



## Advance Directives

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PeaceHealth Southwest complies with federal and state laws, and mission of PeaceHealth, by informing patients and patient's representative of the patient's right to make decisions related to their medical treatment, including the right to refuse medical care and the right to formulate an Advance Directive, to have it available in the medical record, and to have it referenced in the plan of care.

Patients are not required to execute an Advance Directive. PHSW shall not discriminate against patients or base the decision to treat patients on the absence of an Advance Directive.

All inpatient and outpatient care units shall review and honor, to the extent permitted by policy and law, a completed Advance Directive, when patients make a copy available. Upon admission patients or the patient's representative are asked whether the patient has completed an Advance Directive.

- If the patient has completed an Advance Directive, the patient or patient's representative is asked for the most current version. The most current version is copied and entered into the patient's medical record.
- If the patient has not completed an Advance Directive, the patient or patient's representative is provided with Patient Rights/Responsibilities and an Advance Directives form. PHSW caregivers, volunteers, and contracted service providers cannot witness Advance Directives to avoid a conflict of interest.
- Patients may also be asked to complete a POLST form (Physician Orders for Life-Sustaining Treatment). While this form is not an Advance Directive, it can be very helpful for patients with an advanced life-limiting illness who are near the end of life.

Physicians follow the patient's Advance Directive instructions to the extent permitted by policy and law. The physician informs the patient or patient's representative of any policy, procedure, practice, or recommended treatment that conflicts with the patient's Advance Directive as soon as the physician becomes aware of such a conflict.

The patient may revoke the Advance Directive through any effective method of communication, be it verbal, written, or non-verbal. Revocation of a patient's Advance Directive is noted in the patient's medical record.

Unless the patient is clearly identified as a Do Not Resuscitate (DNR) patient, Cardio Pulmonary Resuscitation (CPR) shall always be initiated in the event of cardiac or respiratory arrest. The patient's nurse shall review the medical record for Advanced Directive or POLST form.



## Do Not Resuscitate Orders

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Patients have the right to participate in their healthcare and treatment to the fullest extent possible. Do Not Resuscitate (DNR) orders express the wishes of the patient or the patient's legal representative, and are documented and followed so long as they are consistent with legal requirements and PeaceHealth Southwest policy.

A competent adult patient's oral or written directive to his/her physician, or a completed Physician's Order for Life Sustaining Treatment (POLST) form stating not to attempt resuscitation, shall be honored. An incompetent patient's right to refuse resuscitation may be exercised through the POLST form or by the patient's legally authorized representative(s) in accordance with federal and state laws regarding the rights of incompetent persons. Further clarification of resuscitative status, medical interventions, use of antibiotics, artificially administered fluids and nutrition shall be addressed on the Physician's Order for Life Sustaining Treatment (POLST) form.

Cardiopulmonary Resuscitation (CPR) shall be initiated whenever cardiac and/or respiratory arrest is recognized unless otherwise ordered by the patient's physician. A Do Not Resuscitate (DNR) order is needed when CPR is *not* to be initiated.

Prior to issuing a DNR order, the attending physician advises the patient, or legally authorized representative(s) of the seriousness of the diagnosis, prognosis, discuss the implications of CPR, and document the discussion and decision in the medical record.

The patient's wishes with regard to Do Not Resuscitate orders shall be paramount. However, if/when family members disagree, decision makers may be assisted in coming to consensus regarding appropriate resuscitative efforts by consultation with legal, medical, and spiritual representatives, as well as the patient's immediate family and/or significant others, to clarify the patient's clinical status and prognosis, address moral and spiritual concerns, and describe long term implication of immediate decisions.

The patient, or the patient's legally authorized representative(s) may change their mind at any time about resuscitation status by indicating that they do wish medical intervention to occur.



PeaceHealth  
Southwest Medical Center

## **Physician's Orders for Life-Sustaining Treatment**

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The Physician's Order for Life-Sustaining Treatment is a uniform medical order sheet addressing treatment options including, but not limited to: resuscitation, comfort measures, antibiotics and/or artificially administered fluids and nutrition. The POLST follows previously expressed wishes of the patient/legally authorized representative(s) and translates them into medical orders which guide treatment by health professionals in care settings throughout the community.

PeaceHealth is committed to supporting patients/representatives to make decisions about their treatment options by fostering an open communicative environment and providing them with the best information available.



## Withholding and Withdrawing Life Sustaining Treatment in Adults

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Patients have the right to participate in their healthcare and treatment to the fullest extent possible. Southwest Washington Medical Center (SWMC) considers withholding or withdrawing life-sustaining medical treatment as part of an ethically and legally proper course of action in certain circumstances.

A decision to forego life-sustaining treatment does not impact the patient's right to receive or the hospital's obligation to provide other types of medical care including care designed to relieve pain or discomfort.

A decision to withhold or withdraw one treatment is specific to that treatment and does not automatically apply to any other treatment.

A competent adult patient's oral or written directive to his/her provider to withhold or withdraw life-sustaining treatment shall be honored. An incompetent patient's right to refuse life-sustaining treatment by withholding or withdrawing such treatment may be exercised through a previously validly executed Advance Directive, by the patient's legally authorized representative(s), or by such persons as designated in accordance with federal and state laws regarding the rights of incompetent persons. Changes in a patient's wishes or changes in a patient's medical status, either improvement or deterioration, may lead to reevaluation and to an appropriate change in treatment status.

There are no significant ethical differences between decisions to withhold life-sustaining medical treatment and decisions to withdraw life-sustaining medical treatment. It is important, however, to realize that the emotional aspects of a decision to withdraw previously provided life-sustaining treatment may be more difficult for patients, family or caregivers. In every case in which life-sustaining care is limited, it remains especially important to properly evaluate and treat pain and suffering, and to be sensitive to emotional issues on the part of the patient, patient's family and friends, and the hospital caregivers.

For patients who have a terminal or permanent unconscious condition, a reasoned medical judgment may be made by the attending provider that life-sustaining treatment has a very low probability of producing the desired benefit to the patient, and is, therefore, futile. A provider or health care professional is not obligated to provide life-sustaining treatment that is determined to be futile.

A provider or caregiver may elect to refuse to participate in withdrawing or withholding care. In such a case the provider or caregiver takes appropriate steps to transfer care to another person prior to withdrawing from the patient's care. Health care providers are not discriminated against

in employment or professional privileges if they decline to participate in the withholding or withdrawal of life-sustaining treatment.

In cases where there is a difference of opinion among patients, legally authorized representative(s), and/or health care providers, it must be remembered that the primary obligation of the medical center and health care providers is to base decisions on the best interest of the patient. If agreement cannot be reached all reasonable attempts are made to transfer care to another attending provider or to another institution, if that is the desire of the patient or legally authorized representative.

When an Advanced Directive specifies that life-sustaining treatment be withheld or withdrawn, caregivers must proceed with the administration of medication or the performance of any reasonable medical or surgical intervention deemed necessary solely to alleviate pain.

In accordance with the Washington State Natural Death Act, if a qualified competent patient wishes to die at home, the patient will be discharged as soon as reasonably possible after an explanation to the patient of the risks of hospital discharge.

Situations may arise which are more complicated than those addressed by this policy or by the Washington Natural Death Act (e.g., when a patient's competency is in question or when qualified patient representatives disagree among themselves as to what is in the best interest of the patient they represent). In such complex circumstances the hospital medical director, ethics committee, legal counsel or other relevant sources provides assistance to caregivers as requested and appropriate. If the matter remains unresolved, a petition for guardianship may be filed requesting the court to appoint a guardian.

## **Definition of Death**

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A person is dead if the individual has sustained either:

- Irreversible cessation of circulatory (cardiac) and respiratory functions; or
- Irreversible cessation of all functions of the brain, including the brain stem.

There are a variety of confirmatory tests that can indicate whether or not a person has met the above criteria for death even while being aided by mechanical support systems that keep oxygen and blood supplied to the body.

Each hospital owned and/or operated by the PeaceHealth must develop procedures that include tests to establish that death has occurred pursuant to the definition of death provided in this policy.

It is morally acceptable to stop mechanical support systems when these procedures have been followed and the person is dead.

## **Euthanasia**

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PeaceHealth recognizes death as a part of life and, as such, does not participate in or in any way support the hastening of the end of life through euthanasia.

Euthanasia, as defined for this policy, is the active and direct taking of the life of a patient. This does not include forgoing or withdrawing disproportionately burdensome or futile treatment (e.g., medically administered hydration and nutrition or ventilation). Providing appropriate pain medication which may unintentionally hasten death is not considered euthanasia.

## Medically Non-Beneficial Treatment (MNBT)

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PeaceHealth recognizes death as a part of the human condition. We are committed to respecting the dignity of individuals by providing compassionate care, relieving pain and suffering, and supporting patients and families. Sometimes this involves difficult decisions when addressing requests for treatment when the evidence may indicate that further treatment would be non-beneficial.

PeaceHealth aligns with the American Medical Association's recommendation that all health care institutions adopt a policy on medical futility, and further adopts the following AMA statement from their code of ethics on medical futility.

“When further intervention to prolong the life of a patient becomes futile, physicians have an obligation to shift the intent of care toward comfort and closure. However, there are necessary value judgments involved in coming to the assessment of futility. These judgments must give consideration to patient or proxy assessments of worthwhile outcome. They should also take into account the physician or other provider's perception of intent in treatment, which should not be to prolong the dying process without benefit to the patient or to others with legitimate interests. They may also take into account community and institutional standards, which in turn may have used physiological or functional outcome measures”.

It is the policy of PeaceHealth that healthcare providers are not required to offer, provide, or continue to provide an intervention if the intervention is medically non-beneficial, contrary to generally accepted health-care standards, or harmful.

We encourage ongoing open communication between the physician and patient or legally authorized decision-maker.

- Patients, family members, or legally authorized decision-makers who believe an intervention to be medically non-beneficial should discuss their concerns directly with the primary treating physician.
- When the primary treating physician determines an intervention is medically non-beneficial, through careful adherence to policies and procedures to make such a determination, he/she shares with the patient or the legally authorized decision-maker the nature of the diagnosis, the prognosis, the reasons why the intervention in question is medically non-beneficial, the appropriate options available including palliative and hospice care, and elicits the patient's or legally authorized decision maker's perception and understanding of the patient's current status as well the patient's goals of treatment.
- If the patient or the legally authorized decision-maker wants to begin or continue an intervention that the primary treating physician considers to be medically non-beneficial, possibilities for transfer to another physician within the institution or to a physician in another institution is pursued. If transfer is not possible because no physician or

institution can be found who is willing to honor the patient's or authorized decision maker's wishes, the intervention in question is not provided. The patient or legally authorized decision-maker is given a timeframe for the clinical course of events and expected patient outcome in light of the medically non-beneficial treatment intervention being withdrawn or withheld.

Compliance with policies and procedures regarding medically non-beneficial treatment is not to be considered patient abandonment.

age, race, color, creed, ethnicity, religion, national origin, marital status, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by applicable federal, state, or local law. Such visitors include a spouse, state registered domestic partner (including same-sex state registered domestic partner), another family member, or friend.

8.1. PeaceHealth also notifies patients of their right to withdraw or deny such consent at any time.

8.2. PeaceHealth affords such visitors equal visitation privileges consistent with the patient's preferences and applicable PeaceHealth visitor policies and procedures.

9. Any PeaceHealth caregiver receiving a patient or visitor discrimination complaint:

9.1. Advises the complaining individual that he or she may report the problem to the facility's Director of Risk Management and file a complaint without fear of retaliation; and

9.2. Follows PeaceHealth's "Patient Complaint and Grievance" policy.

## **Physician Assisted Suicide – Governance**

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PeaceHealth does not participate in nor in any way assist with, physician-assisted suicide.

As a Catholic health care ministry, PeaceHealth promotes and defends respect for human dignity and worth, reflecting the Catholic commitment to respect the sacredness of every life. Providing care and compassion to persons who are suffering and at the end of life, is integral to honoring human dignity and the sacredness of life. Also, recognizing each person as a valued member within community, PeaceHealth has a responsibility to promote the common good, thereby promoting those economic, political and social conditions which protect the fundamental rights of all individuals. Such an approach enables all individuals to “fulfill their common purpose and reach their common goals” (Ethical and Religious Directives, 5<sup>th</sup> edition: Part One, paragraph four, page 10). Assisted suicide, even if legalized, violates both human dignity and the common good and does not respect the sacredness of life that is fundamental to Catholic Health Care ministry.

Although PeaceHealth holds that death should not be directly hastened or postponed, it regards patients as central to the decision-making process, assuring them that they will receive all appropriate care and be able to refuse unwanted, burdensome treatment.

## **Physician Assisted Suicide – Inpatient/Hospital**

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It is the policy of PeaceHealth that its facilities, caregivers and volunteers (“caregivers”) must not be involved in Physician-Assisted Suicide.

PeaceHealth respects the rights of patients and physicians to discuss and explore all such treatment options, but fully expects that patients and physicians respect and adhere to PeaceHealth's position as set forth in its policy while undergoing and providing treatment in its facilities, programs, and services.

As a Catholic health care ministry, PeaceHealth's position and policy are based on its fundamental values of respect for the sacredness of life, compassionate care of dying and vulnerable persons, and respect for the integrity of the medical, nursing, and allied health professions. PeaceHealth believes that while individuals are stewards of their own lives, they may not unduly prolong nor hasten the natural process of dying.

PeaceHealth reasserts its commitment to provide appropriate support for dying persons and their families through the final stages of life including:

- Providing and supporting patient self-determination through the use of advance directives;
- Offering hospice, mental health support and other supportive care to patients and families;
- Effective pain and symptom management even if it shortens the patient's life; and
- Other social, spiritual, and spiritual care support and services.

PeaceHealth encourages physicians and patients to engage in conversations regarding the patient's treatment options at the end of life and actively supports the provision of quality palliative care. When, after discussion with the attending physician, the patient's desire and intent is to pursue Physician-Assisted Suicide, the patient is informed:

- That this service is not provided in a PeaceHealth facility;
- That PeaceHealth caregivers and volunteers do not provide, deliver, administer or assist the patient with the lethal prescription while the patient is participating in PeaceHealth hospice services, or is a resident of a PeaceHealth Hospice House;
- That employed physicians do not provide direct provider to provider referral for prescribing a lethal dose of medication;
- Of the options for meeting the patient's care needs including palliative and hospice services for comfort and supportive care as appropriate; and
- That the patient can choose to remain in the hospital and receive treatment recommended by the physician, or choose to be discharged.

Nursing and appropriate ancillary caregivers (e.g., Spiritual Care, Social Services, etc.) provide the patient with effective pain and symptom management in accordance with regional policies and procedures, and offer emotional and spiritual support, as needed. Emotional and spiritual support is offered to family members/significant others, as needed. Nursing and ancillary caregivers do not provide, deliver, administer or assist the patient with lethal doses of medication in pursuit of PAS.

PeaceHealth provides information to individuals requesting information on its policy related to Physician-Assisted Suicide. PeaceHealth caregivers must not provide referral information to patients or families about organizations that actively participate in the arrangement of Physician Assisted Suicide, however, PeaceHealth does not prevent patients from seeking information on Physician Assisted Suicide from available community resources.