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Director of Acute
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Life Prolonging Treatment Adult Patients, 8610-L-0

Policy

At Samaritan Hospital, patients have the right to choose or refuse life-prolonging treatment. These decisions should be based on:

- The patient's wishes (if known).
- The patient's health condition and future outlook (diagnosis and prognosis).
- The best medical care available.

Doctors and nurses will respect patient choices while following laws and ethical guidelines.

Purpose

This policy helps:

- A. Patients, families, and doctors make decisions about life-prolonging treatments.
- B. Ensure all decisions follow the law, medical guidelines, and patient rights.

Guiding Principles

- Life does not have to be extended at all costs.
- Doctors and nurses are not required to provide treatments that will not help or cause more harm than good.
- Patients can accept or refuse treatments.
- Family members and doctors cannot overrule a patient who is able to make their own decisions.
- If a patient cannot decide for themselves, a trusted person (surrogate) will make the decision.

- There is no difference between stopping a treatment and not starting it in the first place.
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Procedures

1. Understanding Patient Wishes

- During admission, staff will ask if the patient has an Advance Directive (Living Will or Durable Power of Attorney for Health Care).
- Advance Directives are recorded in the Epic system under "Advance Directives & Code Status".
- If the patient does not have an Advance Directive, they will be given written information about their rights.

Following CMS Rule: 42 CFR § 482.13(b)(3) (Patients must be informed of their rights).

2. Making Decisions About Life-Prolonging Treatment

A. Role of the Doctor

- The doctor in charge must talk with the patient (or their decision-maker) about:
 - The patient's condition and what may happen in the future.
 - The pros and cons of different treatments.
 - What the patient wants for their care.

Following CMS Rule: 42 CFR § 482.24(c)(2) (Doctors must document decisions in the medical record).

B. When Families or Doctors Disagree

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3. Recording Decisions About Life-Prolonging Treatment

- **Doctors must document all decisions** in the **Epic system** under "*Goals of Care / Code Status*".
- **No Code or DNR (Do Not Resuscitate) orders** must be:
 - **Clearly written and signed** by the attending doctor.
 - **Specific** (e.g., no breathing tube, no CPR).
 - **Marked with a purple wristband** on the patient.

Following CMS Rule: 42 CFR § 482.24(c) (Medical records must document patient choices).

4. How We Decide If a Patient Can Make Their Own Choices

- Patients are assumed to be able to make decisions, unless proven otherwise.
- A patient's ability to decide is based on:
 - Understanding medical information.
 - Communicating their choice
 - Thinking through options and outcomes.
- If a patient may not be able to decide, the doctor will:
 - Ask another doctor for an opinion.
 - Seek a court order if needed.

Following CMS Rule: 42 CFR § 482.13(e) (Hospitals must determine if patients can make decisions).

5. Choosing Someone to Make Decisions for the Patient

- If a patient cannot decide, the doctor must find a legal decision-maker (surrogate).
- Washington State Law (RCW 7.70.065) says who decides, in this order:
 - A. A person chosen by the patient (Durable Power of Attorney for Health Care).
 - B. The patient's spouse or domestic partner.
 - C. The patient's adult children (must agree).
 - D. The patient's parents.
 - E. The patient's adult siblings.
- If no family is available, a hospital care team will make decisions in the patient's best interest.

Following Washington Law: RCW 7.70.065 (Who can make health care decisions).

6. When to Stop Life-Prolonging Treatment

- A decision to stop treatment should focus on comfort and dignity.
- This may happen when:
 - The patient has asked for it.
 - Doctors agree the treatment will not help.

- The surrogate decides based on patient wishes.
- The doctor must document this decision in the Epic system under "Goals of Care" and include:
 - Why the treatment is being stopped.
 - Who was involved in making the decision.
 - How the patient will be kept comfortable.

Following CMS Rule: 42 CFR § 482.13(b)(1) (Hospitals must honor patient choices about end-of-life care).

7. Code Blue (Emergency Response) Decisions

- All patients are "Full Code" unless a DNR order is in place.
- A DNR order must be written if the patient:
 - Has an Advance Directive requesting it,
 - Has a legal decision-maker requesting it.
 - Has a condition where CPR would not work (determined by two doctors).
- DNR orders must be reviewed if:
 - The patient's condition suddenly changes.
 - A risky procedure is being planned.

Following CMS Rule: 42 CFR § 482.24(c)(3) (DNR orders must be clearly documented).

Summary

This policy protects patient rights and ensures that decisions about life-prolonging treatment are made legally and ethically.

- Patients have the right to choose or refuse treatment.
- Decisions must be documented in the Epic system.
- Families and surrogates follow Washington State Law.
- Doctors and nurses must follow CMS guidelines.

This policy follows **CMS rules, Washington State laws, and medical best practices** to ensure **safe, ethical, and legal** decision-making at **Samaritan Hospital**.

All Revision Dates

3/14/2025, 8/1/2023, 6/29/2018, 2/20/2009, 6/18/2007, 1/20/2005

Approval Signatures

Step Description	Approver	Date
Senior Leadership	Marsha Sensat: Interim Chief Nursing Officer	3/14/2025
PCS Committee	Jodi Mauseth: Director of Acute Care Services	3/13/2025

Standards

Standard Body: 246.320.141.6
Chapter: 246-320 Hospital Licensing Regulations

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