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Owner Lauren Hamidian:  
Sys Dir  
Ambulatory Care  
Mgmt  
Area Administration  
Applicability PeaceHealth  
Systemwide  
Tags Policy

## Advance Directives Policy

### SCOPE

This policy applies to all PeaceHealth settings and services in the location(s) checked below:

Ambulatory Surgery Center	PeaceHealth Medical Group
Cottage Grove Medical Center	Sacred Heart RiverBend
Ketchikan Medical Center	Southwest Medical Center
Ketchikan Long Term Care	St. John Medical Center
Peace Harbor Medical Center	St. Joseph Medical Center
Peace Island Medical Center	System Services Center
PeaceHealth Home &Community	United General Medical Center
PeaceHealth Laboratories	

### PURPOSE

The purpose of this policy is to:

- Provide care consistent with the mission and values of PeaceHealth, in recognition of the intrinsic worth and inherent dignity of those for whom we provide care.
- Ensure our patients are able to provide guidance to their loved ones, physicians, and Caregivers, regarding their wishes for healthcare treatments in the future, should they be unable to make these decisions for themselves.
- Ensure the implementation of the Federal Patient Self-Determination Act (PSDA) of 1991,

affirming a competent patient's right to make decisions about their healthcare, to accept or refuse medical treatment, and to complete an advance healthcare directive.

- Offer education and assistance to patients and the public in the documentation of their preferences for medical treatment; including their right to accept or refuse treatment; and
- Ensure PeaceHealth is in compliance with state laws and regulatory body standards regarding formulation, documentation, and implementation of advance directives.

## DEFINITIONS

- **Advance Directives:** A voluntary formal document written in advance which provides direction to the health care team regarding preferences for care and can be used to guide care and when an adult Patient loses decisional capacity. Living Wills, Directives to Physicians, Durable Power of Attorney for Healthcare, Mental Health AD (MHAD) are all forms of advance directives.
- **Caregiver:** An employee of PeaceHealth.
- **Directive to Physicians:** A Living Will or Health Directive used in Alaska, Washington and Oregon.
- **Health Care Agent (HCA)/Health Care Representative HCR) :** A person appointed by the patient in a Durable Power of Attorney document to make decisions for the patient when they lose decisional capacity ("Springing") or may be effective immediately. (AK and WA use HCA, OR uses HCR language)
- **Patient:** Both the patient and/or the patient's legal personal representative.
- **Surrogate Decision-Maker:** A patient's legal decision-maker according to the laws of the State where the patient is receiving medical care. Generally, the order is as follows: (varies by state. please see state specific hierarchy on ACP team crossroads page)
  - Legal Guardian appointed by the Courts
  - Health Care Agent/Representative named in a Durable Power of Attorney for Health Care (DPOAH)
  - Legal Spouse
  - Adult children over the age of 18
  - Parents
  - Adult siblings over the age of 18
  - Please see your state laws for specifics, i.e. majority vs. unanimous consent within groups where there is more than one member, etc.

## POLICY

It is the policy of PeaceHealth, that in keeping with our mission and values, PeaceHealth supports patients and their surrogates right to participate in healthcare decision making and advance care planning. PeaceHealth offers assistance in formulating and documenting advance directives per Patient's wishes and ensures those wishes and directives are followed in accordance with standard medical practice and state and federal law.

- In the event a caregiver is unable to comply with a Patient's advance directives for legal, religious or cultural reasons, they must inform the patient (or surrogate) and arrange for transfer of care as per federal and state law.
- Formulation of advance directives is entirely voluntary, and a Patient with decisional capacity may change or revoke an advance directive at any time, verbally or in writing. All PeaceHealth medical centers and clinics have procedures for the implementation of this policy within their facilities.
- Note: Alaska, Washington and Oregon state law requires Advanced Directives to be witnessed by two people or an acknowledgment by a notary public. See PeaceHealth Witness/Notary Policy.
- In the event a patient has not completed advance directives naming a healthcare representative/agent; state law designating the order of legal decision-makers will be followed. See State Hierarchies on ACP crossroads page.
- In the event the patient has completed an Advanced Directive but does not have it with them, there is a process for follow up reflected in the procedure.

## HELP

Further guidance may be obtained by contacting the Advance Care Planning team

## RELATED MATERIAL

### Policies & Procedures:

- [Advance Directives for Patient Access in CareConnect](#)
- [Witnessing and Notarizing Medical Advance Directives Policy](#)

### Laws & Regulations:

- Patient Self-Determination Act of 1991
- RCW 70.122 Natural Death Act
- RCW 70.122.030 Directive to Withhold or Withdraw Life Sustaining Treatment
- RCW 11.94 Power of Attorney
- ORS 127
- Alaska:
  - AS 13.52.010 et seq.
  - AS 12.65.007
  - 7 ACC 16.010
- 42 U.S.C. §300a-7 (d)

*Formerly known as document number 900.1.259*

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Owner Erica Torres: Sys  
VP Mission  
Integration  
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Systemwide  
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Procedure

## Medically Hastened Death Policy

### SCOPE

This policy and procedure applies to all PeaceHealth settings and services in the location(s) checked below:

Ambulatory Surgery Center	PeaceHealth Medical Group
Cottage Grove Medical Center	Sacred Heart RiverBend
Ketchikan Medical Center	Southwest Medical Center
Ketchikan Long Term Care	St. John Medical Center
Peace Harbor Medical Center	St. Joseph Medical Center
Peace Island Medical Center	System Services Center
PeaceHealth Home & Community	United General Medical Center
PeaceHealth Laboratories	

### PURPOSE

The purpose of this policy and procedure is to provide clear guidance regarding PeaceHealth's vision to deliver compassionate care to those at the end of life while remaining faithful to Catholic moral teaching. PeaceHealth affirms the inherent dignity of every person, created in the image of God, and seeks to accompany patients and families with compassion, respect, and integrity.

In accordance with PeaceHealth's Statement of Common Values, we are called to provide care that relieves suffering, promotes comfort, and supports the whole person —body, mind, and spirit without participating in acts intended to hasten death.

# DEFINITIONS

- **Caregiver** refers to all PeaceHealth employees, volunteers, contractors, and members of the medical staff who provide direct or indirect patient care or support services. This includes nurses, social workers, chaplains, pharmacists, therapists, aides, and others involved in the care of patients and families.  
Clinician refers to a licensed independent provider with prescribing authority who is responsible for diagnosing, treating, and documenting patient care. This includes physicians (MD/DO), advanced registered nurse practitioners (ARNPs), and physician assistants (PAs).
- **Death With Dignity Act** refers to the statutes enacted in Oregon (ORS 127.800–995) and Washington (RCW 70.245) that authorize terminally ill, competent adult residents diagnosed with a prognosis of six months or less to obtain a lethal prescription from a qualified provider for voluntary self-administration.
- **Informed Consent (specific to MHD):** in reference to this policy means that patients are provided with accurate and complete medical information relevant to end-of-life care. This includes the patient’s diagnosis, prognosis, expected disease progression, palliative and hospice options, and the risks and side effects of treatments or medications. When patients inquire about MHD, clinicians and caregivers may present all legally available options factually, while clearly distinguishing which services PeaceHealth does and does not provide under Catholic moral teaching. Informed consent in this context is not an endorsement of MHD but a clinical and ethical responsibility to support patient understanding and trust.
- **Medically Hastened Death (MHD)** means the deliberate ending of a patient’s life by medical means, with the intent to cause death. For this policy, MHD includes physician-assisted death/medical aid in dying—where a clinician prescribes life-ending medication for the patient to self-administer, as permitted under Washington’s Death with Dignity Act (RCW 70.245) and Oregon’s Death with Dignity Act (ORS 127.800–127.897). This definition excludes withholding or withdrawing life-sustaining treatment and proportionate symptom management (including palliative sedation) provided to relieve suffering and allow death from the underlying disease.
- **Participate in MHD:** means any direct or indirect action that materially facilitates MHD, including but not limited to prescribing, dispensing, arranging, documenting, or being physically present in the building during ingestion of lethal medication. Participation does not include:
  - Making an initial determination that a patient has a terminal disease and informing the patient of the medical prognosis;
  - Providing factual, neutral medical information in response to a patient’s questions about MHD for the purpose of supporting the patient’s ability to make decisions with an informed conscience so long as it is also made clear what PeaceHealth can and cannot do.  
Providing information about the Death with Dignity Act to a patient upon the request of the patient;  
Charting a patient’s first request,
  - Providing a patient, upon request, with information on how to locate the state’s publicly available list of qualified providers; or
  - A patient contracting with his or her attending qualified medical provider and consulting qualified medical provider to act outside of the course and scope of the

provider's capacity as an employee or independent contractor of the sanctioning health care provider.

- **PeaceHealth's Statement of Common Values:** A document curated by PeaceHealth's Board of Directors which identifies PeaceHealth as a Catholic health system and offers ethical guidance to be followed by any and all who conduct patient care and/or business on behalf of PeaceHealth.
- **Promote (in relation to Medically Hastened Death):**  
To promote Medically Hastened Death means to encourage, advocate for, or recommend it directly or indirectly through words, materials, or actions. This including but not limited to 1) endorsing MHD as an appropriate or preferred option, 2) providing written or verbal materials that advocate for MHD, 3) steering or persuading patients or families toward choosing MHD, or 4) publicly representing PeaceHealth as supporting MHD. Promotion does not include 1) responding factually and neutrally to patient questions, 2) providing information on palliative care, hospice, or spiritual support, or 3) referring patients to publicly available state websites when explicitly requested by the patient.

## POLICY

In accordance with PeaceHealth's Statement of Common Values, Clinicians and Caregivers must not promote or participate in Medically Hastened Death.

## OVERVIEW

PeaceHealth's Statement of Common Values states that "Any act done with the explicit intent of ending a patient's life may not be performed in PeaceHealth owned or leased facilities. A patient's decision to refrain from aggressive or curative treatment will be respected, even when such a decision may result in the person's death. Medicines capable of relieving pain and suffering may be given to a person even if such therapy may indirectly shorten the person's life."

## PROCEDURE

### 1. Clinic (Outpatient) Requests

- a. Clinicians may provide neutral information about prognosis, palliative options, hospice, and spiritual care.
- b. Upon explicit request, clinicians may direct patients to the Washington or Oregon Department of Health websites for information about the Death with Dignity Act.
- c. Clinicians must document any oral request using the approved smartphrase. Further requests are not to be documented.
- d. Clinicians may not complete, sign, or witness Death with Dignity forms, nor prescribe or arrange life-ending medication.

### 2. Hospital Requests

- a. If a patient hospitalized in a PeaceHealth facility expresses interest in MHD, Clinicians should

explore underlying concerns and offer a palliative care consult, spiritual care consult, and/or relevant community resources.

- b. No Death with Dignity forms may be completed or signed in PeaceHealth hospitals.
- c. Documentation of a first oral request must follow the same smartphrase procedure as in the clinic setting.
- d. If a patient wishes to pursue MHD, they must transfer to another setting outside PeaceHealth facilities. PeaceHealth clinicians and caregivers may not arrange or coordinate such transfers for the purpose of MHD, though standard medical record requests must be honored.

### **3. Hospice Facilities (owned or leased by PeaceHealth)**

- a. Intake for hospice patients must include a statement that PeaceHealth does not promote or participate in MHD.
- b. Medically Hastened Death, including any requests, preparations, or ingestion of life-ending medication, may not occur in PeaceHealth–owned or leased hospice facilities.
- c. If a patient wishes to pursue MHD, they must transfer to another setting outside PeaceHealth facilities. PeaceHealth clinicians and caregivers may not arrange or coordinate such transfers for the purpose of MHD, though standard medical record requests must be honored.
- d. Patients admitted to PeaceHealth hospice may continue to receive the full scope of hospice care including palliative treatment, symptom management, spiritual support, and family care consistent with PeaceHealth’s mission and values.

### **4. Home Hospice**

- a. PeaceHealth clinicians and caregivers may not provide or prepare life-ending medication, nor may they be present in the home during ingestion.
- b. After ingestion, caregivers may return to provide nursing, social, and spiritual support, consistent with normal hospice practice.
- c. Documentation in the medical record should remain factual and limited to supportive services provided.

### **5. General Across All Settings**

- a. While PeaceHealth does not restrict freedom of provider speech, clinicians and caregivers may not use PeaceHealth facilities, records, or systems to aid in DWD requests beyond the permitted documentation above.
- b. Clinicians may provide factual, neutral medical information in response to a patient’s questions about MHD for the purpose of supporting the patient’s ability to make decisions with an informed conscience so long as it is also made clear what PeaceHealth can and cannot do.
- c. Clinicians and Caregivers may not offer personal opinions or counsel patients on the moral acceptability of medically hastened death; questions about values, conscience, or spiritual distress should be referred to Spiritual Care or the patient’s clergy.
- d. All normal family support, including bereavement coordination, must be provided.

- e. Clinicians and Caregivers may not arrange, recommend, or otherwise coordinate a transfer of care for the purpose of obtaining MHD. Patients may initiate transfer independently, and PeaceHealth must release records appropriately when legally requested.
- f. Caregivers or clinicians with conscience objections should follow the *Objections of Conscience Policy*.

## HELP

Further guidance may be obtained by contacting Mission Services.

## RELATED MATERIALS

- [Objections of Conscience Policy](#)

## REFERENCES

- Ethical and Religious Directives for Catholic Health Care Services (ERDs), 6th Edition, United States Conference of Catholic Bishops. 2018.
- Oregon Health Authority, <https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/index.aspx>
- PeaceHealth Statement of Common Values.
- Washington State Department of Health, <https://www.doh.wa.gov/youandyourfamily/illnessanddisease/deathwithdignityact>

*Formerly known as document number 900.1.245 and formerly title Physician Assisted Suicide Policy.*



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Owner Erica Torres: Sys  
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 Integration  
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 Procedure

## Voluntarily Stopping Eating and Drinking Policy

### SCOPE

This policy applies to all PeaceHealth settings and services in the location(s) checked below:

Ambulatory Surgery Center	PeaceHealth Medical Group
Cottage Grove Medical Center	Sacred Heart RiverBend
Ketchikan Medical Center	Southwest Medical Center
Ketchikan Long Term Care	St. John Medical Center
Peace Harbor Medical Center	St. Joseph Medical Center
Peace Island Medical Center	System Services Center
PeaceHealth Home & Community	United General Medical Center
PeaceHealth Laboratories	

### PURPOSE

The purpose of this policy is to clarify the PeaceHealth position on "voluntarily stopping eating and drinking" (aka VSED).

### DEFINITIONS

- **Ethical and Religious Directives for Catholic Health Care Services (ERDs):** A document published by the United States Conference of Catholic Bishops that provides ethical and religious guidance to be followed by any and all Catholic healthcare systems wishing to maintain a Catholic identity.

- **Voluntarily Stopping Eating and Drinking:** A volitional choice – deemed wrong according to the moral teachings of the Roman Catholic Church – to refuse oral food and fluids for the purpose of hastening death via the process of terminal dehydration.

## POLICY

As a Catholic health system, PeaceHealth does not promote or participate in voluntarily stopping eating and drinking (VSED) to hasten death. (See ERDs 58 and 60.) Patients wanting information on VSED should consult their provider.

## OVERVIEW

VSED is a volitional choice – deemed wrong according to the moral teachings of the Roman Catholic Church – to refuse oral food and fluids for the purpose of hastening death via the process of terminal dehydration. VSED is distinct from the withdrawal of burdensome medical treatment (such as a feeding tube) or deciding to stop eating and drinking due to an inability to receive oral food and fluids because of burdens related to a medical condition. Individuals who successfully complete VSED die from dehydration brought on by the voluntary choice to refuse to take oral food and fluids. Individuals deciding to pursue VSED may or may not have a terminal medical condition. As a Catholic health system, PeaceHealth understands the intake of oral food and fluids under normal circumstances to be ordinary or proportionate means of preserving human life. (See ERD 56.) Exceptions to this may occur when in the judgment of the patient (or their health care representative) the intake of oral food and fluid themselves become excessively burdensome *due to an underlying medical condition*. (See ERDs 57 and 58.)

## PROCEDURE

1. Patients voicing an interest in pursuing VSED should be asked about the reasons for their interest in VSED to determine if modalities offered by PeaceHealth may help, and receive a palliative care consult, a spiritual care consult, a hospice eligibility intake assessment, and/or information from their provider about relevant community resources as appropriate.
2. Patients pursuing VSED independently who are also hospice eligible may be admitted to a PeaceHealth hospice program with the intent of receiving hospice care consistent with PeaceHealth's mission and values.
3. Patients in the hospital voicing an interest in pursuing VSED who are not hospice eligible should receive a palliative care consult, a referral for spiritual care, and/or information from their provider about relevant community resources as appropriate.
4. PeaceHealth caregivers or providers with conscience objections should follow the process outlined in the [Objections of Conscience Policy](#).

## HELP

Further information may be obtained by contacting Mission Services by phone at (360) 729-1295, or the System Director of Hospice and Palliative Care at (360) 729-1681.

# REFERENCES

- United States Conference of Catholic Bishops, [Ethical and Religious Directives for Catholic Health Care Services](#).
- Jansen, I.A., & Sulmasy, D.P. (2002). "Sedation, alimentation, hydration, and equivocation: Careful conversation about care at end of life." *Annals of Internal Medicine*, 136, 845-849.

*Formerly known as document number 900.1.485*