

	Effective Date: 3/25/2014 Revision Date: 5/19/17 New <input type="checkbox"/> Revised <input checked="" type="checkbox"/>	Page 1 of 2
Subject: Physician-Assisted Suicide	Authorization: EVP Chief Executive Eastern WA and SVP of Mission	

Purpose:

To describe the position of Providence Health & Services (“Providence”) regarding physician assisted suicide under the Washington Death with Dignity Act (the “Act”) in Providence facilities, programs and services in the State of Washington and to provide guidance in caring for patients who express interest in ending their life under the Act.

Scope:

Providence specializes in end-of-life and palliative care services to ease patient and family suffering. This policy is limited to assisted suicide, physician assisted suicide, or self-administered life-ending medication and does not cover the many end-of-life care services Providence provides. This policy applies to Providence ministries and partners, employees and volunteers, including all employed and contracted physicians and other professional health care providers while carrying out work-related duties for Providence either within or outside its facilities.

End-of-life care:

Providence provides end-of-life care that takes care of the physical, emotional, social and spiritual needs of the patient and his or her family. The end-of-life care Providence provides is grounded in the values of respecting the sacredness of life, providing compassionate care to dying and vulnerable persons, and respecting the integrity of health care providers. Providence believes that compassionate, end-of-life care should neither prolong nor hasten the natural dying process. Providence will not abandon dying patients or their families and is committed to providing appropriate support for dying persons and their families through the final stages of life by supporting patient self-determination through the use of advance care planning, offering hospice, palliative and other supportive care, and providing effective pain and symptom management and other social, spiritual, and pastoral care support and services.

Policy:

- A. Patients, families, nurses, physicians and other providers are encouraged to explore fully and discuss care and treatment options for terminally ill patients. As part of that discussion, requests for physician assisted suicide or self-administered life-ending medication may occur. We respect the rights of patients and their care team to discuss and explore all treatment options, but Providence, its facilities, programs and caregivers do not participate in assisted suicide. Any member of a patient care team may respond to

questions from a patient and family, but any request for planning of physician assisted suicide must be referred to an “attending” physician, as defined in the Act.

- B. Providence physicians, employees and volunteers may not knowingly directly participate in or facilitate physician assisted suicide and may not provide, deliver, administer, or assist with the administration of any medication intended for physician assisted suicide, or be present when a patient ingests medications with the intent of completing physician assisted suicide.
- C. When a patient expresses intent to pursue physician assisted suicide, the patient will be informed that Providence will not participate or assist in that act and its physicians, employees and volunteers will not provide, deliver, administer or assist the patient with the lethal prescription. Providence caregivers will still provide all other requested end-of-life and palliative care and other services to patients and families.
- D. Consistent with this policy, Providence will continue to provide care to patients who qualify for and request services, regardless of their stated interest in seeking physician assisted suicide.



Current Status: Active

PolicyStat ID: 3668803



Implementation: 3/1/2014
Last Reviewed: 6/6/2017
Last Revised: 6/6/2017
Next Review Due: 6/1/2020
Owner: Teresa Lynch: Director,
 Spiritual Care SWSA Patient
Policy Area: Rights & Ethics WAC
References: 246-320-141 WA - Providence
Applicability: Sacred Heart Medical Center &
 Children's Hospital

Advanced Care Planning

Policy Number: 86100-PRE-021

PURPOSE:

To ensure the rights of all patients to participate in and direct their own healthcare decisions, consistent with our Mission and Core Values, the [Ethical and Religious Directives for Catholic Healthcare Services \(nos. 23-28\)](#), and with applicable state and federal law.

Those laws include the Patient Self-Determination Act, and the Medicare and Medicaid Hospital Conditions of Participation for Patient Rights.

Providence believes that compassionate care should neither prolong nor hasten the natural dying process and that advanced care planning is an important communication tool for patients, physicians and healthcare providers.

APPLIES TO:

All Providence Health & Services Washington caregivers (all employees) and clinicians.

POLICY STATEMENT:

In aligning and keeping with our Mission and Core Values, Providence supports patient and family rights to participate in healthcare decision-making.

Advanced care planning supports patient-centered and shared decision making, including times when the patient is no longer able to participate.

Providence caregivers will ensure that patient wishes or directives are followed as appropriate to the medical situation and the law, and will turn to the patient's chosen healthcare representative/agent to make decisions if the patient cannot communicate.

Providence encourages patient self-determination and will facilitate active participation by patients in decision-making concerning their care.

OBSERVATION & SAFETY FACTORS:

(Refer to Policy Statement)

PROCEDURE:

1. All adult inpatient, observation and same-day surgery patients will be informed of their right to make decisions regarding their medical care.
 - A. Advance care planning information will be provided to any patient, including outpatients, upon request.
 1. This includes written materials, forms, and other resources that support the process of an individual choosing a healthcare representative/agent and considering future healthcare preferences.
 - B. Care provided by Providence will not have any conditions based on whether or not the individual completes any form of advance care planning documents.
 - C. Providence also supports the right of all adult persons to refuse treatment(s) unless otherwise legally ordered.
2. Documentation
 - A. When possible Providence will obtain a copy of a patient's advance care planning document.
 1. This document can include the designation of a healthcare representative/agent to be a surrogate decision-maker and/or state the patient's healthcare preference(s).
 2. Advance directives can be called "Advance Directive", "Durable Power of Attorney for Healthcare", "Healthcare Directive", or "Living Will".
 3. An additional advance care planning document is the Physician Orders for Life Sustaining Treatment (POLST), which states current medical preferences for the patient.
 - B. All documents need to be clearly identified in the patient's electronic medical record (EMR).
 1. In addition to, or when documents are not available, the patient's wishes may be documented in the patient's electronic medical record (EMR).
 2. In addition to or when document are not available, the patient's wishes may be documented in the medical record.
 - C. Every effort must be made (by Providence Health & Services caregivers) to review and honor advance care planning documents when patients are not able to actively communicate wishes and preferences for their healthcare treatment, including the selection of a healthcare representative/agent.

AGE-RELATED CONSIDERATIONS:

Yes - 18 years of age or older, or an emancipated minor under Washington State law.

CONTRIBUTING DEPARTMENT/COMMITTEE APPROVALS:

- WA Council (05/2017)

DEFINITIONS:

- **Adult Person:** Person who has attained the age of 18 or is an emancipated minor under Washington State law and who has the capacity to make healthcare decisions.
- **Advance Care Planning:** The process of individuals considering healthcare wanted in the future and choosing someone to speak for them if they cannot communicate.
 - It includes conversations with loved ones and healthcare providers about goals, values and beliefs.
 - Documents are then needed to make sure goals of care and preferences are honored.
- **Advance Directive:** A document that provides information about goals and preferences for healthcare when an individual becomes incapacitated or is declared incompetent, and/or identifies and appoints a healthcare representative/agent (see below) to make those decisions.
 - An advance directive is a signed, dated, and legally witnessed and or notarized document.
 - Restrictions on who can witness the advance directive include relatives of the patient, Providence caregivers, individuals who will benefit financially, and others (review documents carefully).
 - Providence caregivers who are notaries can provide notary services as allowed by local ministries.
- **Durable Power of Attorney for Healthcare (DPOAH):** The Healthcare Representative or Agent named by an individual in their advance directive documentation who is the chosen surrogate healthcare decision maker.
 - That person is sometimes called the DPOAH.
- **Electronic Medical Record (EMR):** Patient chart that includes comprehensive information for medical care, including advance care planning documents.
- **Healthcare Representative/Agent:** A person appointed by the patient to make healthcare decisions in cases of decisional incapacity.
 - This person is called a Durable Power of Attorney for Healthcare.
 - The Advance Directive form normally includes naming of a healthcare representative/agent and is sometimes on a form labeled Durable Power of Attorney for Healthcare.
- **Incapacitated Patient:** A patient who is temporarily or permanently unable to make informed decisions regarding care and treatment.
 - This may be due to the patient's medical condition or treatment received.
- **Incompetent Person:** A person is judged to be incompetent by a court of law, finding that a person is not capable of managing their own affairs, which appoints a guardian.
 - This guardian may or may not have healthcare decision-making authority and this finding may come after a person has competently completed some form of advance directive.
 - It is important to check and confirm this information.
- **Living Will:** This is another name for an Advance Directive and can document wishes regarding the type of life-prolonging medical treatment wanted, in case of the loss of ability to communicate these preferences at the end of life.
- **Physician Orders for Life Sustaining Treatment (POLST):** A physician or provider order that details the treatment wishes of seriously frail or chronically critically ill patients to have or to limit life-sustaining medical treatment as they move from one care setting to another.
 - This document is not an advance directive, but is an advance care planning document.

ATTACHMENT:

N/A

OWNER:

Director, Spiritual Care SWSA

REFERENCES:

- PCH policy: [Patient Self-Determination Act / Advance Directives](#)
- [The Patient Self-Determination Act](#)
- United States Conference of Catholic Bishops (USCCB) [Ethical and Religious Directives for Catholic healthcare Services \(nos. 23-28\)](#)
- The Joint Commission
- [Centers for Medicare and Medicaid \(CMS\)](#)
- [Omnibus Budget Reconciliation Act of 1990](#)
- [WAC 246-320-141 \(7\).\(8\)](#) - Patient rights and organizational ethics.
 - This policy must be publicly posted on PCH internet site, any updates must be reported to the state and updated on the internet site within 30 days of update

ADMINISTRATIVE APPROVAL:

Chief Administrative Officer SWSA

All revision dates:

6/6/2017, 3/1/2014

Attachments:

No Attachments

Approval Signatures

Approver	Date
Medrice Coluccio: Chief Administrative Officer, Southwest Washington [PA]	6/6/2017
Teresa Lynch: Director, Spiritual Care SWSA	6/2/2017
Theresa Sullivan: SWSA PolicyStat Site Admin/Policy Coordinator	5/31/2017