



PeaceHealth
St. John Medical Center

Advance Directive

PeaceHealth St. Joseph Medical Center recognizes the intrinsic worth and dignity of each individual and each individual's right to participate in the decisions that affect his/her life and health. St. Joseph Medical Center provides information and assistance to patients and their legally designated decision makers regarding Advance Directives.

During the admission and registration process adult patients age 18 years and older are asked if they have completed an Advance Directive (i.e., Living Will, Durable Power of Attorney for Healthcare, or a Physician Order for Life Sustaining Treatment). Completion of an Advance Directive is voluntary on the patient's part and is never required as a condition of care.

For those patients who report having a completed Advance Directive, but who do not have it with them at the time of admission to the hospital, the patient's wishes are documented in the medical chart, in accordance with Washington state law, until a copy of the completed Advance Directive is provided to the medical center.

Any patient wishing to complete an Advance Directive may do so. If the patient has questions or concern about completing an Advance Directive, or their existing Advance Directive, Ethics or Spiritual Care is called in to assist the patient or their legally designated decision maker in clarifying the documentation of the patient's wishes. PeaceHealth employees and volunteers may not serve as witness for a hospital patient's Advance Directive.

Patients may change or cancel an Advance Directive at any time. Any change or cancellation of an Advance Directive may be communicated verbally or in writing by the patient. Such changes are documented in the patient's medical record and immediately communicated to the physician and the patient's nurse.

Patient wishes expressed in the Advance Directives are honored in accordance with Washington State Law and the Mission and Values of PeaceHealth. It is the responsibility of the patient's physician to notify the patient if the physician is not able, as a matter of conscience, to honor the Advance Directives. The physician is responsible for assisting in the transfer of care of the patient to a physician who can honor the patient's wishes.

Caregivers that, as a matter of conscience, cannot participate in the execution of a patient's Advance Directive are not required to do so. Care of the patient will continue uninterrupted as arrangements are made to transfer care to another caregiver.



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Do Not Attempt Resuscitation/Allow Natural Death

PeaceHealth St. Joseph Medical Center respects the rights of an informed, competent adult or legal representative and follows their wishes in withholding life sustaining treatment in a terminal or comatose state by a "Do Not Resuscitate (DNR)" or "Allow Natural Death (AND)" written order as defined by federal and state laws and regulations, and accreditation standards.

Cardiopulmonary resuscitation will be attempted in the event of a cardiac or respiratory arrest on hospital property unless there is a specific order to the contrary.

A DNR/AND order that is documented on a properly executed Physician Orders for Life Sustaining Treatment (POLST) serves as a valid medical order if signed by both the patient/surrogate and a medical provider. The POLST must be reviewed within 24 hours of hospital admission.

Where medical treatment is required for an adult (person 18 years of age or older) patient who is incompetent, persons authorized to give informed consent on behalf of the patient, in order or priority, are:

- the appointed guardian
- the individual to whom the patient has given durable power of attorney encompassing the authority to make health care decisions
- the patient's spouse
- the patient's children who are at least 18 years of age.
- the patient's parents
- the patient's adult brothers and sisters

DNR/AND order is explicit to resuscitative efforts for cardiopulmonary arrest. It does not imply that other treatments are to be forgone or reduced.

The patient's physician is notified of DNR/AND status in another care setting, or expressed wishes by the patient/surrogate to avoid resuscitation attempts (either verbally or in a written "Advance Directive") in order that he/she can write appropriate orders for the current hospital stay.



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Physician Orders for Life Sustaining Treatment

It is the intent of PeaceHealth St. Joseph Medical Center (PIMC) to honor the right of an informed, competent adult or legal representative to accept or refuse medical/surgical treatment. PIMC follows medical orders to limit or withhold life-saving treatment in accordance with applicable laws, regulations, and accreditation standards.

A Physician Order for Life Sustaining Treatment (POLST) is based on an informed consent discussion between a physician and a patient or the patient's legal representative, is based on the patient's preferences, and should reflect the patient's own values or known wishes rather than the personal beliefs of the legal representative or others. Any section of the POLST not completed implies full treatment for that section.

Caregivers may assist the patient/ legal representative in discussing and preparing the POLST form, however, the POLST is not activated until a physician, ARNP or PA reviews the form with the patient/legal representative and signs. The patient/legal representative retains the original POLST form.

There are no time restrictions for the life-span of the POLST. Unless the patient/surrogate states the POLST no longer represents his or her wishes, a POLST presented upon admission will be followed as a valid initial medical order when there are not more recent hospital orders to address resuscitation, antibiotics, and artificially administered fluids and nutrition.

POLST forms are valid during hospitalization so long as the POLST is reviewed by both the patient/legal representative and a healthcare professional licensed to practice in Washington state occurs within 24 hours of admissions and the back of the form is signed by both parties. The patient/legal representative may revoke or void the POLST at any time, either verbally or in writing.

The POLST is reviewed periodically and a new POLST completed if:

- Patient is transferred from one care setting or care level to another;
- Substantial changes occur in the patient's health status; or
- Patient's treatment preference changes.

The original POLST form is preferred upon admission, however, a photo copy or wallet card version will also be honored. If patient is re-admitted to the hospital but does not bring the original or a photocopy of their POLST with them, the photocopy on the old chart is acceptable so long as it is reviewed with the patient/legal representative within 24 hours of admission. A POLST from other than Washington State is not valid.

If a conflict exists among advance directive forms, the most recently dated document is the legally valid document.



Withholding/Withdrawal of Life Sustaining Treatment

PeaceHealth St. Joseph Medical Center honors patient's rights to participate in their healthcare and treatment to the fullest extent possible, and agrees with the Washington State Legislature findings that "adult persons have the fundamental right to control the decisions relating to the rendering of their own health care including the decision to have life sustaining treatment withheld or withdrawn in instances of a terminal condition or permanent unconscious condition."

A patient or the patient's legal surrogate decision maker can request to complete a Physician Order for Life Sustaining Treatment (POLST), stating their wishes for the withholding or withdrawal of life sustaining treatment. A POLST is voluntary and does not have to be completed.

Only a physician can institute orders to limit or withdraw life sustaining treatment.

When no beneficial treatment is available, the attending physician, after consultation and in agreement with another physician, documents this in the medical record and then may enter a Do Not Resuscitate (DNAR or DNR) order. Questions about other decisions regarding limiting life sustaining treatment (e.g., discontinuation of mechanical ventilation) are referred for administrative review.

A competent patient or their legal surrogate decision maker has the right to decline both lifesaving and life-prolonging treatment. When there is a difference of opinion among patient, legal surrogate decision makers, and/or health care providers regarding the withholding or withdrawal of life sustaining treatment, all reasonable efforts and options will be used to reach resolution, including, but not limited to:

- Second medical opinion;
- Family conference to review medical finding, evaluate family's understanding of the medical facts, identify and discuss their beliefs in the patient's wishes;
- Team conference to review objective medical findings, clarify prognosis and discuss non-medical issues;
- Ethical Dilemma or Administrative consultation;
- Offer nonparticipation to honor the personal values on individual staff members involved in care;
- Refer to hospital legal counsel for determination of whether judicial resolution is needed;
- Transfer of care to another physician or facility;
- Clarifying legal status of individuals claiming surrogate decision making roles; and/or
- Referral to Social Services and Spiritual Care to assist with processing issues and information needs underlying the conflict.



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For patients lacking decisional capacity who have no known family/ representative, the patient's wishes are unknown or no Advance Directive/POLST, it may be appropriate to limit treatment in cases of terminal stages of an irreversible illness and where a natural death is expected. If a surrogate decision maker is needed, he/she is asked to recreate the decisions the patient would have made if he/she were able.

If the plan of care is based on a written Advance Directive/POLST, review the document carefully to ensure that all aspects of the requirements have been satisfied.

If the patient/representative desire organ or tissue donation, the manner of treatment withdrawal should be planned so as to protect organ viability.



Definition of Death

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.



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Euthanasia

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)

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



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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.



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Physician Assisted Suicide - Governance

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, 5th 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

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.



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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.