



HOSPITAL POLICY & PROCEDURE

Title: Advance Directive; *Patient Rights for End-of-Life Treatment*

Number: A713

Effective Date: 11/01/92

Revise date: 03-19-14

Review Date (no revisions):

PURPOSE

1. Define hospital policy and procedures related to patient self determination and the honoring of advance directives;
2. Ensure compliance with the Federal and State laws regarding patient self determination and advance directives;
3. Outline the circumstances in which GHCH will or will not honor an advance directive;
4. Outline the hospital processes to support a patient's and family's decisions related to withholding resuscitative efforts or withdrawing life support in the presence and absence of an advance directive;
5. Provide guidelines for withholding or withdrawing life sustaining treatments.

DEFINITIONS

Advance Directive – General term that refers to any document that defines the limits of care or names a surrogate decision maker in the event that the author lacks the capacity to make or communicate decisions about medical care for him/herself.

Directive to Physician/Living Will – A legal document that describes a person's philosophical statement concerning potential medical care decisions in the event that he/she lacks capacity to make or communicate decisions when diagnosed with a terminal or life-threatening illness.

Durable Power of Attorney for Health Care – A legal document that appoints another individual to make decisions on the author's behalf, in the event that the maker lacks capacity to make or communicate medical decisions. The document may also outline the specifics that the legal appointed surrogate shall consider when making decisions.

POLICY

1. In accordance with the Washington Natural Death Act, GHCH supports the following:
 - A An adult person has 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to the rendering of their own health care, including the decision to have life-sustaining treatment withheld or withdrawn in instances of a terminal condition or permanent unconscious condition.
 - B An adult person has the right to make a written directive instructing his/her physician to withhold or withdraw life-sustaining treatment in the event of a terminal condition or permanent unconscious condition.
 - C An adult person has the right to control his or her health care through an authorized agent who validly holds the person's durable power of attorney for health care.

2. GHCH supports the right of all adult persons to refuse treatment(s) unless otherwise ordered by law.
3. GHCH's goal, based on a reverence for life that honors the individuality and particularity of every person, is to provide compassionate care and to effectively alleviate pain and suffering especially at the end of life. We are committed to providing care that honors the personhood, dignity and value of dying persons.
4. GHCH's goal is to honor the treatment decisions of every patient and will advise a patient or his/her agent when we are unable to honor his/her advance directive. GHCH shall make a reasonable effort to obtain copies of Advance Directives when patients register for services.
5. It is not possible for GHCH to follow an advance directive in out-patient settings where documentation of an Advance Directive may not be immediately accessible and a physician may not be immediately present to direct patient care and order medical treatments. The areas of the hospital include public areas of the hospital, ancillary services such as laboratory, diagnostic imaging, Ambulatory Infusion Clinic, Cardiac Rehabilitation, East Campus and other remote campus locations.
6. An Advance Directive may be revoked at any time by the declarer, without regard to the declarer's mental state or competency and in accordance with state statutes.
7. GHCH will not discriminate against any person seeking medical care based on the existence or lack of existence of an advance directive.
8. No hospital employee, professional provider or volunteer is permitted to sign, witness or notarize any advance directive documents.
9. GHCH shall offer basic information about advance directives to every registered patient and make available educational materials including sample forms to patients and the general public upon request.
10. GHCH will promote education programs and provide printed educational materials for hospital staff, medical staff and the general public about advance directives.
11. GHCH will consider any completed Washington State Department of Health and State Medical Association form "Physicians Orders for Life-Sustaining Treatment" (POLST) as an Advance Directive in the inpatient setting and in the Emergency Room.
12. The GHCH Ethics Committee is available for consults pertaining to withholding/withdrawal of life-sustaining treatment and/or to determine the content or intent of an advance directive. To arrange an Ethics Consult, contact Social Services or the House Supervisor.
13. When a patient is unable to communicate his/her consent for medical treatment and the patient is diagnosed with a terminal or life-threatening illness, the Attending physician(s) shall honor an Advance Directive that qualifies as a legal document. The physician shall order a plan of care that reflects both the highest standards of current medical practice and the wishes of the patient or surrogate decision maker. If a physician is unwilling to honor the patient's Advance Directive or the treatment decisions of the patient's surrogate, the

physician shall inform the patient or surrogate and make a good faith effort to transfer the care of the patient to a physician willing to honor those wishes.

PROCEDURE

1. At the time of registration all adult patients will be asked if they have an Advance Directive.
 - All new or updated directives shall be scanned into the Electronic Health Record (EHR) by Health Information Management (HIM) or Registration and the original returned to the patient.
 - If the patient chooses not to execute an Advanced Directive, a notation will be made in the patient's electronic medical record.
 - If the patient notes existence of an advanced directive document located at sites other than the hospital, he/she will be asked by the Registration Dept. for copies to be delivered to the hospital's HIM Dept. located on the 1st floor.
2. If the patient wishes to create or revise his/her Advance Directive, a referral will be made to Social Services.
3. The "Patient Handbook" is offered to every patient. It contains information about GHCH policies concerning Advance Directives and the extent to which GHCH honors these directives. Patients will be informed that complaints concerning the Advance Directive requirements may be filed with the Department of Health.
4. In Outpatient locations, a sign indicating that GHCH is a 911 facility and cannot honor a patient's advance directive is posted in a manner such that patients, as they check in, may read the sign.
5. HIM shall maintain a comprehensive Advance Directive file which may be accessed by Unit Secretaries, Social Services, Nursing Directors, Supervisors and House Supervisors.
6. When notified, HIM-scans copies of existing Advance Directive(s) on file in the patient medical record into the current in-patient EHR as soon as possible following patient registration and takes a hard copy to the floor. When the HIM Department is not staffed, the Nurse Supervisor will be responsible to retrieve the Medical record and transfer any Advance Directive(s) to the current patient chart.
7. When a patient, family or surrogate present an advance directive to a staff member on the nursing unit, the staff member:
 - A Makes 2 copies of the advance directive,
 - B Places one copy on the patient chart and corrects the face sheet to indicate "copy provided" and places two (2) "Advance Directive" stickers on the face and spine of the patient chart.
 - C Sends second copy of the directive(s) to HIM and returns original to patient.

GUIDELINES FOR WITHHOLDING OR WITHDRAWING
LIFE SUSTAINING TREATMENTS

1. In the event that a well-informed, competent patient chooses to refuse CPR efforts even when medically appropriate, the responsible physician is expected to comply with the patient's refusal of medical treatment and write "No Code" orders including rationale for restricting resuscitative efforts in the progress notes.
2. Medically sound and ethically appropriate written orders about Code Status and life sustaining treatment are made using the expressed preferences of each patient or in accordance with the best interest of the patient if preferences are not known.
3. Factors that should be considered in determining whether medical treatment is in the best interest of a patient whose wishes are unknown include:
 - A the patient's present level of physical, sensory, emotional and cognitive functioning,
 - B the various treatment options and the risks, side effects, and benefits of each of these options,
 - C the life expectance and prognosis for recovery with and without treatment,
 - D the degree of physical pain and suffering resulting from the medical condition, treatment, or termination of treatment,
 - E the degree of dependence and loss of dignity resulting from the medical condition and treatment.
4. There are no significant ethical differences between decisions to withhold life sustaining medical care and decisions to withdraw life sustaining medical care. It is important to recognize that the decisions to withdraw previously provided life sustaining care may be more emotionally difficult for patients, family or staff.
5. In every case in which life sustaining care is limited, it is important to properly evaluate and treat pain and suffering and to be sensitive to the emotional and spiritual issues that might arise in patients, family, friends and staff.
6. When a health care directive specifically directs that life sustaining treatment be withheld or withdrawn, the Washington State Natural Death Act states that health care personnel should still proceed with "the administration of medication or the performance of any medical or surgical intervention deemed necessary solely to alleviate pain."
7. A decision to withhold or withdraw life sustaining treatment is specific to that treatment and does not automatically apply to any other treatment. Any decision to withhold or withdraw life sustaining treatment does not mean that the patient is to receive no care.
8. If the attending physician makes a medical judgment that CPR be withheld or withdrawn because it is futile (for a patient with a terminal condition or in a permanent unconscious condition) the attending physician should discuss the medical situation carefully with the patient and/or the patient's surrogate(s). The physician may wish to consult other medical staff or seek ethical or legal consultation.
9. In the event a provider cannot implement an Advance Directive based on moral or ethical objectives, the physician can seek assistance from a consultant or another hospital provider. (Refer to policy A702 Code Status).

REFERENCE

Patient Self-Determination Act, sections 4206 & 4761 of the 1964 Omnibus Budget Reconciliation Act
Washington State RCW 70. Natural Death Act
JCAHO RI 2.20 & 2.80.ff

Author of Policy:

Ethics Committee Chair

Date

Authenticated By:

CNO

Date

CEO

Date