

<i>Title</i>	Advance Directives Policy	<i>Policy No.</i>	900.1.259
<i>Department</i>	Mission Services	<i>Page No.</i>	1 of 3
<i>Approved By</i>	SVP Mission/Theology and Ethics	<i>Effective Date</i>	08/07/2019
<i>Last Review</i>	08/07/2019	<i>Next Review</i>	08/07/2022

SCOPE

This policy applies to all PeaceHealth settings and services:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Cottage Grove Medical Center | <input checked="" type="checkbox"/> Peace Island Medical Center | <input checked="" type="checkbox"/> St. John Medical Center |
| <input checked="" type="checkbox"/> Ketchikan Medical Center | <input checked="" type="checkbox"/> Sacred Heart River Bend | <input checked="" type="checkbox"/> St. Joseph Medical Center |
| <input checked="" type="checkbox"/> Peace Harbor Medical Center | <input checked="" type="checkbox"/> Sacred Heart University District | <input checked="" type="checkbox"/> United General Medical Center |
| <input checked="" type="checkbox"/> PeaceHealth Medical Group | <input checked="" type="checkbox"/> Southwest Medical Center | <input checked="" type="checkbox"/> System Services Center |
| <input checked="" type="checkbox"/> PeaceHealth at Home | <input checked="" type="checkbox"/> PeaceHealth Labs | <input checked="" type="checkbox"/> Ketchikan Long Term Care |

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.

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 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: Washington state law requires Advanced Directives to be witnessed by two people, an acknowledgment by a notary public or another individual authorized by law to take acknowledgements.
- In the event a Patient has not completed advance directives naming a healthcare representative; state law designating the order of legal decision-makers will be followed.
- 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.

DEFINITIONS

Advance Directives: A voluntary formal document written in advance which provides direction to the health care team when an adult Patient loses decisional capacity. Living Wills, Directives to Physicians, Durable Power of Attorney for Healthcare, are all forms of advance directives.

Caregiver: An employee of PeaceHealth.

Directive to Physicians: A Living Will used in the State of Washington (and other states).

Healthcare Representative: A person appointed by the patient in a Durable Power of Attorney document to make decisions for the patient when they lose decisional capacity.

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:

- Legal Guardian appointed by the Courts
- Durable Power of Attorney for Health Care
- 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.

HELP

Further information may be obtained by contacting the local Mission, Ethics, or Spiritual Care Departments.

RELATED MATERIAL

Advance Directives for Patient Access in CareConnect (Procedure No. 900.1.371)

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)

APPROVALS

Initial Approval:

Rosanne Ponzetti; System VP Mission Services, October 7, 2015
Beth O'Brien; Chief Operating Officer, October 14, 2015

Subsequent Review/Revision(s):

System Policy Committee reviewed on October 25, 2016.
Reviewed by PHMC CNO, Med Staff, and P&T October 15, 2018
SVP Mission/Theology and Ethics approved revisions on August 7, 2019

For a complete history of collaborations and approvals, please check Workflow History or contact your policy coordinator.

<i>Title</i>	Physician Assisted Suicide Policy	<i>Policy No.</i>	900.1.245
<i>Department</i>	Mission Services	<i>Page No.</i>	1 of 2
<i>Approved By</i>	SVP Mission, Theology, Ethics	<i>Effective Date</i>	03/15/2019
<i>Last Review</i>	03/15/2019	<i>Next Review</i>	03/15/2022

SCOPE

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PURPOSE

The purpose of this policy is to provide the requirements for appropriate support of dying persons and families while respecting PeaceHealth's position as set forth in its policy.

POLICY

PeaceHealth does not participate in physician assisted suicide (aka Death with Dignity). Patients admitted to our facilities or enrolled in our hospice programs receive high quality, compassionate pain and symptom management which is intended to provide relief of disease/illness burden, but not intend death. PeaceHealth respects a patient's right to receive information about physician assisted suicide and directs patients to available state resources if a patient has questions about physician assisted suicide. If a patient desires to pursue physician assisted suicide, our caregivers, volunteers, providers, facilities and hospice programs do not interfere with the patient's choice.

PeaceHealth does not discharge patients from its facilities or hospice programs when a patient chooses to pursue physician assisted suicide. Patients who choose to pursue physician assisted suicide while enrolled in a PeaceHealth hospice program are asked to make arrangements in a manner that does not involve our caregivers, volunteers or providers directly, but allows our caregivers, volunteers and providers to continue providing high quality, compassionate pain and symptom management without implicating them in the provision of physician assisted suicide in any way.

DEFINITIONS

Physician Assisted Suicide: Defined under Oregon and Washington State laws, and adopted for all PeaceHealth regions, facilities and programs, as when a terminally ill, informed adult voluntarily chooses to obtain a physician prescription for drugs to end his or her life and self-administers the drugs, thereby hastening his or her death following confirmation of a prognosis of dying in less than six (6) months. Prior to receiving this prescription, a patient must have a second physician's opinion regarding their terminal diagnosis, make an oral and a written request, and reiterate the oral request to his or her attending physician no less than fifteen (15) days after making the initial oral request. The patient must also have counseling if either physician believes the patient has a mental disorder, or impaired judgment from depression, and be cleared of these by the person providing the counseling. Patients also have the choice whether to notify next of kin or not. Health care providers are immune from civil and criminal liability for good faith compliance.

HELP

Further information may be obtained by contacting Mission Services.

RELATED MATERIAL

Reference Material:

- Oregon Health Authority, <https://www.oregon.gov/oha/Pages/index.aspx> Enter "Death with Dignity" into search field., 02-28-19.
- Washington State Department of Health, <https://www.doh.wa.gov/>, Enter "Death with Dignity" into search field. 02-28-19
- Ethical and Religious Directives for Catholic Health Care Services (ERDs), 6th Edition, United States Conference of Catholic Bishops.

APPROVALS

Initial Approval:

System Ethics Committee approved on December 1, 1992

Subsequent Review/Revision(s):

System Mission and Culture Committee reviewed November 17, 2016

System Policy Committee reviewed January 24, 2017

SVP of Mission, Theology, Ethics approved January 24, 2018

System Ethics Committee review and revision, February 14, 2019

SVP of Mission, Theology, Ethics approved March 15, 2019

<i>Title</i>	Voluntarily Stopping Eating and Drinking Policy	<i>Policy No.</i>	900.1.485
<i>Department</i>	Mission	<i>Page No.</i>	1 of 3
<i>Approved By</i>	SVP Mission, Theology, Ethics	<i>Effective Date</i>	09/01/2020
<i>Last Review</i>	06/08/2020	<i>Next Review</i>	06/08/2023

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PURPOSE

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

POLICY

As a Catholic health system, PeaceHealth does not promote or condone voluntarily stopping eating and drinking (VSED) to hasten death. (See ERDs 58 and 60)

OVERVIEW

VSED is a volitional choice 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 as 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. PeaceHealth caregivers or providers may not promote or suggest the use of VSED for any patients under their care.
2. 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, or a hospice eligibility intake as needed.
3. Patients pursuing VSED independently who are hospice eligible due to a terminal condition may be admitted to a PeaceHealth hospice program with the intent of receiving appropriate pain and symptom relief at the end of life.
4. Patients pursuing VSED independently who are not hospice eligible may not be admitted to a PeaceHealth hospice program.
5. Patients voicing an interest in pursuing VSED in the hospital who are not hospice eligible should receive a palliative care consult, a referral for spiritual care, and be discharged once they no longer have a medical need requiring hospitalization.
6. PeaceHealth caregivers or providers with conscience objections should follow the process outlined in the Objections of Conscience policy.

DEFINITIONS

Voluntarily Stopping Eating and Drinking: a volitional choice to refuse oral food and fluids for the purpose of hastening death via the process of terminal dehydration.

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.

RELATED MATERIAL

- 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.

APPROVALS

Initial Approval:

SVP Mission approved 06/08/2023

Subsequent Review/Revision(s):

For a complete history of collaborations and approvals, please check Workflow History or contact your policy coordinator.