



Withholding/Withdrawal of Life Sustaining Treatment

PeaceHealth St. Joseph 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relating to the rendering of their own health care including the decision to have life sustaining treatment withheld or withdrawn in instances of a terminal condition or permanent unconscious condition."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 (DNAR or 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, he/she is asked to recreate the decisions the patient would have made if he/she 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 so as to protect organ viability.