Advance Directive

PeaceHealth United General Medical Center follows Washington State law regarding Advance Directives and honors the right of any competent adult to have an Advance Directive that declares how medical treatment decisions should be made if, at a future time, they become unable to speak for themselves. Inability to make their own treatment decisions may be due to a temporary or permanent condition, such as serious trauma or disease, acute mental illness, or any other circumstance that prevents a patient from fully understanding the medical situation and available treatment options at the time decisions must be made.

Completion of an Advance Directive is wholly voluntary on the patient’s part and is never required as a condition of care.

Each patient is asked if they have completed an Advance Directive. It is best to have an Advance Directive that specifically meets Washington State requirements; however, even an out-of-state document can help to clarify the patient’s values and general approach to treatment decisions. The status of the patient’s Advance Directive is documented in the electronic medical record (EMR). Written information about Advance Directives is offered to all patients who do not have an Advance Directive. Patients may rescind an Advance Directive at any time, either verbally or in writing.

United General Medical Center honors a patient’s valid Advance Directive unless it conflicts with hospital policy, law or the Ethical and Religious Directives for Catholic Health Care. If it is known that any aspect of a patient’s Advance Directive cannot be honored at PeaceHealth United General Medical Center, the patient is so informed. It is the responsibility of any PeaceHealth employee to report concerns if it appears that care decisions conflict with the patient’s known directive.

If a surrogate is making decisions on the patient’s behalf, they must be able to prove they are the legal health care agent who can speak on behalf of the patient, and that they understand all directions and instructions on the WA State Durable Power of Attorney for Health Care form.

If the patient has been diagnosed as pregnant, the directive shall have no immediate force and effect during the course of pregnancy without review by the physician, patient, family, and, if indicated, the courts.

Washington State does not require that the Durable Power of Attorney for Health Care (DPOA-H) or the Health Care Directive (Living Will) be notarized, however, the Health Care Directive (Living Will) does require a witness. Hospital employees may not serve as witness to a patient’s living will.
Do Not Attempt Resuscitation/Allow Natural Death

PeaceHealth United General 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.

If the patient’s physician becomes aware of DNR/AND status in another care setting, they clarify with the patient/surrogate at the time of admission so they can write appropriate orders for the current hospital stay.
Physician Orders for Life Sustaining Treatment

It is the intent of United General Medical Center (UGMC) to honor the right of an informed, competent adult or legal representative to accept or refuse medical/surgical treatment. UGMC 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 their 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 United General 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 (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.

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, they are asked to recreate the decisions the patient would have made if they 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 to protect organ viability.