



POLICY/PROCEDURE

FACILITY: LHN
DEPT NO: 8611 / 8720
POLICY NO: A-4
DEPARTMENT: ADMINISTRATION / PATIENT CARE
TITLE: ADVANCE DIRECTIVES

STANDARD:

To establish a standard of practice for respecting a patient and/or significant others' rights of self determination.

ETHICAL AND LEGAL PRINCIPLES

Life need not be preserved at all costs. There are times when it is more in keeping with respect to life to let it go than to cling to it. Competent adults have the right to direct the course of their own medical treatment and may refuse any form of medical treatment. Each person has the right to sufficient information to make informed decisions about his/her life and health.

Refer to the Ethical and Religious Directives for Catholic Health Care Services, the ERDs*, for guidance. Copies are available in the Mission and Pastoral Care offices. Consultation is available from the V.P. of Mission Integration and from Chaplains in Pastoral Care.

"In compliance with federal law, a Catholic health care institution shall make available to patients information about their rights, under the laws of their state, to make an advance directive for their medical treatment. The institution, however, shall not honor an Advance Directive that is contrary to Catholic teaching. If the Advance Directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored."*

"Each person may identify in advance a representative to make health care decisions as his or her surrogate in the event that the person loses the capacity to make health care decisions. Decisions by the designated surrogate should be faithful to Catholic moral principles and to the person's intentions and values, or if the person's intentions are unknown, to the person's best interest. In the event that an Advance Directive is not executed, those who are in a position to know best the patient's wishes--usually family members and loved ones--should participate in the treatment decisions for the person who has lost the capacity to make health decisions." *

"The free and informed consent of the person or the person's surrogate is required for medical treatments and procedures, except in an emergency situation when consent cannot be obtained and there is no indication that the patient would refuse consent to the treatment." *

POLICY:

Lourdes Health Network responds to the health care needs of the community in a Christian spirit. Respect for life, support of individual dignity, and pursuit of patient well being are Christian values central to the mission of Lourdes Health Network.

Lourdes Health Network supports and encourages patient participation in decisions concerning his/her care to the maximum extent of his/her ability. There is no discrimination based upon whether or not the patient has executed an Advance Directive for health care. Unless specifically stated otherwise, every patient is a full code from the time entering operating room until discharge from PACU.



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In compliance with the Patient Self Determination Act of 1990, information and education about Advance Directives shall be made available to adult patients (PSDA). Through education and inquiry about Advance Directives, the hospital shall encourage patients to communicate their health care preferences and values to others. Such communication shall guide others in health care decision-making for the patient if the patient is incapacitated. Educational information about Advance Directives and the hospital's policies and procedures regarding Advance Directives shall be provided to all hospital staff, medical staff and volunteers. Community education shall be provided through distribution of written material, community presentations and forums.

Lourdes Health Network is committed to the fundamental values of respect for the sacredness of life, and compassionate care of dying and vulnerable persons. Lourdes Health Network does not participate nor in any way assist with physician-assisted suicide on any Lourdes Health Network campus.

NOTE: If Advance Directive is revoked at any time by the patient/declarer (RCW 70.122.040), personnel receiving patient's request shall write "REVOKED, Date, Time" across document(s). Patient shall sign and date document.

DEFINITIONS:

Advance Directive refers to a document in which a person states choices for medical treatment, or designates another individual who should make treatment choices should the primary person lose decision-making capacity. An Advance Directive may take the form of a Living Will (directive to physician), and/or the patient's expressed preferences about treatment which have been presented in documentary evidence as recognized by the State of Washington.

Also, a person can designate who shall make the decisions by creating a Durable Power of Attorney for Health Care.

Living Will refers to an Advance Directive pursuant to RCW Chapter 70.122.030 in which an individual specifies treatment to be provided or withheld when the person becomes terminally ill or incapable of making treatment decisions for himself/herself.

Durable Power of Attorney for Health Care refers to a document in which the person names another (surrogate, agent or proxy) to make health care decisions in the event the person becomes unable to make decisions for himself/herself.

Advance Directive: Verification of Substance is a form which is completed when a patient with an advance directive presents for care without the availability of a copy of the original advance directive. It serves to verify the substance of the patient's wishes during the interim period when a copy of the original advance directive is unavailable.

Decision Making Capacity refers to the ability to make choices that reflect an understanding of the nature and effect of treatment options and to appreciate the consequences of a choice. A patient is presumed to have decision-making capacity unless otherwise demonstrated.



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PROCEDURE:

1. Admitting Office/Staff
 - A. Determine for persons 18 years of age or older admitted as an inpatient, outpatient or for short stay whether an Advance Directive has been completed.
 - i. Obtain copy if available.
 - ii. Request a copy to be brought to nursing unit or to outpatient clinician if patient possesses Directive.
 - iii. Place in patient record.
 - B. Provide patient/designee with Patient Rights information and Lourdes Health Network policy information pertaining to Advance Directive upon request.
 - C. Document Advance Directive information.
 - i. Place in patient record.
 - ii. Alert nursing staff or outpatient clinician if patient or designee is unable to be questioned when the patient was admitted.
 2. Admitting Nurse or Outpatient Clinician
 - A. Review the admission paper work for Advance Directive information
 - i. At LMC, place in medical record immediately behind face sheet.
At LCC, place in legal section of chart.
 - ii. Make referral to resource person** on call if additional information desired by the patient.
 - iii. Document:
 - a. "Advance Directive in Medical Record" if appropriate. If not available, complete Advance Directive: Verification of Substance form.
 - b. "Referral Made" if appropriate.
- ** Resource Person: At LMC: 1) Pastoral Care, 2) Discharge Planner or 3) Patient Care Coordinator. At LCC: 1) Charge Nurse or outpatient clinician.
3. Nursing Staff or Outpatient Clinician
 - A. Document any changes in the Advance Directive during stay.
 - B. Document any other pertinent facts pertaining to Advance Directive.
 - C. Provide additional verbal or written information to the patient, if desired.
 - D. Provide forms to initiate an Advance Directive if requested.
 - E. Document activities related to an Advance Directive in medical record.
 - F. Inform the admitting physician as appropriate (written or verbal)
 - G. Inform the nursing staff or outpatient clinician as appropriate.



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4. Physician
 - A. Advise the patient prior to scheduled hospitalization if he/she has completed an Advance Directive to:
 - i. Send or take a photo copy of the Advance Directive to the admitting office.
 - ii. Bring a photocopy from office file if available.
 - a. Ask if it is still consistent with wishes.
 - b. Document in Physician Progress Notes.
 - c. Document Code Status.
 - B. Initiate discussion on Advance Directive if there has been no prior discussion with the patient.
 - C. Inform Referral Physician(s) of patient's Advance Directive.
5. Pastoral Care
 - A. Serve as a resource.
 - B. Assist with ethical and spiritual concerns.
6. Medical Records
 - A. Check chart for Advance Directive information.
 - B. Maintain copy of Advance Directive in permanent medical record.

WITNESSING – Lourdes Health Network associates may not witness the signing of a Lourdes patient's Advance Directive, Living Will, or Durable Power of Attorney for healthcare.

EMERGENCY SITUATIONS are an exception. All necessary medical interventions shall be provided, and patient shall be stabilized before initiating the discussion of Advance Directives unless this information is brought to the attention of hospital personnel by a knowing family member or significant other.

ADVANCE DIRECTIVE IN CONFLICT WITH LHN POLICY - Should the patient or proxy present an Advance Directive that is in conflict with the policies of Lourdes Health Network or the law, he/she shall be immediately informed that such a directive shall not be honored. If the conflict cannot be resolved at the point of admission, a referral shall be made to the PSDA resource person (PCC and/or Administrator on call) for resolution of the difficulty.

*** REFERENCES:**

"Ethical and Religious Directives for Catholic Health Care Services", National Conference of Catholic Bishop, July, 2001.

February 2014



POLICY/PROCEDURE

FACILITY: LHN
DEPT NO: 05.8611
POLICY NO: E-102
DEPARTMENT: ADMINISTRATIVE
TITLE: End of Life

Policy:

Lourdes Health Network (Lourdes), a member of Ascension Health responds to the health care needs of the community in a Christian spirit. Respect for life, support of individual dignity, and pursuit of patient wellbeing are Christian values central to the mission of Lourdes. The mission of Lourdes is an extension of the healing ministry of Jesus.

Consistent with Lourdes corporate obligations, policies, and its moral and religious beliefs, and in keeping with the values and principles inherent in the medical-moral teaching of the Catholic Church as promulgated by the National Conference of Catholic Bishops and the local Ordinary under which this institution operates, care, treatment and services for persons facing the reality of death are provided.

Lourdes Health Network is committed to the fundamental values of respect for the sacredness of life, and compassionate care of dying and vulnerable persons. Lourdes Health Network does not participate nor in any way assist with physician-assisted suicide on any Lourdes Health Network campus.

Lourdes 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 professionals.

Procedure:

Lourdes provides appropriate support for dying persons and their families through the final stages of life.

1. Patients are provided information on Advance Directives.
2. Patients, families, physicians, nurses and other caregivers are encouraged to fully explore and discuss care and treatment options for terminally ill patients.
3. End of life wishes, including no resuscitation or life-sustaining treatments, will be honored and implemented to the extent permitted by law and within the guidelines of the Ethical and Religious Directives for Catholic Health Care Services.
4. Persons in danger of death are provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with



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their family members and care providers. They are offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them at Lourdes.

5. Patients are provided with social, spiritual and pastoral care support and other services desired in order to prepare well for death.
6. Patients are offered information about hospice, palliative and other supportive care.
7. Patients are kept as free of pain as possible so that they may die comfortably and with dignity.

References:

Ethical & Religious Directives for Catholic Health Care Services – United States Conference of Catholic Bishops.

February 2014