



Advance Directives

PeaceHealth Southwest complies with federal and state laws, and mission of PeaceHealth, by informing patients and patient's representative of the patient's right to make decisions related to their medical treatment, including the right to refuse medical care and the right to formulate an Advance Directive, to have it available in the medical record, and to have it referenced in the plan of care.

Patients are not required to execute an Advance Directive. PHSW shall not discriminate against patients or base the decision to treat patients on the absence of an Advance Directive.

All inpatient and outpatient care units shall review and honor, to the extent permitted by policy and law, a completed Advance Directive, when patients make a copy available. Upon admission patients or the patient's representative are asked whether the patient has completed an Advance Directive.

- If the patient has completed an Advance Directive, the patient or patient's representative is asked for the most current version. The most current version is copied and entered into the patient's medical record.
- If the patient has not completed an Advance Directive, the patient or patient's representative is provided with Patient Rights/Responsibilities and an Advance Directives form. PHSW caregivers, volunteers, and contracted service providers cannot witness Advance Directives to avoid a conflict of interest.
- Patients may also be asked to complete a POLST form (Physician Orders for Life-Sustaining Treatment). While this form is not an Advance Directive, it can be very helpful for patients with an advanced life-limiting illness who are near the end of life.

Physicians follow the patient's Advance Directive instructions to the extent permitted by policy and law. The physician informs the patient or patient's representative of any policy, procedure, practice, or recommended treatment that conflicts with the patient's Advance Directive as soon as the physician becomes aware of such a conflict.

The patient may revoke the Advance Directive through any effective method of communication, be it verbal, written, or non-verbal. Revocation of a patient's Advance Directive is noted in the patient's medical record.

Unless the patient is clearly identified as a Do Not Resuscitate (DNR) patient, Cardio Pulmonary Resuscitation (CPR) shall always be initiated in the event of cardiac or respiratory arrest. The patient's nurse shall review the medical record for Advanced Directive or POLST form.