardless of whether the individual is named on the document or not. A person who will verify your signature on an Advance Care Plan. The North Carolina Advance Directive for a Natural Death and Medical Power of Attorney must be witnessed by two people over 18 years of age, along with a Notary. All witnesses must comply with the following:

- Must not be related by blood or marriage to the declarant.
- Should not have any reasonable expectation that they would be entitled to any portion of the estate of the declarant upon the declarant's death under any existing will or codicil of the declarant, or pursuant to the Intestate Succession Act.
- May not be the attending physician, a licensed healthcare provider that is a paid employee of the attending physician, a paid employee of a health facility in which the declarant is a patient, or an employee of a nursing home or any adult care home in which the declarant resides. (Excludes Notary)
- May not have a claim against the declarant or the estate of the declarant at the time of declaration.
- The document must be proved before a clerk of court or a notary public.

WHAT POWERS AM I GIVING TO MY HEALTHCARE AGENT?

Once it has been determined that you no longer are able to speak for yourself, your Healthcare Agent has the power to:

- Give, withdraw, or withhold consent for x-ray, anesthesia, medication, surgery, and all other diagnostic and treatment procedures ordered by or under the authorization of a licensed physician, dentist, podiatrist, or other healthcare provider. This authorization specifically includes the power to consent to measures for relief of pain. ;
- Request, receive, and review any information, regarding my physical or mental health, and to consent to the disclosure of this information including, but not limited to medical and hospital records;
- Employ and discharge my healthcare providers;
- Consent to and authorize my admission to or discharge from a hospital, nursing or convalescent home, hospice, long-term care facility, or other healthcare facility
- Consent to, authorize admission to and retention in a facility for the care or treatment of mental illness; consent to and authorize the administration of medications for mental health treatment and electroconvulsive treatment (ECT), commonly referred to as "shock treatment."
- Authorize the withholding or withdrawal of lifeprolonging measures
- Other provisions or limitations may apply. For a complete listing, please see N.C. Code section 32A-15 et. seq.

  NOTE: Powers may be authorized or limited in your Advance Care Planning documents.

ADVANCE CARE PLANNING WORKSHEET:

HELPING YOU PLAN BEFORE COMPLETING YOUR ADVANCE CARE PLAN

How important are these items to you? Very Important → Not Important

	Very Important				Not Important
Being independent (able to feed and bathe yourself)	4	3	2	1	0
Being as comfortable and pain free as possible	4	3	2	1	0
Living as long as possible, regardless of quality of life	4	3	2	1	0
Being allowed to die naturally	4	3	2	1	0
Being alert and able to enjoy time with family/friends	4	3	2	1	0
Staying true to your spiritual beliefs and values	4	3	2	1	0
Donating parts (or all) of your body to help others	4	3	2	1	0

Other items/experiences you feel are important:

Do you have strong feelings about any of the following medical treatments?

CPR:

Mechanical breathing/ventilator:

Feeding tubes/IV hydration:

Dialysis:

Chemo/radiation therapy:

Adapted from the Values Worksheet published by Group Health Cooperative, Seattle WA

FOR REFERENCE ONLY; NOT PART OF THE MEDICAL RECORD

ADVANCE CARE PLANNING WORKSHEET:

HELPING YOU PLAN BEFORE COMPLETING YOUR ADVANCE CARE PLAN, CONT'D

What limitations/changes to your health would change the treatments you want to receive?

What **would be** important to you at the end of your life?

Would you want hospice care, with the goal of keeping you comfortable in your own home during end of life, rather than hospitalization?

Use these questions and answers as a guide for completing your Advance Care Plan in the next few pages.

If you have questions or need assistance completing the document, help is available!

NORTH CAROLINA

Elizabeth City
Sentara Albemarle Medical Center
252-384-4125

VIRGINIA

Charlottesville
Sentara Martha Jefferson Hospital
434-654-7009 or 1-888-652-6663

Hampton Roads
Sentara Center for Healthcare Ethics
757-252-9550

Harrisonburg
Sentara Rockingham Memorial Hospital
540-689-1234; 540-689-1670 or
1-800-543-2201

South Boston
Halifax Regional Hospital
434-517-3995 or 434-517-3100

Woodbridge
Sentara Northern Virginia Medical Center
703-523-0985 x 30985; 703-523-0680 or
703-523-1000

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ADVANCE CARE PLANNING WORKSHEET:

KEEPING TRACK OF YOUR ADVANCE CARE PLAN

Once you have completed your Advance Care Plan, you should make copies of it. Keep the original, and send copies to your healthcare agent(s), other family who are likely to come to your bedside at the hospital, your primary care physician, and the US Living Will Registry*. Keep a list of everyone who has a copy of your document below:

1) Primary Healthcare Agent:____
2) Secondary Healthcare Agent:____
3) Primary Care Physician: ____
4) Other family/friends:____
5) Other family/friends:____
6) Other family/friends:____
7) Other family/friends:____
8) Other family/friends:____

Other places you've stored copies:____

____

Remember: Any time you update your document, you should send an updated copy to everyone who had a copy of the old one.

If you have questions or need additional assistance, contact the Sentara Center for Healthcare Ethics:

757-252-9550 or 1-800-SENTARA
TDD/TTY Relay Services 7-1-1

ADVANCE CARE PLANNING WORKSHEET:

KEEPING TRACK OF YOUR ADVANCE CARE PLAN, CONT'D

NOTE: The US Living Will Registry houses the Virginia State registry, making your document available through the State Registry as well.

To put your document in the Registry, mail to:
Sentara Center for Healthcare Ethics
ATTN: US Living Will Registry
4705 Columbus Street, Suite 303
Virginia Beach VA 23462
or fax to 757-995-7337

This will also allow staff to place a copy into your medical record so that it is easily accessible for medical staff.

Tell a Friend!

Now that you've created your own Advance Care Plan, encourage your friends and family to complete theirs!

Additional forms are available on www.sentara.com/advancedirectives, or call 757-252-9550 to have booklets mailed to you.

Optional: Note who you need to talk to about Advance Care Planning here...

____

____

____

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QUESTIONS AND ANSWERS ABOUT YOUR HEALTHCARE RIGHTS

Q If I write an Advance Care Plan, will I still receive medical treatment?

A Yes. Your Advance Care Plan includes the kind of medical treatments that you DO or DO NOT want. Even if you choose not to receive life-prolonging treatment when you have a terminal condition, many medical treatments can still be provided to manage your symptoms, relieve pain, and provide support to you and your family.

Q I created an Advance Directive for a Natural Death several years ago. Is it still in effect?

A Yes. Advance Directives are valid until they are revoked. Keep reading to find out how you make changes or revoke your document. However, it is important to review your document at least once a year or anytime you experience a change in your healthcare.

Q What if I my physicians tell me I have a terminal illness while I am pregnant?

A If you wish to provide additional instructions or modifications to instructions you have already given regarding life-prolonging procedures that will apply if you are pregnant at the time your attending physician determines that you have a terminal condition, you can complete a Life-Prolonging Procedures During Pregnancy form specifying what treatments you would or would not want in that situation. You can download this form at www.sentara.com/advancedirectives.

Q What if I change my mind?

A You can revoke or modify your Advance Care Planning documents at any time. This is your plan and it should change as your health changes.

Q Can I get my physician to witness my signature on my Advance Care Planning documents?

A NO. North Carolina law does not allow your physician to witness your Advance Care Planning documents. Please see the Witness/Notary section on page 5 for a more detailed list of who may act as a witness.

Q Do I have to use the form that is provided by North Carolina?

A No. There are a variety of forms that are available, and attorneys often include an Advance Directive for a Natural Death and/ or Healthcare Power of Attorney in other estate planning documents. Provided that these documents are consistent with the relevant North Carolina Code provisions, there is not particular form that is required.

Q What happens if I cannot make my own healthcare decisions?

A First, two physicians must agree that you are incapable of making and communicating your own decisions. If this happens, your healthcare providers will work with the Healthcare Agent that you name in your Healthcare Power of Attorney, or a surrogate medical decision maker (see the definitions section), to determine the best treatment that is consistent with your previously expressed wishes. This is why it is important to TALK with your doctors and the people closest to you about your values and your wishes. This will relieve people who care about you of some of the stress they will experience if you become very ill and unable to communicate.

Q Who should I choose as my Healthcare Agent?

A This is an important choice since he or she will have the authority to direct your healthcare if you become too sick or injured to make an informed decision. You should TALK to the person you wish to be your Healthcare Agent to explain your intentions, discuss their understanding of your wishes, and confirm their willingness to act on your behalf. Choose someone who understands your values and choices, and who is willing to honor them.

Q How can I be sure that my wishes will be followed?

A Your Healthcare Agent or surrogate medical decision maker is required by law to follow your stated wishes. If your wishes are not clear, that person must use his/her knowledge of your wishes and values to make the decisions that you would have made for yourself.

Q What about emergency situations?

A Advance Care Plans are not designed for emergency situations, so Emergency Medical Service (EMS) personnel cannot follow an Advance Care Plan. However, if you wish not to receive CPR, you may get a doctor to sign a Do Not Resuscitate order or MOST form. EMS personnel will follow this order.

Q Can a doctor override my Advance Care Plan?

A Your physician is ethically obligated to follow your wishes as set forth in your Advance Care Planning documents; however, if he or she disagrees with your wishes, a physician can transfer care to another physician as long as continuity of medical care is assured.

Q Will my desire not to receive CPR be honored?

A You may reflect on your Advance Care Plan that you do not wish to have Cardiopulmonary Resuscitation (CPR), but that wish must be made into a medical order by a physician. If you are at risk for cardiac or respiratory arrest, your physician should TALK with you about the risks and benefits of CPR so that you may agree on what to do if this happens. You and your Healthcare Agent should ask about this if it is not brought up by your doctor. If you wish to have a Do Not Resuscitate order outside of a hospital, you will need a Portable Do Not Resuscitate order or a MOST form.

Q What kinds of medical care are included in my Advance Care Plan?

A You may direct both general healthcare choices, and end-of-life care choices. General healthcare may include such care as dialysis, chemotherapy, blood transfusions, cardiopulmonary resuscitation

(CPR), or any other treatment that you do or do not want if you are unable to speak for yourself. Your end-of-life instructions may include the above as well as life prolonging measures such as mechanical ventilation, artificial nutrition, and artificial hydration or withholding or withdrawing treatment.

Q Will my Advance Care Plan be followed in states other than North Carolina?

A Most states have laws allowing individuals to make decisions regarding their healthcare agents and medical treatments. However, these laws may be different than North Carolina's laws. If you move to another state, you should determine if your North Carolina form is valid in that state.

Q Can I change my mind about my Advance Care Plan?

A Yes. You can change all or nay portion of your Advance Care Plan at any time. Here's how:

- Change any portion that you desire on the document, initial the change and have two witnesses sign, following the same rules outlined on page 5). Make sure these changes can be easily read. OR
- Revoke the entire document with a signed, dated, written statement, OR
- Tear up or destroy the old document(s) and all copies; OR
- Write "REVOKED" across the document and sign and date where you have written "REVOKED"*

THEN:

- Create a new Advance Care Plan in writing and be sure it is signed, dated, witnessed and notarized according to the standards on page 5. Old versions should be destroyed, though they are not valid when a new document is created with a more recent date.
- Tell your physician that you have changed your Advance Care Plan.
- *We strongly recommend as the best option to write "REVOKED" and sign/ date directly under. This validates your intent should copies later surface.

Q Does my Advance Care Plan allow me to donate my body to medical science or donate my organs after my death?

A Yes. There are several things you should do to make this an easier process:

- TALK to your Healthcare Agent about your wishes. Your Healthcare Agent is obligated by law to follow your wishes about these gifts.
- TALK with your family so that they understand your intentions.
- Communicate your wish to be an organ donor on your Advance Care Plan, on your driver's license, or on the intern at www.donatelifenc.org.
- If you wish to leave your body to medical science, you will need to make arrangements through one of North Carolina's medical schools or research programs.

Q What should I do when I have completed my Advance Care Plan?

A Make copies and give them to your doctors and your Healthcare Agent(s), and keep the originals for your own files. You have two options to register your Advance Care Plan:

- The North Carolina Advance Health Care Directive Registry at www.secretary.state.nc.us/ahcdr for a fee; or
- The US Living Will Registry, free of charge through Sentara. More information about the US Living Will Registry is available with the Sentara Advance Care Plan form at www.sentara.com/advancedirectives.

NOTE: Any time you create a new Advance Care Plan, please send a new copy and a new registration agreement to whichever registry you choose to utilize.

If you have any questions about your Advance Care Plan, or if you wish to set an appointment with one of our Certified Advance Care Planning Facilitators, please contact:

Sentara Center for Healthcare Ethics
757-252-9550 or 1-800-SENTARA (736-8272)
4705 Columbus Street, Suite 303
Virginia Beach, VA 23462

Atención: si habla español, tiene a su disposición servicios lingüísticos gratuitos. Llame al 844-809-6648.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-809-6648 번으로 전화해 주십시오.

注意：如果您讲中文普通话，则将为您提供免费的语言辅助服务。请致电 844-809-6648。

ATTENTION: Language assistance services are available to you free of charge. Call 844-809-6648.

Sentara complies with applicable Federal Civil Rights Laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

www.sentara.com/advancedirectives

This booklet is not intended as legal advice and you may wish to speak with an attorney before signing your Advance Care Plan.

9/2019

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