

VIRGINIA ADVANCE DIRECTIVE FOR RESPIRATORY CARE

I, _____ (DOB: _____), hereby state, and I add to any existing advance directive I have made, the following instructions:

If a physician involved in my care decides that, as a result of a disease condition, I need a ventilator or similar medical respiratory device in order to breathe the air I need:

_____ (initials): **I REFUSE AND DIRECT THAT MY AGENT REFUSE THE USE** of a ventilator or similar medical equipment and direct that I be given palliative care, including medications to make me comfortable, even if such comfort medications may hasten my death.

_____ (initials): **I AUTHORIZE AND DIRECT THAT MY AGENT AUTHORIZE** any physician involved in my care to **WITHHOLD OR WITHDRAW THE USE OF A VENTILATOR** or similar device for me if the physician finds that I have a poor prognosis for surviving even with such care. I direct that, in that event, I be given palliative care, including medications to make me comfortable, even if such comfort medications may hasten my death.

_____ (initials): **I DIRECT AND DIRECT THAT MY AGENT DIRECT** any and all physicians involved in my care to **TAKE ALL APPROPRIATE ACTIONS TO SUPPORT MY BREATHING, INCLUDING THE USE OF A VENTILATOR AND OTHER SIMILAR RESPIRATORY DEVICES, CONSISTENT WITH SOUND MEDICAL PRACTICE.**

_____ (initials): I direct the following: _____

These instructions do not require that a physician find that I have a terminal condition (I cannot recover from my condition and (i) my death is imminent or (ii) I'm in a persistent vegetative state [see Virginia Code Section 54.1-2982]). This document supplements and supersedes any conflicting instructions in any existing advance directive, and all other instructions in such advance directive remain in full force and effect. Any authorized health care agent is bound by these instructions. I understand that I may revoke this amendment at any time. By signing below, I state that I understand this document and that I have made these instructions voluntarily.

_____ Date Signature

The above person signed this advance directive in my presence.

_____ Witness Signature Witness Printed

_____ Witness Signature Witness Printed