CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE

NUMBER: 03-3-089		Date Effective: 3/14	
TITLE: Washington Death with Dignity Act/Initiative 1000 – Providers May Choose to Participate	Review Date	Revise Date	Signature
DIVISION: CVH DEPARTMENT: Universal Patient Care			
ROUTE TO: All			
CROSS REFERENCE:			

SCOPE

This policy applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital and members of the Cascade Valley medical staff.

POLICY

Cascade Valley Hospital allows its providers to participate in the "Washington State Death with Dignity Act", if they so choose. This means providers at Cascade Valley Hospital may:

1. Perform the duties of an attending physician;
2. Perform the duties of a consulting physician;
3. Prescribe life-ending medication;
4. Provide counseling in connection with the provision of life-ending medication;
5. Fill a prescription for life-ending medication; and/or
6. Perform other duties as provided for in the Act.

If any Cascade Valley Hospital provider participates in the "Washington State Death with Dignity Act" with a patient of this hospital, that provider must immediately notify the Cascade Valley Hospital Administrator. It is the provider's responsibility to ensure the correct procedures are followed and the correct documentation is completed in accordance with the Act and hospital policy. The steps included in the attached checklist should be followed carefully and documented appropriately.

Hospital administration may provide oversight and may review records to the extent necessary to ensure all the safeguards of the law have been followed and the required documentation completed and submitted to the Department of Health.

Cascade Valley Hospital does not mandate that any provider participate in the "Washington State Death with Dignity Act", nor encourage any provider to do so. Only those providers who are willing and desire to participate should do so.

Life-ending medication is generally intended to be taken outside the hospital setting. While Cascade Valley Hospital allows its providers to participate, it may prohibit patients from taking the medication at the hospital. Cascade Valley Hospital has decided for patient safety reasons not to stock life-ending medication. While patients may receive a prescription from Cascade Valley Hospital providers, it must be filled elsewhere.

While participating in the Act, any provider at Cascade Valley Hospital must ensure the appropriate standard of care is followed.

All providers at Cascade Valley Hospital are expected to respond to any patient's query about life-ending medication with openness and compassion. Cascade Valley Hospital believes our providers have an obligation to openly discuss the patient's concerns, unmet needs, feelings, and desires about the dying process. Providers should seek to learn the meaning behind the patient's questions and help the patient understand the range of available options, including but not limited to comfort care, hospice care, and pain control. Ultimately, Cascade Valley Hospital's goal is to help patients make informed decisions about end-of-life care.

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: CVHC DEPARTMENT: Universal Patient Care	6/04		
ROUTE TO: All Departments, Medical Staff	6/07		
	3/11	3/11	
CROSS REFERENCE: 53-3-001	6/12	6/12	
	11/13	11/13	

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

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 (Attachment B - Durable Power of Attorney). 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 on the Meditech system.

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 at Attachment C. 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 entire Advance Directive Program to include all plans, policies, and implementation thereof will be reviewed annually and updated as required. This review will be accomplished in December of each year, with a report made to the Administrator of all ||findings by the Assistant Administrator – Business Services and the Quality Outcomes Representative.
15. 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 progress notes and/or on the Advance Directive comment screen in Meditech.

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 (see Attachment C).

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.

Attachment B

CASCADE VALLEY Hospital and Clinics | Close to Home Close to Heart

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

1. Creation of a Durable Power of Attorney for Health Care.

I intend to create a power of attorney (Health Care Agent) by appointing the person or persons designated herein to make health care decisions for me to the same extent that I could make such decisions for myself if I was capable of doing so, as recognized by RCW 11.94.010. This designation becomes effective when I cannot make health care decisions for myself as determined by my attending physician or designee, such as if I am unconscious, or if I am otherwise temporarily or permanently incapable of making health care decisions. The Health Care Agent's power shall cease if and when I regain my capacity to make health care decisions.

2. Designation of Health Care Agent and Alternate Agents.

If my attending physician or his or her designee determines that I am not capable of giving informed consent to health care, I _____, designate and appoint:

Name_____Address_____

City_____ State_____Zip _____Phone_____

as my attorney-in-fact (Health Care Agent) by granting him or her the Durable Power of Attorney for Health Care recognized in RCW 11.94.010 and authorize her or him to consult with my physicians about the possibility of my regaining the capacity to make treatment decisions and to accept, plan, stop, and refuse treatment on my behalf with the treating physicians and health personnel. In the event that _____is unable or unwilling to serve, I grant these powers to:

Name_____Address_____

City_____ State_____Zip _____Phone_____

3. General Statement of Authority Granted.

My Health Care Agent is specifically authorized to give informed consent for health care treatment when I am not capable of doing so. This includes but is not limited to consent to initiate, continue, discontinue, or forgo medical care and treatment including artificially supplied nutrition and hydration, following and interpreting my instructions for the provision, withholding, or withdrawing of life-sustaining treatment, which are contained in any Health Care Directive or other form of "living will" I may have executed or elsewhere, and to receive and consent to the release of medical information. When the Health Care Agent does not have any stated desires or instructions from me to follow, he or she shall act in my best interest in making health care decisions.

Attachment B (Cont'd)

CASCADE VALLEY Hospital and Clinics | Close to Home Close to Heart

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

All of this is to be in keeping with my directives as indicated by my initials next to the following paragraphs. (Initial any statement that reflects your desires. You may choose more than one, but you should cross out those statements you do not agree with.)

_____ I want life to be prolonged and I want life-prolong treatment to be provided if, in my Agent's judgment, the probable benefit of treatment outweighs its anticipated pain, discomfort, or other burden. I want my Agent to consider the relief of suffering/pain and the quality, as well as length of the possible extension of my life in decisions about life-prolonging medical procedures.

_____ I want my life to be prolonged to the greatest extent possible, without regard to the pain, discomfort, and other anticipated burdens that would be incurred, so long as there is a chance for survival.

_____ If I should be in an incurable or irreversible physical condition with no expectation of recovery, I do not want any treatment that will merely prolong my dying. Thus, I want my treatment limited to medical and nursing measures that are intended to keep me comfortable, to relieve pain, and to maintain my dignity.

_____ If I am in a coma or vegetative state which my doctors reasonably believe to be permanent, I do not want any life-prolonging treatment to be provided or continued, including but not limited to the placement of a tube to provide nutrition or hydration to me or the continuation of that treatment if it has already begun.

Additionally, I give these special instructions about my care:

_____

_____

_____

_____

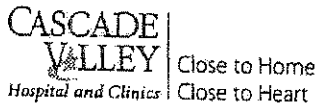
_____

The above authorization to make health care decisions does not include the following absent a court order:

(1) Therapy or other procedure given for the purpose of inducing convulsion;
(2) Surgery solely for the purpose of psychosurgery;
(3) Commitment to or placement in a treatment facility for the mentally ill, except pursuant to the provisions of Chapter 71.05 RCW;
(4) Sterilization.

I hereby revoke any prior grants of durable power of attorney for health care.

Attachment B (Cont'd)



4. Effectiveness.

This Power of Attorney shall become effective upon my disability, incapacity, or incompetence. My disability, incapacity, or incompetence shall be determined by a physician who is familiar with my medical condition or by a court of competent jurisdiction. If determined by a physician, this Power of Attorney shall become effective when the physician has provided to my Agent a written statement that I am either disabled, incapacitated or incompetent.

5. Reliance.

All persons dealing with my Agent shall be entitled to rely on this Power of Attorney so long as they have no actual knowledge that it has been terminated.

6. Termination.

This Power of Attorney shall remain in effect until revoked or terminated by me, a court appointed guardian, or a court order.

7. Law.

The laws of the State of Washington shall govern this Power of Attorney.

Dated this _____ day of _____, 20____

Grantor _____

STATE OF WASHINGTON }
:
COUNTY OF SNOHOMISH }

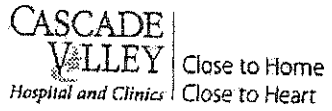
I certify that I know or have satisfactory evidence that the GRANTOR, _____ signed this instrument and acknowledged it to be his or her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this _____ day of _____, 20____

_____
NOTARY PUBLIC in and for the State of Washington
residing at _____

My commission expires: _____

Attachment C



Directive made this _____ day of _____ (month, year)

I, _____,
having the capacity to make health care decisions, willfully, and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare that:

(a) If at any time I should be diagnosed in writing to be in a terminal condition by the attending physician, or in a permanent unconscious condition by two physicians, and where the application of life-sustaining treatment would serve only to artificially prolong the process of my dying, I direct that such treatment be withheld or withdrawn, and that I be permitted to die naturally. I understand by using this form that a terminal condition means an incurable and irreversible condition caused by injury, disease, or illness, that would within reasonable medical judgment cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment would service only to prolong the process of dying. I further understand in using this form that a permanent unconscious condition means an incurable and irreversible condition in which I am medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or a persistent vegetative state.

(b) In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment, and I accept the consequences of such refusal. If another person is appointed to make these decision for me, whether through a durable power of attorney or otherwise, I request that the person be guided by this directive and any other clear expressions of my desires.

(c) If I am diagnosed to be in a terminal condition or in a permanent unconscious condition (check one):

I DO want to have artificially provided nutrition and hydration.
I DO NOT want to have artificially provided nutrition and hydration.

(d) If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.

(e) I understand the full importance of this directive and I am emotionally and mentally capable to make the health care decisions contained in this directive.

Attachment C (Cont'd)

CASCADE VALLEY Hospital and Clinics | Close to Home Close to Heart

(f) I understand that before I sign this directive, I can add to or delete from or otherwise change the wording of this directive and that I may add to or delete from this directive at any time and that any changes shall be consistent with Washington state law or federal constitutional law to be legally valid.

(g) It is my wish that every part of this directive be fully implemented. If for any reason any part is held invalid it is my wish that the remainder of my directive be implemented.

SIGNED: _____

City, County and State of Residence: _____

_____

Dated: _____

The declarer has been personally known to me and I believe him or her to be capable of making health care decisions.

WITNESS: _____

Address: _____

_____

Dated: _____

WITNESS: _____

Address: _____

_____

Dated: _____

CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE

NUMBER: 03-3-045			DATE EFFECTIVE: 10/91
TITLE: Do Not Resuscitate Orders	APPROVAL SIGNATURE:		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVHC DEPARTMENT: Universal Patient Care	2/09	2/09	
ROUTE TO: Med Staff Serv, DPCS, All Nursing Units, Lab, Rad, Anes, OR	10/09	10/09	
	1/10	1/10	
CROSS REFERENCE:	8/10		
	11/13		Michelle Bard

SCOPE

This procedure applies to all employees and practitioners, of employment or Cascade Valley Hospital and Clinics.

PURPOSE

The purpose of this policy is to establish procedures to be followed when decisions concerning Do Not Resuscitate ("DNR") are to be made. The hospital's philosophy is to provide dignity to impending death situations by adhering to the wishes of the patient and by instituting medically appropriate care. All patients are to be resuscitated, unless the physician writes or issues DNR order.

DEFINITIONS

A. DNR Order

An order whereby the patient will receive all medically appropriate therapeutic care, but cardiopulmonary resuscitation will not be initiated upon the patient's cardiac or respiratory arrest.

1. A "NO CODE" order cannot interfere with the normal care and comfort considerations for the patient in the surgical suite.

B. Do Not Resuscitate in the OR

The DNR designation requires reconsideration upon surgery or anesthesia. The patient and the physicians who will be responsible for the patient's care should discuss the new risks and the approach to potential life-threatening problems during the perioperative period. The results of such discussions should be documented in the record and communicated to the members of the operating room team.

C. Decision-Capable Patient

A patient shall be considered to be decision-capable if the patient is:

1. A adult 18 years of age or older
2. A minor who is married, a parent, or emancipated
3. Conscious
4. Able to understand the nature and severity of the illness involved
5. Able to understand the possible consequences of alternatives to the proposed treatment
6. Able to make informed choices concerning the course of treatment

All six conditions must be met.

D. Decision-incapable Patient

A patient shall be considered to be decision-incapable if the patient is:

1. A minor under 18 years of age, unless the patient is a minor who is married, a parent, or emancipated
2. Is unable to understand the nature and severity of the illness involved
3. Is unable to understand the possible consequences of and alternatives to the proposed treatment
4. Is unable to make informed and deliberate choices concerning the course of treatment
5. Has been declared legally decision-incapable by a court

Any one of these conditions renders the patient decision incapable.

E. Patient Representative

If a patient is decision-incapable, treatment decisions may be made on behalf of the patient by one of the following individuals, if reasonably available, willing and decision-capable, in this order or priority:

1. A judicially appointed guardian, if any
2. A person or persons designated by the patient in writing to make the treatment decision for him, e.g. by a durable power of attorney
3. The patient's spouse
4. An adult child or the majority of the adult children who are available
5. The parents of the patient
6. The nearest living relative of the patient

The individual of the highest priority shall act as the decision-incapable patient's representative. If none of the individuals listed in 1. through 6. are available, willing or decision-capable, resuscitate the patient.

PROCEDURE

A. The physician must discuss ***the levels of resuscitation*** with the patient, explaining the basis for and the consequences of a ***resuscitation*** order. If the patient is decision-incapable, this discussion must be held with the patient representative and other available family members. All such discussions must be noted on the patient's medical record.

B. If the patient is decision-capable, then the patient must consent to ***an order for the level of resuscitation*** before the order can be written. If the patient is decision-incapable, then the patient representative must consent to the entry of the order before the order can be written. In either case, the attending physician must indicate on the patient's medical record that consent has been obtained and the procedure by which the consent was obtained. A level of ***resuscitation*** order may not be written or implemented without obtaining consent, and the physician shall specify one of the following code levels by designating the level in the physician's orders:

1. ***FULL CODE***

   All resuscitative efforts possible are made

2. ***CHEMICAL CODE***

   Medications will be given

   a. ***No intubation***

   b. ***No CPR***

   c. ***No defibrillation or counter shock***

3. ***NO INTUBATION***

   No intubation, all other measures will be employed

4. ***DNR, NO CODE, OR COMFORT MEASURES ONLY***

   No attempt to intervene with potentially fatal dysrhythmias or cardiac/respiratory arrest.

C. Written documents, such as a Living Will or Advance Directive, which express a desire not to be kept alive by resuscitative or life-prolonging measures, shall be attached to the patient's medical records. These documents shall not be used as a substitute for obtaining consent from the patient or the decision-incapable patient's representative. However, they may be used in discussions with family members to determine patient's wishes when the patient is decision-incapable.

D. The order must be written, timed, dated and signed by the physician.

E. If there is disagreement among/between physicians caring for the patient, the order may neither be written nor implemented and the physicians shall notify the Chief of Staff and the Assistant Administrator - Care. Either or both of the above shall take such actions as are necessary to facilitate resolution of the matter. These actions may include but are not limited to:

   1. Directly reviewing and expediting resolution of the matter
   2. Referring the matter for review by an appropriate existing patient care advisory or ethics committee
   3. Forming an ad hoc committee to review the matter

F. If the patient's physician cannot, in good conscience, after following procedures 1 through 3, write a DNR order in compliance with the wishes of a decision-capable patient or the patient representative, or the physician feels the decision is not in the best interests of the patient, the physician may offer to transfer the patient to the care of another physician in this or another health care facility.

G. The DNR order must be reviewed upon significant change in the patient's condition.

H. Intravenous fluids and/or feeding by tube or other artificial means may be considered life-sustaining and, therefore, may be withheld or withdrawn. But, if there is no direction regarding artificially provided fluids and nutrition in a properly executed advance directive, these shall be provided.