

**CASCADE VALLEY HOSPITAL AND CLINICS  
PROCEDURE**

NUMBER: 03-3-046	DATE EFFECTIVE: 8/12/93		
TITLE: Withholding or Withdrawing of Life Sustaining Treatment and Related Advance Directives	APPROVAL SIGNATURE:		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVH DEPARTMENT: Universal Patient Care	6/12	6/12	
ROUTE TO: All Departments, Medical Staff	11/13	11/13	
	6/15	6/15	
CROSS REFERENCE: 53-3-001	7/16	7/16	
	6/18	6/18	

**SCOPE** This procedure applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital.

**PURPOSE** To provide Hospital policy and procedure to meet the requirements of Washington State Natural Death Act Revision, effective June 11, 1992. This policy supports RCW 70.122.010, 70.122.020, 70.122.060, 70.122.070, 70.122.080, 70.122.090, and 70.122.100. Attachment A is a Glossary of Terms.

- GUIDELINES**
1. Cascade Valley Hospital believes adult persons have the fundamental right to control the decisions relating to the rendering of their own health care, including the decisions to have life-sustaining treatment withheld or withdrawn in instances of a terminal condition or permanent unconscious condition.
    - A. "Life sustaining treatment" is defined as intervention that uses mechanical or other artificial means, including artificially provided nutrition and hydration, to replace a vital function. Interventions designed solely to relieve pain are not considered life-sustaining for the purposes of the State of Washington Natural Death Act.
    - B. "Terminal Condition" is defined as an incurable and irreversible condition caused by injury, disease, or illness, that, within reasonable medical judgement will cause death within a reasonable period of time according to accepted medical standards, and where the application of life sustaining treatment serves only to prolong the process of dying.
  2. Cascade Valley Hospital believes modern medical technology makes possible the artificial prolongation of human life beyond natural limits.
  3. Cascade Valley Hospital believes that in the interest of protecting individual autonomy, such prolongation of the process of dying for persons with a terminal condition, or permanent unconscious condition, may cause loss of patient dignity, and unnecessary pain and suffering, while providing nothing medically necessary or beneficial to the patient. Cascade Valley Hospital believes that physicians and nurses should not withhold or unreasonably diminish pain medication for patients in a terminal condition where the primary intent of providing such medication is to alleviate pain and maintain or increase the patient's comfort.

4. In recognition of the dignity and privacy which patients have a right to expect, Cascade Valley Hospital recognizes the right of an adult person to make a written directive instructing such person's physician to withhold or withdraw life-sustaining treatment in the event of a terminal condition or permanent unconscious condition. Therefore, Cascade Valley Hospital will inquire of each adult patient (or their authorized representative) whether or not they have developed an advance directive. If they have not, they will be given an Advance Directive Packet and afforded the opportunity to execute one. (Admitting Policy 53-3-01 proscribes this procedure). Cascade Valley Hospital also recognizes a person's right to control his or her health care may be exercised by an authorized representative who validly holds the person's durable power of attorney for health care. Upon admission, the patient's medical record will be verified and updated as needed to include the "person to notify" as the designated representative.
5. At the very minimum, CVHC representatives will offer advance directive notices at the time of Registration to all inpatients, observation patients, surgical patients and emergency department patients. Whether or not the advance directive exists, is on file or is offered shall be documented in the Electronic Medical Record.

- PROCEDURE
1. Any adult person may execute a directive directing the withholding or withdrawal of life-sustaining treatment in a terminal condition or permanent unconscious condition. The directive shall be signed by the declarer in the presence of two witnesses not related to the declarer by blood or marriage and who would not be entitled to any portion of the estate of the declarer upon the declarer's death, under any will of the declarer, or codicil thereto then existing, or at the time of the directive, by operation of law then existing. In addition, a witness to a directive shall not be the attending physician, or employee of the attending physician or a health care facility in which the declarant is a patient, or any person who has a claim against any portion of the estate or the declarer upon declarer's death at the time of the execution of the directive. The directive, or a copy thereof, shall be made part of the patient's current medical record.
  2. Cascade Valley Hospital's suggested Health Care Directive is in FormCentral. Admitting and Medical Record Policy and Procedures will further delineate their responsibilities.
  3. Prior to withholding or withdrawing life-sustaining treatment, the diagnosis of a terminal condition by the attending physician or the diagnosis of a permanent unconscious state by two physicians shall be entered in writing, and made a permanent part of the patient's medical records.
  4. Directives from other jurisdictions are valid to the extent allowable by Washington State and Federal Law. Any questions on the validity of a directive should be referred to the Hospital Attorney.
  5. If a qualified patient capable of making health care decisions indicates that he or she wishes to die at home, the patient shall be discharged as soon as reasonably possible. The attending physician has the duty and obligation to explain the medical risks of an immediate discharge to the qualified patient. IF the attending physician complies with this obligation and documents it in the medical record under Washington State Law there shall be no civil, no criminal liability for claims arising from such discharge.
  6. Any physician or health care provider acting under the direction of a physician at Cascade Valley Hospital and its personnel who participate in good faith in the withholding or withdrawal of life-sustaining treatment from a qualified patient in accordance with the requirements of this policy and procedure under Washington State Law shall be immune from legal liability, including civil, criminal, or professional conduct sanctions, unless otherwise negligent.
  7. Prior to the withholding or withdrawal of life-sustaining treatment from a qualified patient pursuant to the directive, the attending physician shall make reasonable effort to determine that the directive complies with the law and if the patient is capable of making health care decisions, that the directive and all steps proposed by the attending physician to be undertaken are currently in accordance with the desires of the qualified patient.

8. The attending physician shall inform a patient or a patient's authorized representative of the existence of such a directive. If the patient, after being informed of such a policy or practice, chooses to retain the physician or Cascade Valley Hospital, the attending physician or a Cascade Valley Hospital representative shall prepare a written plan to be filed with the patient's directive that sets forth the physician's or Cascade Valley Hospital's intended actions should the patient's medical status change so that the directive would become operative. The physician or Cascade Valley Hospital under RCW 70.122.060 have no obligation to honor the patient's directive if they have complied with the requirements of this paragraph. In the event a patient or a patient's authorized representative after being informed of a policy or practice that would preclude the honoring of the patient's directive still desires the directive to be honored, Cascade Valley Hospital will make every effort to transfer the patient to a health care facility that will honor the directive.
9. The directive shall be conclusively presumed, unless revoked, to be the directions of the patient regarding the withholding or withdrawal of life-sustaining treatment. No physician, Cascade Valley Hospital, or health personnel acting in good faith with the directive or in accordance with the written plan of paragraph 8 above, shall be criminally or civilly liable for failing to effect the directive of the qualified patient under Washington State Law.
10. No nurse, physician, or other health care practitioner may be required by law or contract in any circumstance to participate in the withholding or withdrawal of life-sustaining treatment if such person objects to so doing. No person may be discriminated against in employment or professional privileges because of the person's participation or refusal to participate in the withholding or withdrawal of life-sustaining treatment.
11. No physician or other health care provider shall require any person to execute a directive as a condition for receiving health care services.
12. Nothing in this policy shall be construed to condone, authorize, or approve mercy killing or physician-assisted suicide or to permit any affirmative or deliberate act or omission to end life other than to permit the natural process of dying.
13. Community and staff educational plans will be developed and updated annually.
14. ||The Discharge Planning department will document efforts to obtain a copy of the ||Advance directive if not on premises. They will document all attempts in the EMR.

Attachment A**GLOSSARY OF TERMS**

1. Adult Person – A person who has attained the age of majority as defined in RCW 26.28.010 and 26.28.015 and who has the capacity to make health care decisions.
2. Attending Physician – The physician selected by, or assigned to, the patient who has primary responsibility for the treatment and care of the patient.
3. Directive – A written document voluntarily executed by the declarer generally consistent with the guideline of RCW 70.122.030.
4. Life-Sustaining Treatment – Any medical or surgical intervention that uses mechanical or other artificial means, including artificially provided nutrition and hydration, to sustain, restore, or replace a vital function, which, when applied to a qualified patient, would serve only to prolong the process of dying. This treatment shall not include the administration of medication or the performance of any medical or surgical intervention deemed necessary solely to alleviate pain.
5. Permanent Unconscious Condition – An incurable irreversible condition in which the patient is medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or a persistent vegetable state.
6. Physician – A person licensed under chapters 18.71 or 18.57 RCW.
7. Qualified Patient – An adult person who is a patient diagnosed in writing to have a terminal condition by the patient’s attending physician who has personally examined the patient, or a patient who is diagnosed in writing to be in a permanent unconscious condition in accordance with accepted medical standards by two physicians, one of whom is the patient’s attending physician, and both of whom have personally examined the patient.
8. Terminal Condition – An incurable and irreversible condition caused by injury, disease, or illness, that, within reasonable medical judgment, will cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment serves only to prolong the process of dying.

**NOTE: The Durable Power of Attorney for Health Care can be found in FormCentral under ADMIN/”Durable Power of Attorney” and INP/”Advance Directives and Power of Attorney.”**

**NOTE: The Advance Directive can be found in FormCentral under ADMIN/”Advance Directives and DPOA and INP/”Advance Directives and Power of Attorney**

