PURPOSE

To provide guidelines for withholding or withdrawing of life sustaining treatment including artificially provided nutrition and hydration for the patient who is not mentally capable to make health care decisions as defined in the Patient Criteria Section. This policy does not apply to competent patients, patients who are brain dead or to those patients who are believed to have a viable pregnancy.

DEFINITION OF TERMS

The term "life sustaining treatment" encompasses interventions that have the potential of prolonging the patient's life. The term includes, but is not limited to artificially provided nutrition and hydration, ventilator support, dialysis treatments, temporary pacemakers, and medications provided that one of the anticipated effects is to prolong the patient's life. Nothing in this policy is intended to preclude the administration of medications or other treatments for palliative reasons.

The term, "withdrawal" refers to stopping a treatment already begun.

The term, "withholding" refers to not initialing treatment.

The term "incompetent patient" refers to patients who are determined to be mentally unable to make their own health care decisions.

PATIENT CRITERIA

This policy applies only to patients who are not mentally capable to make health care decisions and who meet the following conditions:

1. The patient must be determined to be incapable of making their own health care decisions and,
2. The patient must be determined to have:
   a. A terminal condition, defined as an irreversible as well as incurable condition caused by injury, disease or illness, that would cause death within a reasonable period of time in accordance with accepted medical standards and where application of life sustaining treatment serves only to prolong the process of dying OR
   b. A permanent unconscious condition defined as an incurable and irreversible condition in which the patient is medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible
coma or a persistent vegetative state. (The duration is sufficient, even though the condition may not appear to be "terminal" within a period of time foreseeable by medical standards.).

GENERAL PRINCIPLES

Presumption in Favor of Treatment: It is the policy of United Health Services to provide care to patients in conformance with current ethical and medical standards. While professional staff remain committed to maintaining a presumption in favor or providing treatment to all patients, this commitment recognizes the right that patients have in making their own decisions. Patients, therefore, have the right to make decisions about continuing or discontinuing treatment, whether life sustaining or otherwise.

Rights of Patients Incapable of Making their own Health Care Decisions:

1. Patients incapable of making their own health care decisions have the same substantive ethical and legal rights as patients who possess such a capacity. The law provides a mechanism to allow patients to make decisions by appointing a decision maker while they are competent by using an Advance Directive.

2. For the incompetent patient without an Advance Directive, the next of kin, legally authorized to provide consent or a court can assist in making decisions for the patient.

3. If the patient has executed an Advance directive, this document should serve as strong evidence of the patient's wishes. Lacking such written documentation, previous communication concerning the patient's wishes as could occur between patient and clergy, patient and family, patient and friends, or with the Washington State POLST form (Physician Orders for Life Sustaining Treatment), may be utilized as evidence of the patient's wishes.

Decision to Forego Specific Treatment: Each decision to decline or discontinue treatment is specific to that treatment or procedure and does not apply to any other procedure or treatment.

United remains committed to support the patient and family during this process. Referral to resources in the Care Management department and the Chaplain are available to meet with the patient and/or family for any psycho-social or spiritual support issues. See the routine Terminal Care Physician Orders for resources available.

Physician and Employee's Rights: Any physician/employee may decline to participate in withholding or withdrawing of therapy. To exercise this right, the physician/employee must take appropriate steps to transfer care of the patient to another physician/employee prior to withdrawing from the case. The physician should notify the decision maker of their choice not to participate in their care and should supply the decision maker with 2 names of physicians who are willing to assume care. Employees should notify their immediate supervisor who can adjust assignments as needed.

Ethics Committee is available for consult on any of the issues surrounding withdrawal/withholding of life support.