

 <p>HARRISON MEDICAL CENTER</p>	Withdrawing or Foregoing Life Sustaining Treatment	<i>Page 1 of 2</i>	
	Organizational	<u>Creation: 07/01/99</u> Update/*Review: 04/01/07, 11/01/03 07/27/10R *Add a R to review dates	RC 3 Yrs
	Owner(s): Medical Staff Office		
	Policy Category: 14. Patient Rights and Responsibilities/ Withholding/Withdrawing Life Support Or Resuscitation		
Required Signature(s): Chief Quality & Medical Officer			

PURPOSE

We acknowledge that foregoing life-sustaining treatments is warranted under certain circumstances as we strive to assist people while helping them maintain their independence and dignity. The patient's specific wishes are of the utmost importance in such decisions. When a decision is reached to forego life-sustaining treatments, the goals will be to provide the patient with the ability to live the remainder of his/her life with as much dignity, control, and comfort as possible.

DEFINITION

Life-sustaining treatments are any medical interventions deemed necessary for the preservation of life. They may include medical technologies that provide a vital bodily function (e.g., mechanical ventilation, kidney dialysis), surgical interventions, medications not directly affecting the patient's comfort (e.g., antibiotics, insulin, cardiac medications), artificial nutritional support, or intravenous fluids.

PROCEDURE

Life-sustaining treatments may be withdrawn or foregone given the following:

1. Competent patients: Competent adults may decline both lifesaving and life-sustaining treatment even if refusal would be expected to result in the patient's death.
 - A. If a competent patient and the attending physician disagree regarding withdrawal or the foregoing of treatment, the options include:
 - B. Consultation with or transfer of care to another physician
 - C. An ethics committee consultation
 - D. Consultation with legal counsel
 - E. Or the competent patient may discharge himself/herself from the facility.
 - F. If the attending physician has questions regarding the patient's competency, he/she must obtain psychiatric or other appropriate consultation.
2. Incompetent Patients with Advance Directive: Absent clear evidence that the patient's wishes are no longer represented by the advanced directive, its declaration will be followed. The POLST (Physician Orders for Life Sustaining Treatment) form, if available, may provide specific orders regarding the patient's wishes conveyed through a doctor's order for such withdrawal.
3. Incapacitated Patients: Surrogate decision-makers have the same authority as the competent patient to accept or reject treatment on the patient's behalf.
 - A. If a [appropriate] surrogate decision-maker[s] (RCW 7.70.65) can be identified and contacted, we will:
 - B. Provide him/her with a reasonable medical judgement reached by the attending physician and another qualified physician indicating that the patient is in an advanced stage of a terminal, incurable illness, and whether the patient is suffering mentally and physically.
 - C. Provide the surrogate decision-maker with the same diagnostic and prognostic information that would ordinarily be afforded the competent patient.

Keywords:

- D. Instruct the surrogate decision-maker to consider the patient's wishes as stated in oral directives to friends, family, or health care providers; religious beliefs; and prior patterns of conduct regarding medical decisions.
- E. Attempt to achieve consensus among surrogate decision-makers of the highest class (see RCW 7.70.65) when possible;
 - 1) If there is no consensus among surrogate decision-makers, convene a care conference with all decision-makers to seek consensus.
 - 2) Failing to find consensus from a care conference, the Vice President of Quality/Chief Medical Officer will be called to attempt to bring about a consensus.
 - 3) If no consensus among surrogate decision-makers can be reached, life-sustaining treatment will not be withdrawn or foregone.
- F. Ensure that neither the patient's physician nor the health care facility responsible for the care of the patient object to the decision to withhold such treatment. If objection is raised by either the physician or the health care facility, the following options may be:
 - 1) Consultation with or transfer of care to another physician;
 - 2) Seek an Ethics Committee consultation;
 - 3) Consult with legal counsel;
 - 4) The surrogate decision-maker may have the patient discharged from the facility and transferred to another facility.
- 4. Medical Futility: When there is, according to the judgement of the attending physician, a very low probability that a procedure or treatment will produce any medical benefit, the procedure should not be made available.
 - A. The attending physician will inform the patient, surrogate decision maker and/or family that a judgement of futility is the basis for the physician's decision.
 - B. Any party may challenge that judgement of "very low probability of any medical benefit." Such a challenge will automatically require the consultation of another physician of the appropriate speciality.
 - C. If the consultation does not result in agreement regarding futility then the patient's (or appropriate surrogate decision maker's (RCW 7.70.65) wishes prevail.
- 5. Treatment without Rational Justification or Any Evidence of Medical Benefit
 - A. Certain forms of therapy requested by a patient or family may have no basis of rational treatment or medical justification. Such forms of therapy are not considered under the category of futile but rather not justified and possibly associated with a risk of further discomfort or suffering by the patient.

References

1) RCW 7.70.65

 HARRISON MEDICAL CENTER	Washington State Death with Dignity Act	<i>Page 1 of 1</i>	Next Review Due
	Organizational	<u>Creation: 03/05/2009</u> Update/*Review 12/20/2013	12/20/2016
	Owner Chief Medical Officer, Medical Staff		
	Policy Category: Patient Rights & Responsibilities/Patient Rights		
Required Signature(s): CEO, Administration			

PURPOSE

All providers at Harrison Medical Center (the “Medical Center” or “Harrison”) are expected to respond to any patient’s query about the “Washington State Death with Dignity Act” (the “Act”) with openness and compassion. Harrison 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, Harrison Medical Center’s goal is to help patients make informed decisions about end-of-life care without the Medical Center actively participating in the provisions associated with the Act.

PROCEDURE

Harrison respects the relationship between the health care provider¹ and the patient if the provider elects to independently participate in the Act. Harrison does not mandate that any provider participate in the Act, nor does Harrison encourage any provider to do so. Only those providers who are willing and desire to participate should do so with the understanding that they will not have Medical Center resource support (facilities, equipment, staff, or fiscal) to include liability protection. Prescriptions for life-ending medications will not be filled at Harrison.

Harrison providers as Medical Center employees may not participate in the Act, which means they may not:

- Perform the duties of an attending or consulting physician in accordance with the Act (RCW [70.245.060](#));
- Provide the counseling function described under the Act (RCW [70.245.060](#));
- Prescribe life-ending medication; and/or
- Perform other duties as provided for in the Act (RCW [70.245.060](#)).

If any employed Harrison Medical Center provider independently participates in the Act, that provider must immediately notify the Medical Center’s Vice President, Quality/Chief Medical Officer who will document the provider’s intent to comply with the Medical Center policy. It is the provider’s responsibility to ensure the appropriate standard of care is provided, the correct procedures are followed, and the correct documentation is completed in accordance with the Act and Medical Center policy. The references provide information regarding the timing and documentation of specific events mandated by the Act.

The Medical Center seeks to make a positive difference in people’s lives through exceptional medical care at all points on the healthcare continuum. We seek to facilitate end-of-life care and provide comfort to our patients when they learn that their lives may be affected by a terminal disease or condition.

References

- 1) Washington Death with Dignity Act (RCW 70.245);
- 2) Washington State Department of Health Regulations Chapter 246-978

¹ “Health care provider” means a person licensed, certified, or otherwise authorized or permitted by law to administer health care or dispense medication in the course of business or practice of a profession, and includes a health care facility. (RCW 70.245.010(6))

Keywords: act, death, dignity