MultiCare	Patient Care

Title: INW FOREGOING LIFE SUSTAINING TREATMENT

Scope:

This policy applies to MultiCare Deaconess Hospital and MultiCare Valley Hospital

Policy Statement:

Foregoing life sustaining treatment in the presence of terminal condition, permanent unconscious state and medically defined death. Unless provisions have been made, utilizing informed consent, for organ harvesting or medical research, life support measures should be discontinued when a patient is medically dead. Special consideration may be given toward continuing life support in the case of a pregnant patient in the interest of preserving the life of the unborn child.

The state of Washington Natural Death Act 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. The legislature also recognizes that a person's right to control his or her health care may be exercised by an authorized representative who validly holds the persons durable power of attorney for health care.

Any physician, health care provider acting under the direction of a physician, or health facility 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 the Washington chapter unless otherwise negligent shall be immune from legal liability, including civil, criminal or professional conduct sanctions.

I. Policy:

A. Guidelines for Withholding or Withdrawal of Life Sustaining Treatment

1. *In a permanent unconscious condition:* The patient must be diagnosed in writing 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 to be in a permanent unconscious condition.
2. *In a terminal condition*: The patient must be diagnosed in writing by the patient's attending physician who has personally examined the patient to have a terminal condition.
3. Before life sustaining treatment can be withdrawn, informed consent, consistent with policy and Washington State regulations, must be obtained and documented (see INW Informed Consent Policy)
   a. A copy of the patient's written Advance Directive should be included in the patient's medical record and referenced on the patient's chart. The existing written Advanced Directive will be honored until such time as the attending physician determines that the Advanced Directive is either invalid or otherwise notes in the patient's file that the Directive has been revoked by the patient with capacity and competency.

b. All orders to forego life sustaining treatment should be written and signed by the attending physician(s) or physician designee and placed in the patient's medical record. Orders may be taken by phone if given to a House Supervisor or Registered Nurse. A second staff nurse should listen in and witness the phone order. Phone orders should be signed by the attending physician at the earliest possible moment consistent with policy.

c. Progress notes should document the circumstances surrounding the decision to forego life sustaining or disproportionate care. Documentation should include a summary of the medical situation (including mental status, diagnosis, and prognosis), Outcome of discussion with the patient, family and medical consultations and the decision maker (patient or surrogate) by name and relationship.

4. For all pediatric patients, attending physician or designated physician will be present at the time disconnection for life support **is** performed.

5. Competent adults with decision making capacity may decline both lifesaving and life sustaining treatment, even if refusal may lead to death.

   a. If such a patient and attending or consulting physicians agree that the treatment is disproportionate and the person wishes to discontinue treatment, disproportionate care may be foregone, and proportionate measures only may be provided.

   b. When the attending or consulting physicians disagree with the competent patient's decision to refuse treatment, the options include: consultation, transfer of care to another physician, allowing the competent patient to remove himself or herself from the Medical Center, if possible, or referral to hospital legal counsel to determine whether judicial resolution should be sought.

   c. Where the attending or consulting physicians have questions about the patient's competency or decision-making capacity, psychiatric or other appropriate consultation should be sought, and the procedure followed ~~for~~ depending on the judgement reached. (See INW Informed Consent policy.)

B. In the case of patients without decision making capacity, the following principles should be observed to ensure that the patient's best interests are being served.

1. When an adult patient is not capable to give informed consent for medical treatment include foregoing of treatment, consent must be obtained from an appropriate legally authorized surrogate decision making. A patient's capacity to make medical decision can change over time, depending on many factors. A patient may have capacity for some decisions, but not other. The provider who seeks patient informed consent will determine the patient's capacity and may seek consultation or assessment form colleagues, including social work and psychiatry. (INW Informed Consent policy).
2. The accurate determination of prognosis is pivotal to the determination of proportionality of care.
3. Disproportionate care may be discontinued when it is apparent that the patient

would have refused the treatment if he or she were able to choose. Information bearing on the patient's intent includes oral directives to friends, family members or health care providers; evidence of what the patient said in reaction to medical treatment given to others; deduction from the patient's consistent pattern of conduct regarding prior decisions about his or her own medical care. In order to ensure that only disproportionate care is being terminated, the patient's surrogate decision maker must receive the same medical information as one would expect a patient with capacity to have before consenting to or rejecting treatment.

4. If no sufficient evidence exists that the patient would have wanted to forego disproportionate care, a surrogate decision maker consistent with RCW.7.70.065 may assert the patient's right to termination of same provided the attending physician(s) is in agreement that the termination of that care would serve the patient's best interest that there is no reasonable chance of recovery as a result of therapy.
5. When no family, friends or guardian have been located, after reasonably diligent search, within a reasonable period of time, in accordance with Washington State law, a court appointed legal decision maker will be requested prior to discontinuing treatment/care to act on the behalf of the patient.

C. Incompetent Patients

1. A person who has been declared incompetent for health care decisions and has a court-appointed guardian cannot provide consent and consent must be obtained from that guardian. A guardian cannot consent to certain procedures which require a court order. (INW Informed Consent policy).
2. The accurate determination of prognosis is pivotal to the determination of proportionality of care.
3. Disproportionate care may be discontinued when it is apparent that the patient would have refused the treatment if he or she were able to choose. Information bearing on the patient's intent includes oral directives to friends, family members or health care providers; evidence of what the patient said in reaction to medical treatment given to others; deduction from the patient's consistent pattern of conduct regarding prior decisions about his or her own medical care. In order to ensure that only disproportionate care is being terminated, the patient's court appointed guardian for health care decisions must receive the same medical information as one would expect competent patient to have before consenting to or rejecting treatment.
4. If no sufficient evidence exists that the patient would have wanted to forego disproportionate care, the court appointed guardian for health care decisions, consistent with RCW.7.70.065, will assert the patient's right to termination of same provided the attending physician(s) is in agreement that the termination of that care would serve the patient's best interest that there is no reasonable chance of recovery as a result of therapy.

D. Proportionate/Disproportionate Care

The moral distinction between proportionate and disproportionate care is fundamental to decisions regarding the foregoing of life sustaining treatment all persons with or without

decision making capacity or competence.

1. A person's moral obligation to preserve his or her life or the obligation of those who represent an incompetent person or person without decision making capacity, to preserve that person's life is not unlimited. The distinction between proportionate and disproportionate care is a guideline for determining the moral limits of an individual's obligation to preserve his or her own life. This distinction should also guide those who make decisions on behalf of the incompetent person or person without decision making capacity.

DEFINITIONS:

Care – Disproportionate
Disproportionate care is care (surgery, medication, [other than comfort medication], treatment, therapy, etc.) which is so objectionable to the patient in regard to the pain and effort needed to provide care that the patient or the administration of that care that the patient declines any medical treatment even if refusal may lead to death.

Care – Proportionate
Proportionate care is care by which anticipated benefit is great enough relative to all burdens that it is morally obligatory to provide that care.

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 and which would serve only to prolong the process of dying. Life sustaining treatment shall not include the administration of medication or the performance of any medical or surgical intervention deemed necessary solely to alleviate pain.

Permanent Unconscious Condition
An incurable and irreversible condition in which the individual is medically assessed as having no reasonable probability of recovery from an irreversible coma or a persistive vegetative state.

Terminal Condition
An incurable and irreversible condition caused by injury, disease or illness that within medical judgement, 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.

References:
Washington State Department of Health www.doh.wa.gov *retrieved March 24th, 2020*
Daly, P. Palliative sedation, foregoing life sustaining treatment, and aid-in-dying: what is the difference? *Theoretical Medicine and Bioethics, 2015.*36, 197-213.
RCW 7.70.065 Persons authorized to provide for patients who are not competent

Point of Contact:
Executive Director of Nursing 509-473-2269

Approval By:	***Date of Approval:***
DH Policy Review Committee	4/2020, 11/2020
INW Critical Care IDT	11/2020

DH MEC VH Policy Review Committee VH MEC MHS System Quality Safety & Steering Council	4/2020 4/2020. 11/2020 5/2020 7/2020, 2/2021
Original Date: Revision Dates: Reviewed with no Changes Dates:	*4/2020* *11/2020, 1/2021*

Distribution: MSH Intranet