DOWNLOAD COVERSHEET:

This is a standard advance directive for your territory, made available to you as a courtesy by Lifecare Directives, LLC. You should be aware that extensive research has demonstrated that there are significant drawbacks to using a very brief state-standard document. As one researcher has noted, "the development of statutory forms occurs in the legislative arena, [so] their content is the result of a political rather than a 'scientific' process." Because of "political compromise, ...many of the forms ultimately passed by the legislatures are not optimal from a consumer perspective" (see: Hoffmann, Diane E; Zimmerman, S; Tompkins, C. The dangers of directives, or the false security of forms. *Journal of Law, Medicine & Ethics*. 1996;24(1) (Spring):5-17).

American Bar Association concurs, noting that "The statutory advance directive is not necessarily the exclusive, or even the best, pathway for individuals to follow," and suggesting that revised and enhanced documents "may be especially helpful as a...replacement for statutory forms where restrictions in a statutory directive prevents the individual from fully expressing his or her wishes" (see: American Bar Association. (1991). *Patient Self Determination Act State Law Guide*. Government printing office, Washington, DC).

Lifecare Directives staff have reviewed more than 6,000 medical, legal, academic, and news media articles on advance directives, as well as reviewing hundreds of document forms. They have also conducted formal research with scores of medical, legal, and academic processionals along with more than 1,000 lay public participants. From this process, more than 30 additional key living will and medical power of attorney enhancements have been identified that should be included in any living will (or "health care instruction" or "declaration") and medical power of attorney (or "proxy") forms that you may use.

Please consider obtaining the *Lifecare Advance Healthcare Directive* to obtain these important additions and benefits. To better understand the important enhancements available through this combined living will and medical power of attorney, you may wish to obtain the booklet, "*Should I Use a Shorter Standard Directive?*" available through Lifecare Directives, LLC.

If you have any other questions about this document or other Lifecare resources, please do not hesitate to contact our staff who will make every effort to fully respond your inquiries and address any questions you may have. We can be reached at the following:

Lifecare Directives, LLC
5348 Vegas Drive
Las Vegas, NV 89108
www.lifecaredirectives.com
Toll Free: (877) 559-0527

~ Lifecare Directives ~

Statutory Advance Directive

For

Virgin Islands Residents

Statutory Compliant
Advance Directive for
Health Care Choices

~ Lifecare Directives ~

Statutory Advance Directive

For

Virgin Island Residents

Statutory Compliant
Advance Directive for
Health Care Choices

Important Notice:

An advance directive is not a substitute for medical, legal or other necessary advice or direction. This document should not be construed as offering counseling, medical, legal, financial, or estate planning or advice, nor any other similar guidance or direction. Such counsel should be obtained from qualified, certified, and licensed professionals in your locale who are experienced in the specific areas of concern. Completion of this document constitutes acceptance of its content both in whole and in part, as well as a determination of its utility for the purposes indicated. Lifecare Directives, LLC, and all involved in this document's design, publication, and distribution assume no liability for its use, including that which may arise from omissions, technical inaccuracies, and typographical errors. Diligent efforts notwithstanding, this document is not warrantied to be in compliance with state and local laws. All warranties, including those of merchantability, fitness for a particular purpose, and non-infringement are expressly disclaimed. The utilizer agrees to seek appropriate outside review prior to completion. The utilizer and all heirs, assigns, designees, devisees, representatives, and all others involved, agree to assume all liability for its use and any subsequent outcomes, and to release and hold harmless all involved in its design, publication, advertising and distribution. The utilizer also agrees that any physician, health care provider, agent, proxy, surrogate, representative, mediator, court officer, and all others relying on the document's content are similarly free of all liability, when they act in good faith and with due diligence to follow the recorded wishes and directions.

Statutory Advance Directive For Virgin Islands Residents

_____ _____

Print Full Name *Date of Birth*

Your right *(when age 18 or older): To Document Your Personal Wishes, and to have these wishes followed ~~*

The legislature has provided statutes guiding the construction of both a Living Will and a Health Care Designee Appointment for use by the public. Collectively, these documents are known as "advance directives." As the content of these documents was designed by your state government, each is in compliance with all applicable statutes and laws.

There is an introduction to each that summarizes the scope and purpose of the documents, as well as providing further directions for completion. Read each carefully to ensure that your advance directives are fully and properly filled out.

Understanding Your Directive

To make the *best* choices for your medical care, your physician needs to know *your* wishes. In fact, the law requires doctors to seek your permission before giving you *any* treatment. However, if you are ever unable to make decisions due to severe illness or injury, this may not be possible. Completing this Directive will help your family and physicians know who should speak for you, and understand what you want if you cannot make this known yourself.

You can **revoke** (cancel) this directive at ***any*** time by: **1**) writing "revoked" across the front of the directive, followed by your signature and date, and the signature of at least one witness aged 18 years or older ; or **2**) by completing a Notice of Revocation; or **3**) by *telling* an adult witness that you want it revoked (who must then sign and date a statement, which becomes effective only when given to your doctor or health care provider); or **4**) *by simply completing a new directive* in which you state that any prior directive is no longer valid (as is already stated in this directive).

You can **limit** your directive and the authority of anyone named in it, but *no changes are recommended after the document is witnessed*. Any scope-of-authority or content changes needed *after* your directive has been witnessed should be made by completing a new directive. First-time changes can be made by lining out anything in the directive and writing "deleted" beside that clause or section (or initialing above any word(s) you have lined out), followed by your signature, and the signature of at least one of the persons serving as a witness to this document, placed in the margin immediately beside the change.

If you are **unable to write**, you may tell your directive witnesses what you want to have excluded, limited, or added to this directive. They must then sign, date, witness and/or notarize

the statement of the limitations and exclusions as you have described them. Remember, unless you direct otherwise, this directive will **only** be used to guide your family and doctors if you are unable to make and communicate medical treatment decisions for yourself.

Instructions for Completing the Directive:

This directive is written in two parts. While it is best if you fill out the whole document, you may choose to complete only ***Section I***, leaving just a statement of your values and wishes. Or you may complete only ***Section II***, just naming someone to speak for you. However, this may leave your family and others without any evidence to support your wishes in the future, or leave them unsure who is to make decisions and speak for you. Thus, omitting either section may cause your loved ones difficulty if they must eventually make medical choices in your behalf. So, you are strongly encouraged to complete the entire directive.

To complete each document, you should ***initial*** in the underlined spaces provided beside all the questions that are asked, and fill in any blank lines as directed. Feel free to write "No," "None," or "Does Not Apply" in areas that would otherwise be left blank.

SECTION I:

LIVING WILL DECLARATION

and Personal Instructions

(*Pursuant to Virgin Islands Code, Title 19, Part I, Chapter 10 §185 to §200*)

---

1. INTRODUCTION: *Virgin Islands statutes provide for an adult, having capacity, to leave individual health care instructions in a document known as a living will "Declaration." The purpose of the document is to direct the refusal of life-sustaining medical treatment when an individual is no longer able to give directions personally (due to severe illness, injury, or the long-term loss of mental capacity). Virgin Islands' statutes were specifically designed to address the use of medical treatments in situations of terminal illness, disease, or injury, as well as in a condition of permanent unconsciousness (i.e., a permanent coma).*

   *The statutes define a "**terminal condition**" as "an incurable and irreversible condition that...will...result in death within a relatively short time" (§186(j). A "**permanently unconscious condition**" is defined as "a condition lasting indefinitely, without change, in which thought, feelings, sensations, and awareness of self and [the] environment are absent" (§186(e). "**Life-sustaining treatment**" is defined as "any medical procedure or intervention that...will serve only to prolong the dying process" (§186(d).*

DECLARATION

2. If I should, in the opinion of my attending physician, have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, then I direct my attending physician, pursuant to the *Uniform Rights of the Terminally Ill Act* of this Territory, to withhold or withdraw treatment that, in the opinion of my attending physician, will only prolong the process of dying and is not necessary for my comfort or to alleviate pain.

3. This declaration becomes operative when it is communicated (or delivered) to the attending physician, and when I am determined by the attending physician to be in a terminal condition and no longer able to make decisions regarding the use of life-sustaining treatment.

Signature of Principal

4. Signed this _____ day of _____, 20 _____

5. Signature _____

6. Address _____

Statement of Witnesses

7. I hereby confirm that the above-named declarant appeared to be of sound mind, and did also voluntarily sign this writing in my presence.

8. First Witness _____

   Printed Name _____

   Address _____

9. Second Witness _____

   Printed Name _____

   Address _____

HEALTH CARE DESIGNEE APPOINTMENT

10. If I should have, in the opinion of my attending physician, an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the attending physician, cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I then appoint:

    11. **Name of Designee**: _____
    Address: _____
    Telephone: Home:_____ Work:_____
    Cell Phone or Pager: _____ E-mail: _____

    ~~ or, if he or she is not reasonably available or is unwilling to serve,

    12. **Name of Alternate**: _____
    Address: _____
    Telephone: Home:_____ Work:_____
    Cell Phone or Pager: _____ E-mail: _____

    ~~ to make decisions on my behalf regarding withholding or withdrawal of treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain pursuant to the *Uniform Rights of the Terminally Ill Act* of this Territory.

    (*The following language should be stricken if not desired by a declarant*) .

13. If the individual(s) I have so appointed is (are) not reasonably available or is (are) unwilling to serve, I direct my attending physician, pursuant to the *Uniform Rights of the Terminally Ill Act* of this Territory, to withhold or withdraw treatment that in his or her opinion, only prolongs the process of dying and is not necessary to my comfort or to alleviate pain.

Signature of Principal

14. Signed this _____ day of _____, 20 _____

15. Signature _____

16. Address _____

Statement of Witnesses

17. I hereby confirm that the above-named declarant appeared to be of sound mind, and did also voluntarily sign this writing in my presence.

18. First Witness _____

Printed Name _____

Address _____

19. Second Witness _____

Printed Name _____

Address _____

20. A declaration becomes operative when it is communicated to the attending physician and when the declarant is determined by the attending physician to be in a terminal condition and no longer able to make decisions regarding administration of life-sustaining treatment. When the declaration becomes operative, the attending physician and other health care providers shall act in accordance with its provisions and with the instructions of a designee