



**Clinical Staff Executive Committee**

**MEDICAL CENTER POLICY NO. 0142**

A. SUBJECT: Advance Directives

B. EFFECTIVE DATE: April 1, 2013 (R)

C. POLICY:

All practitioners providing healthcare to inpatients and ambulatory patients at the University of Virginia Medical Center shall follow decisions of the patient expressed in an appropriately completed and authenticated Advance Directive. Adult patients (inpatients and outpatients) will be informed of their right to complete an Advance Directive upon presentation to any care setting. Information about this right is included in documents presented to the patient and in signage posted in care areas.

The Virginia Health Care Decisions Act permits the creation of and reliance upon a written Advance Directive made by an adult who is capable of making an informed decision. The Advance Directive may address any or all forms of healthcare in the event the adult is later determined to be incapable of making an informed decision. The Advance Directive may: (a) appoint an agent to make healthcare decisions for the adult, and/or (b) specify the healthcare the adult does or does not authorize; and/or (c) specify an anatomical gift, after the adult's death, of all of the adult's body or an organ, tissue or eye donation. ([See Medical Center Policy No. 0098 "Organ, Tissue, and Eye Donation"](#))

The Advance Directive shall be signed by the adult in the presence of two witnesses who have also signed the Advance Directive. An Advance Directive executed in another state shall be honored if it was executed in compliance with the laws of the state where it was executed or in compliance with the laws of the Commonwealth of Virginia.

The patient may in the Advance Directive set out his/her instructions or choices regarding healthcare in the event he/she is later determined to be incapable of making an informed decision. An Advance Directive may authorize an agent to approve participation by the adult in any healthcare study approved by the institutional review board (IRB).

D. DEFINITIONS:

Agent for Healthcare decisions: The patient may appoint an agent to make healthcare decisions for him/her in the event that he/she becomes incapable of making his/her own decisions. The Advance Directive may authorize the agent to take any lawful actions necessary to carry out the adult's decisions, including but not limited to, granting releases of liability to medical providers, releasing medical records, and making decisions regarding who may visit the patient.

The agent shall (i) undertake a good faith effort to ascertain the risks and benefits of, and alternatives to, any proposed healthcare; (ii) make a good faith effort to ascertain the religious values, basic values

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and previously expressed preferences of the patient; and (iii) to the extent possible, base his decisions on the beliefs, values and preferences of the patient, or, if they are unknown, on the patient's best interests.

The agent shall honor the patient's wishes in relation to anatomical gifts or organ, tissue or eye donation.

Decisions to restrict visitation of the patient may be made by the agent only if the adult has expressly included provisions for visitation in an Advance Directive; such visitation decisions shall be subject to physician orders and policies of the Medical Center.

Oral Advance Directive: Any patient capable of making an informed decision who has been diagnosed by his/her attending physician as being in a terminal condition may make an oral advance directive. This directive must be made in the presence of the attending physician and two witnesses. The oral directive should be documented in the medical record by the attending physician.

Healthcare: For the purposes of this policy, healthcare means the furnishing of services to any individual for the purpose of preventing, alleviating, curing or healing 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 healthcare facility; psychiatric or other mental health treatment; services furnished in the ambulatory setting, and life prolonging procedures and palliative care.

#### E. PROCEDURE:

1. All adult patients (inpatients and outpatients) will be asked if they have a completed written Advance Directive. Patients who do not have Advance Directives shall be provided written and appropriately translated information about completing an Advance Directive. A patient who has an Advance Directive is responsible for providing a copy of his/her Advance Directive to the Medical Center at the time of his/her admission or outpatient visit; Virginia law makes it the responsibility of the individual who has executed an Advance Directive to notify his/her attending physician of the existence of the document. However, when the individual is comatose, incapacitated, or otherwise mentally or physically incapable of communication, any other person may make such notification.
2. A copy of the written Advance Directive shall be placed in the patient's medical record.
3. Advanced directives that limit treatment are not automatically suspended prior to an operation or other procedure. Automatically suspending an advance directive prior to an operation or other procedure does not address a patient's right to self determination in a responsible or ethical manner. Advance Directives should be reassessed prior to an operation or other procedure. The patient or surrogate decision maker and the licensed independent practitioner (LIP)<sup>1</sup> who will be responsible for the patient's care should discuss the new risks and the approach to potential life-threatening problems during or following the procedures. Once a decision is reached regarding a plan of care, the practitioner must document the decision in the medical record and inform those who will be involved in the patient's care.

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<sup>1</sup> For the purpose of this policy, (LIP) Licensed Independent Practitioner includes physician, nurse practitioners and physicians' assistants

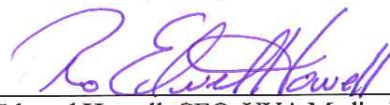
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4. If, while hospitalized, a patient wishes to complete an Advance Directive, Medical Center staff may provide assistance. If staff has a reason to question the capacity of the patient to complete an Advance Directive, the matter should be discussed with the patient's healthcare team.
5. If the patient is found to lack capacity to make an informed decision, and no Advance Directive exists either appointing an agent for healthcare decisions or making clear the patient's authorization for or refusal of healthcare in the applicable circumstances, the decision makers specified in [Medical Center Policy No. 0024 "Informed Decision-making"](#), shall be contacted for treatment decisions. (See Summary Flowcharts, Figures 1 and 2 which are attached to this policy.)
6. A capable patient may revoke an existing Advance Directive by a signed and dated writing, by physically destroying the previously created Advance Directive, or by having another person physically destroy the Advance Directive at the patient's direction and in the patient's presence or by orally expressing his/her intent to revoke the Advance Directive. Any such orally expressed revocation shall be effective when communicated to the attending physician. A capable adult may also make a partial revocation of his Advance Directive, in which case any remaining and non-conflicting provisions of the Advance Directive shall remain in effect. Any revocation or partial revocation of an Advance Directive must be documented in the patient's medical record. If a previously dated Advance Directive has been revoked in whole, it shall be removed from the Medical Center's repository and the patient's medical record.
7. If conflicts arise with patients, agents, and/or surrogates, the LIP may consider consulting a facilitator, such as the Ethics Consultation Service, to help resolve the conflict. An attending physician who refuses to comply with an Advance Directive or with the decision of the agent or surrogate shall make a reasonable effort to transfer the patient to the care of another physician who is willing to comply with the terms of the Advance Directive or the decision of the agent or surrogate.

SIGNATURE:



Robert S. Gibson, M.D., President, Clinical Staff



R. Edward Howell, CEO, UVA Medical Center

DATE:



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Approved April 1993

Revised November 1996, October 1999, March 2003, September 2006, June 2009, June 2010, September 2011, March 2013

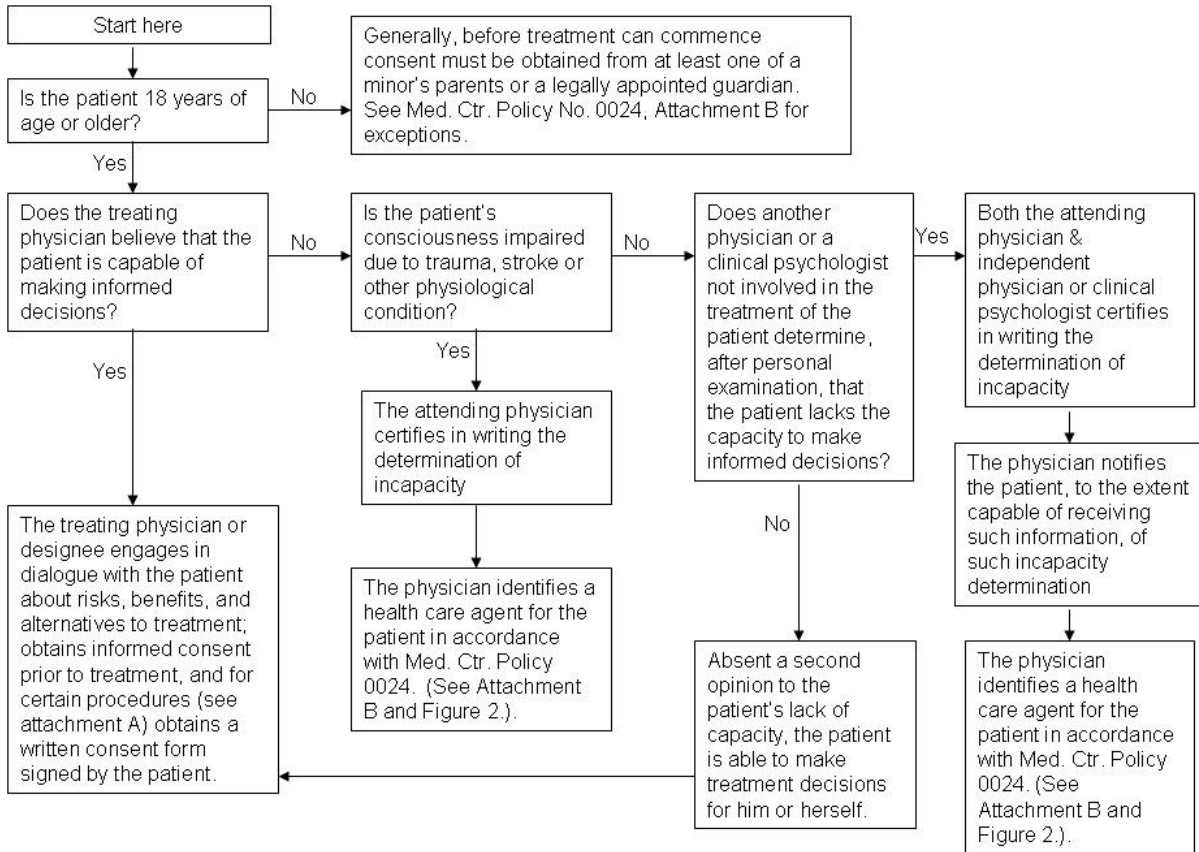
Reviewed May 1996

Approved by Ethics Committee

Approved by Clinical Staff Executive Committee

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Figure 1: Summary Flow Chart  
Does the patient have the capacity to make his or her own health care decision?



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Figure 2: Summary Flow Chart  
How are Health Care Decisions Made for the Adult Patient Lacking Capacity?

