DEACONESS HOSPITAL – SPOKANE, WA						
Policy/Procedure Title	**Advanced Medical Directive/Patient Self-Determination Act**	**Manual Location**	Administrative Policy/Ethics			
Policy #	2.0120	***Original***	12/1991	**Pages**	Page 1 of 6	
		Current	2/2014			

Department Generating Policy	Medical Staff		
Affected Departments	All		
Prepared by	Director for Health Information	***Dept/Title***	Terri McDaniel
Dept/Committee Approval (if applicable)	Dr. Espinoza	***Date/Title***	11/2013 / Chair Ethics Committee
Executive Approval (if applicable)	Patti Bennett	***Date/Title***	11/2013 / CNO
Medical Staff Approval (if applicable)	Ethics Committee	***Date/Title***	1/2011, 2/2014
Board Approval (if applicable)		***Date/Title***	

POLICY: It is the policy of this facility to respect and encourage patients to control the decisions relating to their own health care, including the decision to have life-sustaining treatment withheld or withdrawn in an instance of a terminal or permanently unconscious condition.

Communication through Advance Medical Directives will guide health-care providers and those surrogates designated to carry out the patient's wishes regarding medical decisions for the patient if the patient loses decision-making capacity. Advance Medical Directives, however, are not required in our facilities to receive care.

No physician, health facility, health provider, health care service plan, or any type of insurer shall require any person to execute a directive as a condition for being insured or for receiving health care services.

PURPOSE: Each patient's ability and right to participate in medical decision-making should be maximized and should not be compromised as a result of being admitted for care in our facilities. This policy is intended to implement that goal and to assure compliance with the Patient Self-Determination Act, a requirement for participation in the Medicare or Medicaid program.

PROCEDURE:

I. A. **Provision of Written Patient's Rights Information:**

Inpatient

Every patient, 18 years of age or older, admitted as an inpatient, or the patient's surrogate, will be provided written information about his/her rights under state law to make decisions concerning medical care, including the right to formulate advance directives. Exceptions are patients admitted for routine lab, routine x-ray, or dietary and/or diabetic consults.

Outpatient
A summary of patient's rights will be posted in all outpatient departments. Patients may request a full copy of their rights, including information about Advance Medical Directives.

B. **Inquiry About Advance Medical Directives**

1. During the admission process, the patient will be asked whether he/she has completed an advance medical directive. The answer to this inquiry will be documented on the Advance Directive form. If an advance medical directive has been completed, a copy of the directive will be placed in the patient's medical record as soon as it is available. The patient has the right to change his or her advance medical directive at any time.
2. In the absence of the actual advance medical directive, and in accordance with applicable state law, the patient's wishes are documented in the patient's medical record on the admission assessment database form. The physician may also document the patient's wishes in the progress record.
3. Physician Orders for Life Sustaining Treatment (POLST)
   - The patient may also have a bright green POLST form that summarizes an advance directive.
   - This form will outline patient wishes and medical interventions.
   - These are considered physician orders and are signed by the patient and physician. **See POLST Procedure and Form.

C. **Provision of Information**
Also during the admission process, the patient or the patient's surrogate shall be given information about the facility's policies with respect to implementing the patient's rights to consent to or refuse medical treatment and to make advance directives. This information is contained in the "Advance Medical Directive" booklet, which will be given to the patient or family member.

D. **Documentation**
Information about whether the patient has completed an advance medical directive and about the facility's providing the patient with information about his/her rights under state law to consent to or to refuse treatment and to complete an advance medical directive is documented on the "Advance Medical Directive" form and placed in the patient's medical record.

E. **Patient Education**
An educational booklet will be given to the patient or surrogate decision-maker(s) by the Admitting Department and/or Nursing Units. Questions will be directed to the appropriate resource, e.g., physician, Palliative Care Service, Social Worker, chaplain, etc.

F. **Staff Education**
Educational information about advance medical directives and organization policies will be provided through in-service education programs and will be discussed during new employee orientation.

G. **Community Education**
In order to assure that the community served by this facility is knowledgeable about advance medical directives and the patient's right to refuse treatment, education may be provided through community health and wellness classes.

H. **Compliance Monitoring**
In order to monitor compliance with the Patient Self-Determination Act, adequate documentation of the above patient contacts and decisions will be monitored via chart review and the Performance Improvement process.

I. **Witnessing**
Staff may not act as a witness to the execution of patient's legal documents (e.g. wills, living wills, or power of attorney). See Definitions of Conditions of Living Will.

II. A. **Conditions of Living Will and/or Advance Medical Directives**

1. Any adult may issue such directive.
2. The document shall be signed by two witnesses who are:
    a. Not related to declarer by blood or marriage.
    b. Not entitled to any part of the estate of the declarer under any will, codicil, or operation of law.
    c. Not the attending physician or an employee of same.
    d. Not an employee of the health facility in which the declarer is a patient.
    e. Not a person who has a claim against declarer.
3. The Directive or copy of it should be part of the patient's records retained by the attending physician.
    a. Copy of directive to be forwarded to the health facility when the withholding or withdrawal of life support treatment is contemplated.

4. Before the directive can be implemented, one of the two conditions must be met:
    a. The diagnosis of a terminal condition by the attending physician must be verified in writing and made a permanent part of the patient's medical record, or
    b. The patient must be diagnosed, in writing, to be in a permanent unconscious condition by two doctors, both of whom have personally examined the patient.
5. Or the patient must be diagnosed, in writing, to be in a permanent unconscious condition by two doctors, both of whom have personally examined the patient.

B. **Format and Location for Directives**

See Advance Medical Directive form located in Admitting, Social Services and Pastoral Services.

C. **Revocation of Directive**

1. Directive may be revoked at any time, without regard to declarer's mental state of competency.
2. Advance Medical Directives may be canceled or changed by destroying the original document and informing friends, doctor, and anyone else who has copies that they have been canceled. To initiate a change, a new Advance Medical Directive should be written and dated. Copies of the revised documents should be given to all appropriate parties, including the physician.
3. There will be no criminal or civil liability on the part of any person for failure to act upon a revocation unless that person has actual or constructive knowledge of the revocation.

D. **Criminal or Civil Liability Under the Patient Self-Determination Act**

1. No physicians, licensed health personnel, or health care facilities will be subject to civil or criminal liability as long as they:
    a. Are acting in good faith in accordance with the requirements of this Act.
    b. Withhold only those procedures defined as "life-sustaining" in this Act, and do so only to "qualified patients".
2. Conditions for Criminal Liability
    a. Gross Misdemeanor – willfully concealing, canceling, defacing, obliterating, or damaging the directive of another without declarer's consent.
    b. First Degree Murder – falsifying, forging the directive of another, or willfully concealing, withholding, or withdrawing life-sustaining procedures.
    c.

E. **Acting on or Refusing to Act on the Directive**

1. Prior to withholding or withdrawing life-sustaining procedures, the attending physician shall:
    a. Make a reasonable effort to determine that the directive complies with the conditions for such directives as set forth in this Act.
    b. If the patient is mentally competent, make a reasonable effort to determine that the directive and all steps proposed by the attending physician are currently in accord with the desire of the qualified patient.
2. Directive shall be considered conclusive and to be the final directions of the patient unless there has been a revocation as defined in this Act.
3. Refusal to act on the directive:
    a. A physician may refuse to effectuate a directive.
    b. If any physician refuses to effectuate a directive, he shall transfer the qualified patient to another physician who will effectuate the directive.
    c. The attending physician of the hospital shall inform a patient or patient's authorized representative of the existence of any policy or practice that would preclude the honoring of the patient's directive at the time the physician or facility becomes aware of the existence of such a directive. If the patient, after being informed of such policy or practice, chooses to retain the physician or facility, the physician or facility shall prepare a written plan suitable to the patient or patient's surrogate. This will be filed with the patient's directive that sets forth the physician's or facility's intended
    d. actions should the patient's medical status change to a state that would activate the directive. No nurse, physician, or practitioner can be required to participate in withdrawal or withholding of life sustaining treatment, and no
    e. person may be discriminated against in employment or privileges because of participation or refusal to participate in withdrawal or withholding of such treatments.

F. **Suicide**

Withholding or withdrawal of life-sustaining procedures from a qualified patient in accordance with this Act and patient's directive shall not constitute suicide or assisted suicide.

DEFINITIONS

Absence of Decision-Making Capacity

A condition of the patient in which the capacity to make informed decisions about medical care is 1. temporarily lost, due to unconsciousness, the influence of mind-altering substances, or treatable mental disability; 2. is permanently lost due to irreversible coma, persistent vegetative state, or untreatable brain injury rendering understanding by the patient impossible; or, 3. has never existed (e.g., congenital mental disability or severe brain injury resulting in the patient never gaining the capacity to make informed decisions about medical care).

Advance Medical Directive
A written instruction (such as a living will, durable power of attorney for health care, or other documentary evidence recognized by this state) relating to the provision of medical care when the author becomes incapacitated.

Life-Sustaining Treatment
Any medical intervention, including the administration of fluids and nutrition by artificial means that sustains life for a qualified patient only to prolong the process of dying.

Medical Decision-Making
Authorization for treatment, withholding or withdrawing of treatment (including life-sustaining treatment) obtained from the patient or, if the patient lacks decision-making capacity, the patient's surrogate decision-maker.

Surrogate Decision-Maker
An individual chosen by the patient to make medical decisions for the patient when the patient is incapable of doing so. This individual may be formally appointed by the patient in a durable power of attorney for health care, or by a court in a conservatorship or guardianship proceeding. In the absence of a formal appointment, the surrogate may be informally authorized by virtue of a close relationship with the patient (e.g., family member or person with power of attorney).

APPROVED: Ethics Committee 2/14; CNO 11/13
REVIEWED: 2/92, 4/94, 11/95, 10/96, 11/05
REVISED: 3/93, 3/96, 2/00, 2/02, 11/13