West Virginia Center for End-of-Life Care

1-877-209-8086
https://wvendoflife.org

Frequently Asked Questions about the Living Will

This booklet is based on the revised West Virginia Health Care Decisions Act passed by the West Virginia Legislature in March 2022 and effective June 2022. The Center hopes that this booklet will help West Virginians with advance care planning. The Center's website at https://wvendoflife.org contains a copy of the West Virginia Health Care Decisions Act and additional downloadable forms. The information provided on this website does not, and is not intended to, constitute legal advice; instead, all information, content, and materials available on this site are for general informational purposes only. For legal advice, please consult your attorney.

Revised June 2022

- **What is a living will?**
  A living will is a legal document, a type of advance directive, that tells your doctor how you want to be treated if you are terminally ill and cannot make decisions for yourself. A living will states that life-prolonging medical interventions that would serve solely to prolong your dying should not be used. A living will only applies if you are terminally ill AND too sick to make decisions for yourself.

- **Can I still make my own health care decisions once I have created a living will?**
  Yes. Your living will does not become effective until you are terminally ill AND unable to make decisions for yourself. As long as you can speak for yourself, you have the right to make your own decisions.

- **Can any person create a living will?**
  Yes. Any adult (including a mature or emancipated minor) who has the capacity to make decisions for themselves can complete a living will.

- **Do I need a lawyer to create a medical power of attorney?**
  No. Anyone can complete a WV advance directive without the assistance of a lawyer. Visit the Center's website, https://wvendoflife.org, or call the Center at 877-209-8086 to obtain free WV advance directive forms.

- **Will another state honor my medical power of attorney?**
  Laws differ somewhat from state to state, but in general, a patient's expressed wishes will be honored state-to-state. It is highly recommended that you contact your non-WV health care providers to ask if they will honor your WV advance directive.

  In WV, it is legally required for health care providers to honor non-WV advance directives and medical orders as of June 7, 2022 as long as the forms were completed correctly per that state's laws.

- **What should I do with my medical power of attorney after I sign it?**
  After your advance directive is signed, witnessed, and notarized, keep the original document in a safe location where it can be easily found. A photo copy of your advance directive is legally valid. You are encouraged to submit your form to the WV e-Directive Registry by faxing it to 844-616-1415 or mailing a copy to the WV e-Directive Registry, 64 Medical Center Drive, PO Box 9022 Health Sciences North, Morgantown, WV 26506-9022.

Full Name (Last, First, Middle): _____

Address: _____

City/State/Zip: _____

Date of Birth (mm/dd/yyyy): _____/_____/_____

Last 4 SSN: _____ _____ _____ _____ Sex: M_____ F_____

WV e-Directive Registry Opt In HTTPS://WVENDOFLIFE.ORG/REGISTRY

The WV e-Directive Registry makes your forms immediately available to your health care providers in emergencies. If you agree to have this form and any other submitted forms included in the WV e-Directive registry and released to treating health care providers, please mark below.

_____ YES, I OPT IN

_____ NO, I DON'T OPT IN

Registry toll-free number: 877-209-8086 **Registry FAX: 844-616-1415**

STATE OF WEST VIRGINIA
LIVING WILL

The Kind of Medical Treatment I Want and Don't Want if I Have a Terminal Condition

Living will made this _____day of _____.
(insert calendar day) (insert month and year)

I, _____,
(Insert your name and address)
being of sound mind, willfully and voluntarily declare that I want my wishes to be respected if I am very sick and unable to communicate my wishes for myself. In the absence of my ability to give directions regarding the use of life-prolonging intervention, it is my desire that my dying may not be prolonged under the following circumstances:

If I am very sick and unable to communicate my wishes for myself and I am certified by one physician, who has personally examined me, to have a terminal condition, I direct that life-prolonging intervention that would serve solely to prolong the dying process be withheld or withdrawn. I understand that by signing this document I am agreeing to the REMOVAL or REFUSAL of cardiopulmonary resuscitation (CPR), breathing machine (ventilator), dialysis, and medically administered food and fluids, such as might be provided intravenously or by feeding tube. I want to be allowed to die naturally and only be given medications or other medical procedures necessary to keep me comfortable. I want to receive as much medication as is necessary to alleviate my pain. Nevertheless, oral food and fluids, such as may be provided by spoon or by straw, shall be offered as desired and can be tolerated.

I give the following SPECIAL DIRECTIVES OR LIMITATIONS: Comments about funeral arrangements, autopsy, mental health treatment, and organ donation may be placed here.

My failure to provide special directives or limitations does not mean that I want or refuse certain treatments.

_____

_____

_____

It is my intention that this living will be honored as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences resulting from such refusal.

I understand the full import of this living will.

_____ DATE _____

Signature of the Principal *(Sign your name)*

_____

Address of the Principal *(Write your full address)*

I did not sign the principal's signature above for or at the direction of the principal. I am at least 18 years of age and am not related to the principal by blood or marriage, nor entitled to any portion of the estate of the principal to the best of my knowledge under any will of principal or codicil thereto, nor directly financially responsible for principal's medical care. I am not the principal's attending physician or the principal's medical power of attorney representative or successor medical power of attorney representative under a medical power of attorney.

Witness _____ DATE _____

Witness _____ DATE _____

STATE OF _____ COUNTY OF _____

I, _____, a Notary Public of said County, do certify that_____, as principal, and _____ and _____, as witnesses, whose names are signed to the writing above bearing date on the _____ day of _____, 20_____, have this day acknowledged the same before me.

Given under my hand this ____ day of _____, 20___.

My commission expires:_____

_____

Signature of Notary Public

Insert Notary Stamp Above