Seattle Cancer Care Alliance

Administrative Policies and Operating Procedures

Section: Patient Care Services
Policy Title: End of Life Care

☑ Organization Wide ☐ SLU ☐ EVG ☐ NWH

This End of Life Care Policy summarizes Seattle Cancer Care Alliance's ("SCCA") end of life care services relating to Palliative and End of Life Care in the Outpatient Setting, Advance Directives, and Death with Dignity Act.

Section: Palliative and End of Life Care

PURPOSE
Palliative care is medical care focused on the prevention and relief of suffering and to support the best possible quality of life for patients and their families, regardless of the stage of their disease. Its goals include enhancing quality of life for patient and family and helping with decision-making. Palliative care can be given along with life-prolonging treatment and at the end of life.

End of Life Care is the care given during the last phase of life.

POLICY
PALLIATIVE CARE – The SCCA ambulatory clinic has a Palliative Care Consult Service available to all adult patients and their families. The service provides expert consultation about pain and symptom management; assists patients with difficult decisions and advanced care planning; and provides supportive care at the end of life.

END OF LIFE CARE – Patients have a right to experience a natural death supported by humane comfort measures. Comfort measures are designed to relieve pain or discomfort. They are not implemented to hasten death. The goals of comfort care are to optimize comfort and dignity as defined by the patient and supported by the family and surrogate decision-maker.

PEDIATRIC PATIENTS – The goal of end of life care for pediatric patients is the same as it is for adults. Because the Physician Orders for Life-Sustaining Treatment (POLST) form and the Washington State Emergency Medical Services (EMS) – No CPR Guidelines applies only to persons 18 years of age or older, pediatric patients who wish to be designated as Do Not Attempt Resuscitation (DNAR) or who wish to receive end of life/comfort care will be treated on a case by case basis.

Section: Patient's Right to a Natural Death

PURPOSE
A Do Not Attempt Resuscitation (DNAR)/Allow Natural Death decision requires the concurrence of an informed, competent patient, or when the patient is incapacitated, a representative (legal surrogate) who is authorized to act on the patient's behalf

POLICY

When a patient has a serious health condition, SCCA recommends that a physician offer to discuss with the patient (along with any family the patient may wish to involve) decisions about life-sustaining treatment and end-of-life care. Individuals have the right to experience a natural death supported by excellent supportive care and humane comfort measures. Patients have a right to request the status of DNAR. The physician may use the Physician Orders for Life-Sustaining Treatment (POLST) form to represent the patient's preferences as clear and specific medical orders.

PEDIATRIC PATIENTS – Because POLST applies only to persons 18 years of age or older, pediatric patients who wish to be designated as DNAR will be treated on a case by case basis.

Section: Advance Directives

PURPOSE
Advance Directives are written instructions that state a patient's choices about health care treatment or names someone to make such choices if the patient becomes unable to make decisions. Advance Directives are legal documents in which patients can make known their wishes about future medical treatment, including non-treatment.

POLICY
In accordance with federal and state laws, (SCCA) recognizes the rights and responsibilities of patients to make decisions regarding their medical care. This includes decisions regarding withholding or withdrawing life-sustaining treatment in certain circumstances; refusal or acceptance of treatment; and treatment wishes expressed through Advance Directives.

SCCA staff will assist patients in conveying their wishes about medical treatment. Adult patients are informed of medical advance directives as appropriate. If the patient lacks capacity for decision making, the required information concerning Advance Directives will be given to a surrogate decision-maker.

Written information about Patient Rights and Responsibilities and Advance Directives are available to all patients.

Section: Death with Dignity

PURPOSE
The Death with Dignity Act (the "Act") allows competent, terminally ill adults (18 years or older) seeking to end their life to request lethal doses of medication from medical and osteopathic physicians. These terminally ill patients must be Washington residents who have less than six months to live.

POLICY
Patients requesting lethal doses of medication must satisfy all of the requirements of the Act in order to obtain a prescription for the medication.

SCCA, acknowledging the legal right of qualified patients to exercise this choice, assists patients in completing the requirements of the Act so that the patient may self- administer

the medication and end his or her life as the law intends, “in a humane and dignified manner.”

SCCA permits faculty physicians and pharmacists who otherwise qualify by statute to participate in the Washington State Death with Dignity Act, if they so choose, and permits other SCCA providers/employees to participate in supporting roles.

SCCA does not mandate that any provider or other SCCA employee participate in the Washington State Death with Dignity Act, nor does it pressure any provider/employee to do so. **Only those providers/employees who are willing and desire to participate should do so.**

SCCA does not permit the ingestion of life-ending medication under the Act in its facilities.