



Withholding and Withdrawing Life Sustaining Treatment in Adults

Patients have the right to participate in their healthcare and treatment to the fullest extent possible. Southwest Washington Medical Center (SWMC) considers withholding or withdrawing life-sustaining medical treatment as part of an ethically and legally proper course of action in certain circumstances.

A decision to forego life-sustaining treatment does not impact the patient's right to receive or the hospital's obligation to provide other types of medical care including care designed to relieve pain or discomfort.

A decision to withhold or withdraw one treatment is specific to that treatment and does not automatically apply to any other treatment.

A competent adult patient's oral or written directive to his/her provider to withhold or withdraw life-sustaining treatment shall be honored. An incompetent patient's right to refuse life-sustaining treatment by withholding or withdrawing such treatment may be exercised through a previously validly executed Advance Directive, by the patient's legally authorized representative(s), or by such persons as designated in accordance with federal and state laws regarding the rights of incompetent persons. Changes in a patient's wishes or changes in a patient's medical status, either improvement or deterioration, may lead to reevaluation and to an appropriate change in treatment status.

There are no significant ethical differences between decisions to withhold life-sustaining medical treatment and decisions to withdraw life-sustaining medical treatment. It is important, however, to realize that the emotional aspects of a decision to withdraw previously provided life-sustaining treatment may be more difficult for patients, family or caregivers. In every case in which life-sustaining care is limited, it remains especially important to properly evaluate and treat pain and suffering, and to be sensitive to emotional issues on the part of the patient, patient's family and friends, and the hospital caregivers.

For patients who have a terminal or permanent unconscious condition, a reasoned medical judgment may be made by the attending provider that life-sustaining treatment has a very low probability of producing the desired benefit to the patient, and is, therefore, futile. A provider or health care professional is not obligated to provide life-sustaining treatment that is determined to be futile.

A provider or caregiver may elect to refuse to participate in withdrawing or withholding care. In such a case the provider or caregiver takes appropriate steps to transfer care to another person prior to withdrawing from the patient's care. Health care providers are not discriminated against

in employment or professional privileges if they decline to participate in the withholding or withdrawal of life-sustaining treatment.

In cases where there is a difference of opinion among patients, legally authorized representative(s), and/or health care providers, it must be remembered that the primary obligation of the medical center and health care providers is to base decisions on the best interest of the patient. If agreement cannot be reached all reasonable attempts are made to transfer care to another attending provider or to another institution, if that is the desire of the patient or legally authorized representative.

When an Advanced Directive specifies that life-sustaining treatment be withheld or withdrawn, caregivers must proceed with the administration of medication or the performance of any reasonable medical or surgical intervention deemed necessary solely to alleviate pain.

In accordance with the Washington State Natural Death Act, if a qualified competent patient wishes to die at home, the patient will be discharged as soon as reasonably possible after an explanation to the patient of the risks of hospital discharge.

Situations may arise which are more complicated than those addressed by this policy or by the Washington Natural Death Act (e.g., when a patient's competency is in question or when qualified patient representatives disagree among themselves as to what is in the best interest of the patient they represent). In such complex circumstances the hospital medical director, ethics committee, legal counsel or other relevant sources provides assistance to caregivers as requested and appropriate. If the matter remains unresolved, a petition for guardianship may be filed requesting the court to appoint a guardian.